

12-1971

Ariel - Volume 4 Number 4

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Recommended Citation

Lubicky, John P.; Buechler, Mary; Widome, Mark; Uhrmann, David A.; West, Norm; Atkinson, Barbara; Williams, Tom; Lahita, Bob; Kanofsky, J.D.; Johnson, Alice M.; Weber, Rocket; Brand, Bob; and Blutstein, Richard, "Ariel - Volume 4 Number 4" (1971). *Ariel*. Paper 44.
<https://jdc.jefferson.edu/ariel/44>

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Promotions Committee Considers National Board Question

by John P. Lubicky

Much controversy has arisen over the question of the National Board exams. At Jefferson, the taking and passing of parts I and II are required for promotion to the junior year and for graduation, respectively. The purpose of the National Boards is to test retention and integration of previously learned material. In addition, the Boards serve as a licensure exam which is recognized in all but a few states.

The Student Council and in particular, the sophomore class, is currently trying to have the requirement of passing for promotion and graduation rescinded. The problem is being studied by the Promotions Committee. The Council contends that the use of the Boards as criteria for promotion and graduation is illegal since the board of medical examiners specifically states that the exam is not to be used for this purpose. Secondly, the Council feels that students should have the option of taking part I either in June or September. Among other reasons the Council also states that as an accredited institution, the University should be able to ascertain adequately the competence of its students with its own tests. In addition, no other school in the city uses the exam as Jefferson does.

The Promotions Committee contends that National Boards are a stimulus to study, review and integrate core information, and that it tests not only the students but also the reliability and performance of the faculty. The Committee felt that if there were no penalty for failing, the students would not care how they did on the exam and therefore any subsequent evaluation based on the results of the test would be erroneous. In light of the movement for peer review, some of the committee members felt that the test was the first step in being scrutinized by the rest of the profession. It was suggested by the student members that in Jefferson wanted a comprehensive evaluation of students, it should devise its own test. Mr. Carter Zeleznick, head

Choir To Present Christmas Concert

by David A. Uhrmann

The Thomas Jefferson University Choir will present its Second Annual Christmas Concert and Wassail Party on Wednesday, December 15, 1971 at 8:15 P.M. in McClellan Hall. The program will include *The Magnificat* by Giovanni Pergolesi, and works by Bach and Handel, as well as carols and songs of the season. A wassail party will follow the concert. This concert is open to the public, and all Jeffersonians and friends are cordially invited.

The Thomas Jefferson University Choir was organized in the fall of 1970. The group was composed of medical students,

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of testing, said that at the present time the University did not have the facilities for such an undertaking.

In addition, the Committee explained that although the rule of passing the boards remains on the books, it is not an inflexible one. When students have failed, their cases have been studied carefully; and if there is some question of competency in certain areas, those departments give the students their own comprehensive exams. If the student passes, he is either promoted or graduated.

At any rate, the discussion on the problem is certainly not closed. Dr. Aponte, chairman of the Committee, has offered to have the Committee attend a Student Council meeting to explain more fully the Committee's position.

A New Student Organization?

by Mark Widome

On October 28th, one hundred medical students, one from each medical school in the country, met in Washington, D. C., in order to establish a new national student organization. The meeting was held in conjunction with the annual meeting of the Association of American Medical Colleges. To be known as the Organization of Student Representatives (OSR), the organization will provide student input into the AAMC for the first time in its eighty-odd-year history.

Such an event would have been inconceivable as recently as ten years ago. Back in 1961, students were beginning to organize but their collective voice was seldom heard. There was (back then) a Student American Medical Association but it didn't have the student health projects, community health conferences, or a Information Center to distribute information on medical education as it does now. Instead, this only voice of medical students had as its chief purpose for existence, the selling of life insurance to its constituency. Such was the state of affairs back then!

Things began to change in 1964 with the formation of the Medical Committee for Human Rights, growing out of the Civil Rights activities in Mississippi and Selma, Alabama during that year. Then in 1965, students involved in local community projects around the country formed the Student Health Organization (SHO) at a meeting in Chicago. Medical students with new ideas about their profession were organizing in order to see their ideas realized. In response to the activist stance taken by these organizations, SAMA began to shift to its present position.

The last ten years have seen a rise in activism at the local level as well. In 1964, students at the University of Southern California Medical School founded a

DR. WHEELOCK DISCUSSES HIS LEUKEMIA RESEARCH WORK

By Mary Buechler



Dr. E. Frederick Wheelock

Leukemia is a dreadful disease. Although present methods of chemotherapy may induce temporary remissions, it continues to pursue a relentless course, and its victims eventually succumb. However, there is now hope that it will soon be possible to suppress the disease indefinitely—hope in the form of some significant research now being done at Jefferson by E. Frederick Wheelock, M.D., Ph.D., Professor of Microbiology. Dr. Wheelock has been able to suppress leukemia for most of the lifespan of mice with a single injection of a plant virus, *statolon*. In an interview with Ariel Dr. Wheelock discussed his research.

All mice that have been injected with the Friend Leukemia Virus develop full blown leukemia and die within 70 days. Leukemic cells can be detected in the spleens of these mice within three days after the injection. If, however, on the third day the mice are injected with *statolon*, only a small percentage develop leukemia and die of the disease. The majority suppress the infection completely for almost their entire lifespan (about one to one and one-half years). In some of these mice the virus does reappear, and they subsequently die of leukemia.

STATOLON

According to Dr. Wheelock, *statolon* was discovered by Eli Lilly about fifteen years ago in a search for antiviral agents. The virus *statolon* is a mycophage of a penicillium mold. It induces interferon, but this is not its primary mechanism of action. It also stimulates the host's immune response to leukemic cells in the form of antibodies. "We suspect that there is also a cell-mediated immunity, but we have

not definitely demonstrated this yet," said Dr. Wheelock.

The leukemia viruses cause an immunosuppression in the animal host and may spread throughout the body because of it. *Statolon* can reverse this process. When interferon is induced, virus is cleared from the blood; and most of the mice enter a long-lasting remission. "We think that *statolon* induces interferon, interferon suppresses the virus in all mice, and this suppression gives some mice enough time to mobilize an effective antibody response to the virus." The antibody titers reach a peak in 30 to 40 days, but after 120 days they are no longer detectable. It is, however, possible to transfer the infection via splenic cells. Therefore, the conclusion is that the virus may not be eradicated but remains dormant until the antibody levels fall sufficiently to allow it to reemerge and infect the host. Unfortunately, additional doses of *statolon* do not have any effect on the falling antibody titers.

HUMAN APPLICATIONS

Dr. Wheelock discussed the present problems in human therapy. "Most of the present chemotherapeutic agents are toxic even to normal cells. They suppress neoplasms by directly destroying the neoplastic cells." In addition, the present agents are also immunosuppressive, interfering with the patients' ability to respond immunologically to his neoplasm and to other pathogens.

Neoplasms themselves tend to cause immunosuppression; and it is thought that *statolon* in some way reverse this, allowing the body to respond normally and produce antibodies to the

(Continued on page 4)

Graduate Students Organize

by Norm West

Graduate students of Thomas Jefferson University recently decided by a two-thirds vote to establish a representative body. Each department is represented in a council which will hold open business meetings monthly at announced times. The officers are: Pharmacology, Norman West-president of the Association, Pathology, Judy Rae Churchill-Vice-president, Anatomy, Barbara Gilson-secretary-treasurer, and other departmental representatives who will be elected this week.

The Graduate Student Association "...is constituted to promote and maintain the highest standards of research, education and social achievement for its members and the institution. In addition, it will seek to encourage and provide for an interdepartmental consciousness."

Through its committees and representatives the graduate student enrollment of ninety-five will seek to become a more active part of the university.

Due to the faculty-student relationship, the matter of funds, and the types of training involved in graduate education, the problems we face are considerably different than those of the more clinically oriented students. Likewise, the solutions may be more elusive than annual changes in a curriculum.

Copies of the constitution are available to anyone by writing the Association at Box no. 25, Jeff Hall Mailroom.

STUDENT OPINION SOUGHT

by Barbara Atkinson

As the new student on the Master Planning Committee (MPC) of the Board of Trustees, I am impressed by the need for students to discuss and participate in the future planning of Jefferson.

At the present time the MPC is divided into six separate Task Forces to discuss individual

problems. They are 1. Academic, 2. Consortium (affiliations with other institutions), 3. College of Allied Health Sciences, 4. health care delivery by Jefferson, 5. Clinical Teaching Facility (new hospital), 6. Financial.

Each of these Task Forces has questions to be answered and is

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EDITORIAL BOARD

Editors:	David A. Jacoby	Eugenia Miller	Tom Williams
Associate Editors:	Paul Bialas	Terry Burt	Michael Leo
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	Steve Glinks	Tom Lehman	

Wage requirements, local 1199 notwithstanding. As for treatment of employees, come to one of the quinquennium (5 year) recognition banquets given employees annually for many years; the lash was given up years ago. Students who spend four short scholastic years here should get some of these facts from "old-timers", both on staff, and workers who just keep rolling along with the institution.

I find it difficult to understand the alleged plight of surgery interns at Jefferson whose salaries had been cut (now happily restored) having dependents for whom tuition has gone up. I presume your exposition is as ambiguous as your research is faulty. You certainly are not so naive as to believe intern salaries are paid from student tuitions. Since you mention the flourishing Pennsylvania Hospital, rarely a day passes by that they do not send an eye case or an ear, nose and throat case (by day or by night), since they are not staffed to take care of such cases.

Some of your other issues I cannot speak of, but hope they are better founded than the matters I allude to. As for the crisis, it is indeed real, and though wage cut-backs have been restored and working persons' promised raises for merit and increased cost of living effected, your rhetoric is still factual and pertinent. The name of the game happens to be money. Interns and residents need it for support of themselves and their families. All of our supplies - oxygen, drugs, dressings, etc. etc., have to be paid for. We hate to mention money. It just doesn't grow on those trees in the courts of Jefferson Hall.

Joseph Keiserman M.D.

Editor's Note:

We would like to thank Dr. Keiserman for taking the time to reply to our October article about Jefferson's financial crisis. Nothing in that article was meant to impugn the quality of care given by the emergency room; indeed, it is superb.

The "fantastic gap between the 'charge' and the payment" is a large problem, one which the Ariel article was trying to bring out by citing such facts as that Medical Assistance pays only \$4.00 for an emergency room visit, including all incidental expenses. Yet the fee which is requested of all patients not

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From the Forum

To the Editor:

The Graduate Studies Forum is now founded, and will hopefully evolve into a Jefferson tradition for graduate faculty and students. Each Tuesday evening, starting at 5:30 P.M., the floor will open for discussion at Dr. Watson's Pub. The subject may vary from pure research to the philosophies of a scientist. Along with the food and spirits, there will of course occur a few choice lapses from the subject, thus allowing for a refreshing interaction of a more personal nature. We hope to soon allow a freer discussion and debate by meeting in a special room above the pub. Thus, there will be a chance for enjoying each other's company, refreshing memories about some subject, or learning new information and insights, all in a casual surrounding. Join us each Tuesday for some spirits and/or spirited conversation.

-Norm West

Guest Editorial Psychiatry at Delaware State Hospital

We would like to commend the Department of Psychiatry for the caliber of the Junior-year block rotation recently set up at Delaware State Hospital, which is located near Wilmington. The teaching staff is not only uniformly enthusiastic and friendly, but it is also very responsive to student suggestions, having modified the program between the first and second six-week blocks to meet many of the inadequacies the first group of students felt.

The block is multi-faceted, exposing students to the many types of psychiatric problems a non-psychiatric physician will face in practice. These include outpatient care, general medical problems with emphasis on psychiatric aspects, inpatients on the wards, "criminally insane" patients (court offenders, many of whom were young drug users), psychological testing, emergency psychiatric services (most students sat in on an emergency interview), talking to disturbed children, and meeting elderly patients with organic brain syndromes. Also part of the program, but of less quality, are interviewing alcoholics and exposure to community psychiatry (neighborhood health centers, schools for delinquent girls, etc.). The quality of instruction is generally very good. There is the added pleasure of sensitivity group sessions in the evening once a week for those interested. One drawback is a need for more supervision by psychiatrists for the students assigned to individual inpatients.

Although we realize that a special grant was secured for teaching and research at Delaware State Hospital, would it not be possible to obtain additional affiliations with excellent psychiatric facilities in Philadelphia? If these were modeled after the superb setup in Wilmington, there would still be excellent teaching but not the traveling time and as much expense to the department (which provided transportation). The facilities soon to be finished at Delaware State for students (and their wives, if desired) to stay overnight could still be utilized for those students willing to do some traveling and wishing to take advantage of the special features of the Delaware program. But for students whose wives work or go to school in the Philadelphia area, the daily trek to and from Wilmington is impractical, assuming the married students want to live with their wives. Furthermore, if Philadelphia places are available there is the advantage of being exposed to people with problems heightened by Philadelphia urban life—among which are anonymity, poverty and fear—and to the different workings of Philadelphia and Pennsylvania's psychiatric services and legal structure, as opposed to those of Delaware, the land of Du Pont.

All in all, though, we are pleased with the vast improvement in the psychiatry block as offered at Delaware State Hospital over previous psychiatric experiences Jefferson students were required to go through. The Department of Psychiatry and especially the faculty at Delaware State Hospital are to be commended on an innovative, new educational program.

Paul Bialas
John Cassel
Arthur W. Colbourn
Richard D. Greenberg
Ivan H. Jacobs
David Jacoby
Joseph A. Kuhn
Laurence J. Miller
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Next Ariel Meeting
Wednesday, Dec. 15th
12 Noon
Jeff Hall Cafeteria
N.E. Corner
"Writers' Roundtable"
Deadline For Next Issue - Jan. 3, 1972

Letters to the Editor Dr. Keiserman Replies

To the Editor:

Since I don't read anything except the funny papers and there is nothing funny about Ariel, the October issue had to be brought to my attention by your editor, Tom Williams. There it was! A bona fide picture of a corner of the Emergency Department visible to the departing patient with a painted question underlining it "...and if you don't have \$20.00?"

If nothing else, I can see a career in journalism (of a sort) for Mr. Jacoby. The provocative question which should and does concern every one of us in the health care profession at this time is posed - but no place in the article is it answered, as it well could have been. Mr. Jacoby well knows it could have been, since we have been on speaking terms and he had only to ask to find that there is a fantastic gap between the "charge" and the "payment". He would have escaped the mis-statement that the "emergency room fee has been \$20.00 cash-in-advance..." NO patient is or ever has been required to pay the department fee in advance.

The implication that the fee is paid for the privilege of waiting and waiting and waiting till "an intern or a fourth year student finally gets around" to seeing the patient is a base journalistic play. The fee represents the per capita cost to maintain the Emergency Department adequately staffed with interns (not at \$8,000.00 but at \$9,500.00 annually, as you know by now), graduate nurses, qualified assistants, registrars, maintenance and housekeeping personnel, and other ancillary services, plus general and highly technical equipment. It may be a matter of no pride to you to learn that a group of independent New York consultants (not hired by the University) consider our Emergency Department one of the finest in the city both in terms of its physical plant and equipment, and its staffing and professional resources (24 hr/day, 7 day/wk.). As for the implied criticism of interns, in July and August they are little better than fourth-year medical students; in May, I understand, they are ready to be launched on a \$20,000 to \$35,000/annum career in practice. The fourth year student is often nearly as competent as the intern in the acute care medicine he practices in the department. He has had his rotations thru the major services, he comes armed with a good deal of knowledge and he quickly learns to organize the priorities in the application of his information. We do not staff with fourth-year students, and those who have elected a six-week rotation here have found it generally rewarding.

In addition to the slowing down of patient care that inevitably results when a "cluster" of patients arrives within a short time, the need to "check out" each senior's case

also slows the flow. May I add that students are neither graded nor degraded in this department (tho you would seem to disparage them more than I), but if they learn anything there is music and fireworks, and dancing in the streets - a regular occurrence if you take time to poll the fourth year electives. The \$20.00 fee was developed over the past few years raising the fee from \$7.00 which had not been changed for about 15 years and which was unrelated to costs. The fortunately insured persons were paying higher and higher premiums, but the insurance company could not be billed for more than the established fee. This had to be brought to the cost level since, as you state, Public Assistance pays only \$4.00 per visit, our city appropriation for the indigent is exhausted in less than 3 months and the next 9 months is carried free of costs including all tests and necessary services. Indeed your vile aspersion on the pride and mores of the working person "too proud and indoctrinated in Americana to go on welfare" is another shocker that is straight journalism. The welfare system is for people in need, and no one can dispute the validity of its purpose nor impugn the unfortunate persons forced to participate. Sociologically, I am also aware of the reasons for poverty in America. But there is no compulsion to enlist on the welfare rolls nor should it be some type of stigma of stubborn pride or chauvinistic Americanism not to accept welfare. This pride and indoctrination in Americana made this country the rich land it is, whose opportunities you will one day probably exploit, and which still affords opportunity for shifts upward in economic strata for our poor. I do not condone poor educational opportunities, unfair employment practices, lack of opportunities for entrepreneur roles just because this country despite its mightiness has less poverty and starvation than most other parts of the world from which we can obtain information. Apparently you are not too anxious to lose your own entrepreneur role if I may read such implication into "the tragic part about the \$20.00 fee is that it is a meaningless gesture which will do little but bring on socialized medicine a little sooner." This is probably not true but I leave it stand as a subconscious expression of your own anxiety.

As for the lesser fee in Chestnut Hill, this must be based on their cost, the size of the area, its equipment and sophistication, its staffing and personnel and the cost for its maintenance - all of which may be less than that at Jefferson. You might inquire as to what our minimum hourly rate is at Jefferson - just for housecleaning or dietary or laundry chores. It may surprise you to find out by inquiring at personnel just how long Jefferson had been ahead of the Minimum

Americans Lay Themselves in Front of the White House

On November 8 about 200 Philadelphians went by bus to Washington to kick off the Daily Death Toll Project. The purpose of the project coordinated by the Fellowship of Reconciliation, is to dramatize that approximately 300 people are killed in Vietnam every day, besides the hundreds more killed in Cambodia and Laos. By placing their bodies in front of the White House the group hoped to alert the American public to the fact that despite Nixon's troop withdrawals and the low American death toll, the bombing and killing continues at the same rate in Vietnam at the hands of our great government. There has been a group of people traveling to every working day since Nov. 8 from different cities Washington to symbolize the "death toll" which mounts every day in Vietnam.

True, war protests have little visibility nowadays because most people think that Nixon is "winding down" the war. But, while ground troops are being withdrawn, death and maiming is still with us. A fact that has recently been brought out by the press is that Nixon has bombed with more tonnage in his three years of office than Johnson during the last three years of his folly.

On Monday, November 8 we boarded the buses early. On the way we were briefed about the project. In the morning we planned to lobby by seeing our congressmen and pointing out Nixon's deception to them. Hopefully we could swing a few congressmen to vote against military appropriations for the war and perhaps come out in public stating that troop withdrawals alone are not going to end the horrors of death there. Then we were instructed to march somberly, with Vietnam peasant hats, to the White House and assert our "constitutional right to go to Mr. Nixon's doorstep and confront him on this issue." If refused audience with the president, we were to lie down in front of the White House all afternoon until dusk in symbolic protest.

There were two of us from Jefferson. The most sobering aspect of the affair for us was that there was a strong likelihood we would be arrested for breaking a Washington statute which prevents more than 100 people from congregating in front



Bill Mauldin in The Chicago Sun-Times: "Here come our replacements."

of the White House. If we were arrested we would only be charged with a misdemeanor, comforting since we valued our medical license. But the fact remained that we knew full well we could be arrested, and we were prepared for it both psychologically and practically. Practically, we carried only what was absolutely necessary, avoiding anything other than one basic identification card, warm clothing, some food, and a serious realization of what we were doing. We wondered at times if getting arrested was worth it, and found that those we tried to persuade to join us were repelled by that very idea, yet they were impressed by our commitment. We knew, however, that we would have movement lawyers to see that we exercised our right to post collateral immediately or to post bail after spending a night in jail. All the legal arrangements had been made and most of us brought along enough money to get out of jail if we so desired, except for those of us who wanted to show how how dedicated we were by spending a few days in jail.

After our lobbying in the morning, we marched as planned to the White House, were refused admittance, lay down in the bitter cold fright in front of the fence. Being together there was uplifting and soul soothing, almost enough so that we did not mind the cold air and pavement. We held a short religious meditation as we left, then it was off to Senator Scott's house to further press our point. The Senator was not there, but the earlier group spirit rose higher on singing Give Peace a Chance

by Tom Williams

while lying in the leaves around the Senator's suburban home.

All of this good feeling was quickly dispelled the next week when the Senate refused to halt military appropriations for Vietnam and set a definite deadline for complete withdrawal.

Since the first day, Nov. 8, when we participated, there have been groups from other cities doing the same thing. In contrast, however, most of these contingents have been arrested (but released without bail in a short time, strangely enough) in most cases because they have laid in the White House driveway, a definite violation. Each group has tried to do something a little different, like one had a person approach the White House gate every five minutes (approximately the frequency of killings in Vietnam) and individually ask to see the President. When refused, each person reclined on the White House driveway (only to be arrested).

Unfortunately, there has not been much national publicity for any of this, although local newspaper of the participating cities have complied (witness Claude Lewis' column in the Bulletin on Nov. 10). The last day of the trips to Washington was on Nov. 24, but there will be a similar demonstration on Dec. 10 here in Philadelphia in front of the stock exchange building on 17th and Sansom aimed at all of the corporation giants which produce war munitions. (Look for further information on local bulletin boards.)

So it comes right down to what we suspected. President Nixon will continue to deceive the public by sly announcements of troop cutbacks, all the while being still responsible for at least 300 deaths per day in Vietnam alone. One would think that the Harris poll, which recently showed that 70% of the population of the United States wants immediate withdrawal even if it means a North Vietnamese takeover, would cause Nixon to stop pursuing face saving tactics and pursue what is politically popular. For President Nixon, if he did so, would then ironically be blessed with the incredible happenstance of the political pursuits and the moral, peaceful and life-saving pursuits coinciding.

Getting Rafted

By Bob Lahita

"Raft Debate to be held December 16 in Solis-Cohen Auditorium." These words appear on a sign you are likely to spot if you are one of the perusers of our bulletin boards in Jeff Hall. What the h— is a Raft Debate? - A rerun of one of George's old movies, or something to do with fair labor, George Meany, and Thor Heyerdahl? Wrong on all of these. It is something which is a "first" here at Jefferson. It is certainly not new to the campus scene in general; but like almost all social events, it is new to the Jefferson scene. The handiwork of senior Paul Dainer, the raft debate is in the parlance of show biz people a pre-Christmas "production number". Designed to be the biggest thing in Solis-Cohen Auditorium since your ICM Thyroid Lecture. The raft debate - the Dainerian title notwithstanding - is going to be more fun than the usual bill-of-fare which could only be revealed by watching the grass grow (Kentucky Blue variety).

The title is (I am told) derived from an early Cambridge tradition of having numerous professors compete for an ersatz raft; all the metaphors of rough seas, stormy winds, etc., are applicable, and with this crew most fitting.

The situation, humorously enough, involves a boatload of our medical pundits: an internist, psychiatrist, and a surgeon, that "hits an iceberg and is sinking into the freezing water". O more! More! They find a raft-"inflatable" is rather fitting - that can support only one man. They call for help and find, incredulously, a pediatrician who volunteers to moderate as a neutral partisan. Then, as if that were not enough, we have a pathologist to act as the devil's advocate and save the audience from what could be a real "open and closed" show. Well, dear reader, I do not profess to be a theatrical previewer, but on the plot alone, we have a show which could be upstaged by the Cornhusker's Chorus singing excerpts from the Emergency Preparedness Act, Phase II. Alas, however, the cast of this show is its drawing card; and because of it, the show will be SRO on the night of December 16th.

Let's look at the cast for a moment. Our three men in the tub are indeed the butcher (surgeon Gordy Schwartz), the baker (internist Joe Rupp- now we know where all the dough is), and the candlestick maker (psychiatrist Bill Rutter- I leave

it for your imagination). It takes no feat of the mind- especially if you have heard them speak- to expect the debate to be a real lolla pella! Each man has more grey matter in his beanie than all of that contained in the Executive Office Building on Pennsylvania Avenue. Better yet, our landbound Pediatrician is- yup you guessed it- good ol' Irv Olshin. It is rather hard to imagine him a neutral partisan, but then look at what they did with Raquel Welch in Myra Breckenridge. I think the real showstopper, however, will be that oft-quoted Latin devil from the second floor, the supporter of the pulp industry and professional wit, Jefferson's own Georgie Jessel: Gonzalo E. Aponte. This is what will make the Raft Debate a great experience. It puts the faculty right where they often are on a sinking ship and will probably be the most entertaining thing to be seen here to date. (What, if anything, could replace this superbowl of Rhetoric next year?)

In short, if you miss this show on December 16, you may miss one of the most laughable and perhaps informative experiences in your four years here at Old TJU. Whoops! I almost forgot to roast one more chestnut, our organizer Paul Dainer - he certainly deserves the biggest clap.

Student Opinion

(Continued from page 1)

approaching solutions by different means. Some are hearing opinions and proposals from interested groups within the institution and investigating experiences of other institutions. Groups or individual students who wish to present their views to a particular task force can talk to me about how to go about doing it.

I have been assigned to the Academic Task Force which has several important questions to answer - should the time for an M.D. be shortened to three years; should the class size be increased to 300; how should quality of graduates be measured; what is the place of the graduate school; and should a non-research type of PhD be granted.

There will definitely be a place for students to discuss and help find answers to these questions. Interested students please contact me in person or by mail (Mailbox #20, Jeff Hall) and we will plan a meeting of a student master planning committee for the first week in January.

Book Review

The Crystal Cave

By Alice M. Johnson

land, from sea to sea, is smashed down into the sea that holds it, and men leave earth to live among the stars."

The author's wording and images often made me pause in simple pleasure, the kind one feels at viewing a sunset; but the writing is otherwise graceful, moving easily and surely. The "matter of Britain" concerning Arthur has long fascinated me, but never before have I seen such an account of its beginning. Merlin's words echo even to the present like whispers spoken into a mountain ravine. The entire work conveys the same high sense of destiny found in William Faulkner's Nobel prize acceptance speech; for a moment I stand with Merlin on one of the peaks of human existence, assisting at the creation of a legend. Is it not worth a few hours to soar like a falcon?

At last! A readable hook on the bestseller list! Mary Stewart has created in *The Crystal Cave* a masterpiece about the founding of a kingdom and a legend in her native British isles. The story is that of Merlin- the name evoking a greybeard in wizard's gown instructing a small boy. But the boy is Merlin, bastard prince in a brawling Anglo-Saxon court, and his teacher Galapas, master of the cave. Not until long after he has returned is his life's task revealed to him. In the intervening time he has grown to manhood and matured in his art, already his name has been woven into song and spoken with awe. All these experiences are brought to bear as Merlin, now master of the cave but still guided by forces beyond him, leads Uther Pendragon to Tintagel a shield and buckler to men until this fair

Fragments . . .

J.D. Kanofsky

Are you still in search of heroes? Are you still a dreaming wretch? Do you stand in front of mirrors, Hating the shoddy stolid sketch?

Are your days too long for pity? Are your nights too short for dreams?

Is your life an endless nothing, Yes, nothing, for eternity?

.....from a Nightmare

I chanced to jump from slumber, To see a drooling ghoul. Who was drinking from my jugular, As if it were his fuel.

His mouth did smell from carrions fresh. His eyes did shine like cats. His body was of wrinkled flesh, Without an ounce of fats.

.....from a Fragment

In Pepperland did Beatles plan, A sprightly pleasure drone for a free. Where 'Abbe', the long and winding road does span, Through strawberry fields never held by hand.

Meetings and Events

Ariel - every other Monday, 7:00 P.M., Jeff Hall.

Christian Medical Society - every Wednesday at noon.

Gibbon Surgical Society - Herbert Cohn, M.D., "Diseases of the Pancreas," Thursday, Dec. 9, 1971, 7:30 P.M., Solis-Cohen Auditorium.

Jefferson Choir - every Wednesday evening, McClellan Hall, 7:00-8:30 P.M.

Regional Comprehensive Health Planning - Next public meeting, Dec. 14, 1971. See the bulletin boards for details.

Student Curriculum Committee - Wednesdays at noon.

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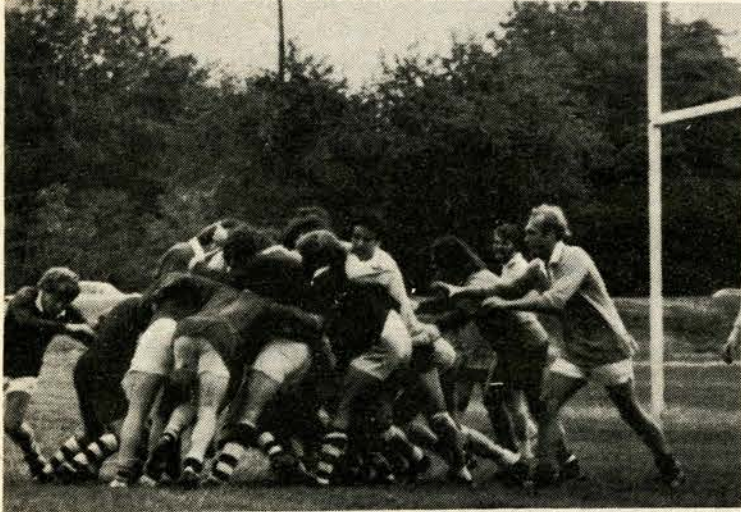
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The Theory of Rugby and Leatherballs



A traditional sport for a traditional school.

By "Rocket" Weber

It takes leather balls to play rugby—it also takes warm bodies. This past rugby season the ole "Black and Blue" managed always have enough of the former but unfortunately had difficulty mustering up a sufficient quantity of the latter.

The Jefferson Rugby Club (or, rather, the Jefferson-Hahnemann Rugby Club since two years ago we combined with Hahnemann Medical College to shore-up the depletion in our ranks) recently completed its rugged fall schedule which included some of the finest teams in the Philadelphia area. The competition included: Black Thorn R.F.C., Philadelphia Rugby Club, South Jersey R.F.C., Troop R.F.C., and Temple School of Medicine. Our 1 and 4 record succinctly depicts our competitors as being fairly formidable.

Although our record, upon cursory observation, appears dismal, it fails to show how close the games really were. This year we had a great deal of individual raw talent, but regretfully it was unable to amass its full potential. This was in part due to our strict rule banning any formal practice once the season has begun (in deference to the high academic traditions here at ole Black and Blue), and also our need for starting each game with a full squad.

As a team, we are not discouraged because traditionally we have a lackluster fall season only to come alive in the spring returning matches. We are especially hopeful about finding the groove this spring since we have cleverly scheduled easier competition.

This winter, as you sit around watching that waistline demonstrate Pierre l'Enfant's theory of length, ponder upon Jefferson Spring Rugby—and most of all, remember that to play rugby for the "ole Black and Blue," leather balls are not essential, but plenty of warm bodies are!

For further information concerning the Jefferson Rugby Club, please write to:

Jefferson Spring Rugby
c/o Ariel, Box 27

Wheelock

(Continued from page 1)

leukemia virus. Dr. Wheelock hastens to add that at present "there is no direct evidence that tumors in man are due to virus." However, since a virus can cause leukemia in many animals, it is hypothesized that it does so in humans also. "If this hypothesis is true," noted Dr. Wheelock, "then the murine system we are studying may be a close analogy to human leukemia."

Is any of this work applicable to humans? Dr. Wheelock remarks that he "would guess that within a reasonable time statolon or drugs like it will be used clinically. It should be done, but a great deal of testing in animals is necessary first to rule out toxicity." The drug must also be approved by the Food and Drug Administration and local medical committees.

There are several other problems in applying the drug to humans. First of all, statolon suppresses leukemia in mice early in the course of their infection at a time when leukemic cells are present in the spleen. If leukemic mice are treated with statolon at the time when approximately half of them have died, survival can be prolonged ten days to two weeks, but the disease is not completely suppressed. Mice which received statolon within seven days of

their injection with the Friend Leukemia Virus will have the disease suppressed; but if one waits any longer than that, survival can only be prolonged a short time. Dr. Wheelock feels that statolon may find its use when combined with present methods of chemotherapy. These might be used to induce remission, and then an injection of statolon might be effective in maintaining this.

Perhaps the most exciting thing about statolon is that it has provided clues and has opened up new areas for research. Presently Dr. Wheelock is working on several of the problems presented by statolon. Why do the antibody levels decrease? Is there any way to prevent them from falling or to cause them to rise again? Why does statolon only work once, and

why do not all the mice produce antibody to the virus? Statolon has certainly stimulated some fascinating research. Who knows where it may lead?

On Rodin's "Head of Sorrow"

On Rodin's "Head of Sorrow" Head of sorrow, head of shame, Brazened to a bronzen frame. Sear my soul with ache and pain. Chill my spine with fervor's flame.

J.D. Kanofsky

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Timothy Edward Grebos, 6 lbs. 3 oz. male born to Claire and Dave Grebos, Dave is the Commons Manager.

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Radical Therapists Meet to Define Their Evolvement

By Tom Williams

The Mental Health Advocacy Association (MHAA) presented a panel discussion on Radical Therapy featuring three speakers from the Philadelphia area. Held at Horizon House on 12th and Lombard Sts. on Nov. 18, the meeting drew over 200 people, which says something for prevalent interest in the subject.

I have mixed feelings on what the speakers said, but I will briefly lay out their points of view

first. Then comments on things they avoided or aspects which grated my sensibilities will follow.

Therapists Tell Us

Philip Lichtenberg, a professor of Social Work at Bryn Mawr, began by describing peak experiences, times when people became "thoroughly alive," as he put it. He said that it was through the "union of individual and collective propensities" that people could reach the kinds of

heightened life he was talking about. The examples he used to define these peak experiences were of groups of social activists during their confrontations, for example, one group of people at Columbia during the events there a few years ago, and the Viet-Cong in Saigon during the Tet offensive (as described in detail by leftist newspapers in Paris at the time). In each of these occurrences individuals working to their full potential combined with the group and its unity or collective spirit of working for deeply felt social cause resulted in the "thoroughly alive experience." Dr. Lichtenberg in conclusion outlined some of the implications of his thesis.

Jean Ferson a feminist and psychologist from Temple, gave a personal view of how her organization, NOW, has helped her to overcome not only her tendency to be depressed (the "woman's syndrome") but her oppression as a woman in this society. NOW, although not considered radical by most standards, does lobby for legislative change and has organized "consciousness raising" groups of women and speakers, some of whom are prominent in the feminist movement.

Finally, Hill Eshbach, a psychologist in private practice, tried to explain the Eastern concepts of Chakras and Auras and their relation to higher states of consciousness and more self-actualizing ways of living. His was the most way out presentation, for it strayed from the conceptual frameworks you and I are used to operating under. Chakras are sources of energy in

the human body which can be discerned only by clairvoyants, but which nevertheless have a fairly broad acceptance among occult-oriented peoples. There are seven Chakras, some of which are Survival, Sex, Love and Compassion, Power and Individuation, and others like Creativity which are on a higher intellectual plane than the first few. The concept Dr. Eshbach adroitly and peacefully constructed while wandering about the room and writing on a blackboard was that different people operate primarily on different Chakras and on different levels for each Chakra. The goal of therapy, which can be any type (the list of therapies which he uses—encounter, transactional, Reichian, Transcendental meditation, Rolfing, and many more—was impressive) is to help people or groups to move into higher levels or states of consciousness, from coping to self-actualizing to transcending, for each and every Chakra. That is, the progression is to better sexual relationships, more love and compassion, greater creativity, etc. One interesting aspect of the framework Hill outlined is that the thought of great innovators in psychology or philosophy easily fits into the essence of how a particular Chakra is conceived of as functioning—Freud for the Sex Chakra, Hobbs for Survival, Jung for Love and Compassion, and more. Implied is that each of these great minds lacked an understanding of the whole complex of Chakras as opposed to his special one. (For further reading Hill suggested *Breakthrough to Creativity* by Karagulla, obtainable at the Aquarian Research Foundation).

Radical Therapy?

Before going further it might be wise to try to define Radical Therapy, since none of the speakers really did so. Radical Therapy broadly means utilizing the therapeutic experiences of working singly or preferably in groups for social change improvement. At least this is the basic definition in the new book, *The Radical Therapist* by the Radical Therapist Collective, formerly of North Dakota but not living in Cambridge. The definition is arbitrary to be sure since the traditional Freudians and social theorists probably consider much of the new wave of encounter, eastern-tinged, and even behaviorist-oriented therapy to be radical. But, to them, what about therapy which potentially will add further turmoil to society as well as threaten their present lucrative, adjustment-into-the-societal-spectre therapies?

(Continued on page 7)

Keiserman Replies

(Continued from page 2) covered by third-party payers remains \$20 although it is not required of them and they will be given service without it. So far as cash-in-advance is concerned, it has occasionally been requested at night, but not during the day. As for the photograph of the sign visible to departing patient, the same sign appears to the entering patient on the glass partition in front of the receptionist. For the picture caption, we apologize; it is misleading.

In regard to "entrepreneur roles," Mr. Jacoby quite consciously would like to keep his, having little faith that increased government involvement will solve our problems.

So far as the disparity between the prices at Jefferson and Chestnut Hill is concerned, Dr. Keiserman mentions several likely reasons. Another likely one is that Chestnut Hill has considerably fewer Medical Assistance patients and non-paying patients than Jefferson has. To whatever extent this is a source of the disparity in costs, it might be remedied by having all hospitals in the greater Philadelphia area share the cost of taking care of their indigent patients, each contributing a share proportionate to the size of the hospital.

Regarding interns' salaries and dependents' tuition, the point was that there exists at least one case where a Jefferson intern, his salary (temporarily) unilaterally cut back still had to pay the increased Jefferson tuition of his student wife.

All in all, we agree with Dr. Keiserman that the name of the game is money; in our October editorial, "Taking Action," we tried to outline how such public moneys might be obtained. We would urge our readers to recommunicate the facts contained in Dr. Keiserman's letter regarding such things as yearly city appropriations for the indigent which are exhausted in 3 months to their city and state officials as well as to their local newspapers in the hope that the base of people by whom the medically indigent are supported might be widened.

--daj

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HOSPITAL SURVEY COMMITTEE

Power and Planning in Philadelphia

(Reprinted from PHILADELPHIA HEALTH NEWS, Vol. 1, No. 1, Nov. 15, 1971

By Bob Brand
Health Information Project
Editor's note:

Regional Comprehensive Health Planning (RCHP) was set up in 1968 to supplant the Hospital Survey Committee (HSC), a private corporation which had the review-in-common function (essentially coordination through the power to approve or disapprove government moneys for all area hospitals) for federal Hill-Burton funds (which go for hospital capital improvements). Part of the purpose of RCHP was to introduce consumer input into the allocation of federal funds for health facilities; another was to extend coordinated planning to other areas--manpower, personal health, and environmental health.

After three years of start-up money to establish itself, RCHP finally started functioning this year. What, as of this summer, was it proposing?

First, that it was not yet prepared to fulfill the three functions beyond review-in-common of hospital capital expenditures.

Second, that it subcontract out to the Hospital Survey Committee for the review-in-common function, to the tune of \$234,000 per year.

Subcontracting would have delayed indefinitely RCHP's developing the expertise to ultimately assume this function and would have effectively frustrated whatever increased consumer input that might have gone into the coordination of capital expenditures. On the other hand, HSC has gotten its awesome powers through doing quite well a job which no one else was prepared to do.

More disheartening, however, are the entirely legal and commonplace financial shenanigans by which RCHP proposed (but has since modified, as outlined in the following article and addendum) to pay for the Hospital Survey Committee services.

As RCHP gets a federal matching dollar for each dollar that they raise from the community, they proposed to pay the HSC \$234,000, twice as much as they need for costs and a healthy profit; HSC would in turn keep \$117,000 for costs and profit, donating back \$117,000 as a "community contribution" eligible for the matching \$117,000 in federal dollars for the following year.

For those who are interested in delving deeper, a copy of the proposed 5-year planning proposal for Eastern Pennsylvania RCHP dated December 5, 1970 is available on loan from David Jacoby. The RCHP offices are at 7 Benjamin Franklin Parkway (the United Fund Building) and their next public meeting will be on December 14, 1971.

One of the more important health planning institutions in the Philadelphia Suburban region is getting into the public spotlight, and as a result its image is being

talked about the Hospital Survey Committee (HSC). If you haven't heard too much about the Survey Committee until now don't feel excluded because they are quite a private group. They make decisions for the public (although they claim to be only a technical advisory agency) but they are never examined or influenced by regular consumers.

The Hospital Survey Committee likes to be known as an "Advisory Community Planning Agency for Hospital and Related Health Facilities." It has made its reputation as the agency that because of its expert, efficient staff, can control the construction costs of hospitals. In its 12 year existence it has effectively taken over the state government's function of reviewing and passing on applications for Federal Hill-Burton funds for hospital, related facility, and nursing home construction. In this capacity it has regulated the spending of at least \$290 million.

PRIVATE DECISION MAKER

The Survey Committee has recently been named by Blue Cross to "identify" and "remove from service" under-utilized facilities and unsafe beds. This sets up the Survey Committee to make important planning decision about all existing in-patient facilities in the region. The Survey Committee's power lies in that it is the only agency recognized to plan where health facilities should go and what should be in them. As a private group they make these decisions on their own responsible only to their elite board of bankers, insurance men and others who don't have any serious personal worries as far as health is concerned.

HSC AND RCHP

Besides all this HSC is also doing most of the "technical" work for Regional Comprehensive Health Planning (RCHP), the 51 per cent consumer controlled planning agency. (For more info. see the article in this issue on RCHP)

The vague non-contract agreement between the Hospital Survey Committee and RCHP gives the Survey Committee specific powers to review and comment on facilities planning. This arrangement is paid for in an interesting if not unique way. RCHP gets federal money by raising money locally and then having the feds give them matching funds, dollar for dollar. The largest local contribution comes from Hospital Survey Committee (sounds great, hih?) But HSC and RCHP have an agreement such that RCHP pays HSC double the Survey Committee's contribution. This means that Survey Committee gets \$117,000 from RCHP - not the other way around as appears at first glance. RCHP's money does not go to building an expert staff responsible to and working for the people, but rather the money goes directly to Hospital Survey Committee.

Recently the five county board of RCHP began to look into its agreement with the Survey Committee (the federal government required that this be done). The results were very interesting but only begin to show what a shady outfit the Hospital Survey Committee actually is. Knowing that the board of RCHP was interested in them HSC made an initial move, to be nice. They offered to have a meeting with some board members of RCHP, and to give them two seats on the Advisory Committee of HSC. (Now what more could consumers ask than two advisory seats!) The meetings with HSC are still going on, but the ridiculous offer of the advisory seats was in effect rejected by RCHP.

Then began the negotiations for a new contract between HSC and RCHP. Someone from RCHP suggested a \$90,000 contract, while some other board members suggested no contract at all. The Survey Committee itself suggested a contract of \$164,000, a cut of \$70,000 from the current \$234,000. But if you look closer it's

not really a cut in the contract. Actually it's a reduction in HSC's contribution to RCHP by \$35,000 which in effect doesn't cost HSC anything at all. Then at the last board meeting of RCHP (Wed. Oct. 27th) members of the board realized that besides not being clear on what it is they are buying from HSC, they are also in a position where they have to ask HSC what it is they should be buying. (This seems roughly the same as doing business with a salesman who in addition to describing his product to you, is the only one who can tell you what you need.)

NEW CONTRACT?

The truth is that the Survey Committee's proposed new contract hides more than the old one did. They cut back their budget for providing technical services related to review and comment activities from \$112,000 to \$42,000. (Of this \$112,000 -- \$42,000 it is unclear how much is already paid for by other groups such as hospitals getting the same services. HSC has sidestepped this question repeatedly.) HSC also slid in a one line item for "Long Range Planning to Institutions and Sponsors." It is not at all clear what this means; it is even less clear that RCHP should pay for long range planning done in private with provider institutions (of course HSCX denies this planning would be done in private.)

Even if the problems mentioned above were settled the price tag of \$164,000 seems a bit greedy. But much more is involved here than greed. HSC clearly wants a monopoly on health planning staffs. As the only "technically competent" group in the area whatever they say will become policy.

ONE-SIDED DECISIONS
The policies that HSC has fostered are part of the problems with health care. Their disregard for the needs and abilities of consumers to reform the health system has led to the one-sided planning they do which takes full account of financing and institutional needs, but is technically unable to deal with the real health problems of consumers.

The public has a right to health planning which talks about the

quality of care, not just the quantity of beds; about the ability of ordinary people to get service at a hospital, not just the occupancy rate of the hospital. The people will not get such planning until control of planning is taken away from elitist groups like the HSC. If, as was said at Wednesday's meeting by an RCHP staff person, HSC's research is largely available elsewhere, and if HSC is incapable of serving the interests of most consumers, and if the HSC has taken over decisions which the people rightfully should make, then it should be replaced by a consumer controlled expert planning staff responsible to RCHP, not financial powers.

COMING STRUGGLE
These questions will be resolved at a meeting of the RCHP Board on November 24, 1971 at 10:00 A.M. in the United Fund Building in Philadelphia. The Board of RCHP can become a strong, publicly responsible board if they replace the vested interests and private power of HSC with a consumer controlled

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Radical Therapist

(Continued from page 5)

So if Radical Therapy means social change not adjustment, the panelists for the most part missed the boat. For one thing, they all spoke to and showed how to dispel hangups of the elite, well-paid therapists of Philadelphia, not the people who need therapy the most—the oppressed poor, blacks and other minorities. And furthermore, none of the speakers really got into "therapy" per se.

Be Critical, why don't you!

That is to say there were no practical suggestions and examples of how to do radical therapy. Phil Lichtenberg came the closest in his concept of union of individual and collective endeavors through social action by being concrete, but again he was speaking to white, middle class idealists. His method was applicable to heighten the experience of these "normally-

neurotic" idealists. We know that Dr. Lichtenberg could have included much more in the way of Marxist and other social theory, which would have given people some feeling for what he was implying. Jean Ferson, the feminist from NOW, although sincere, came across as none other than professional oriented, and, sadly, she gave mostly her own personal experiences rather than workable methods for therapy in women's liberation groups. Finally, Hill Eshbach, as stimulating as he was, could allow virtually any method of therapy to increase Chakra-consciousness, but gave no specific suggestions. He gave the uncanny impression that he was a shaman whose solution for the world's problems was similar to Christ's—conversion one by one until all was love.

What Could Have Been

If attuned to the definition of Radical Therapy, the panel could have gotten into some provocative, although complex, and controversial issues. Using **The Radical Therapist**, statements like these might have been thrown out: "Extended individual psychotherapy is an elitist, outmoded, as well as nonproductive form of psychiatric help. It concentrates the talents of a few on a few. It silently colludes with the motion that people's difficulties have their source within them well implying that everything is well with the world. It promotes oppression by shrouding its consequences with shame and secrecy. It further mystifies by attempting to pass as an ideal human relationship when it is, in fact, artificial in the extreme." In addition, the psychiatrist is himself alienated and prone to self-destruction in the form of suicide. The psychiatric and mental health community by remaining neutral is merely perpetuating the oppression by "established values and laws" of society. Finally, what about gay people and mental health?

Burning statements and questions like these are what could have started the dialog about what Radical Therapy is and could be. Let's hope that the Radical Therapy workshop planned by NHAA for sometime early next year (it will be advertised in ARIEL) shifts its focus in this direction.

Cholesterol Determinations

By Richard Blutstein

In one of his addresses to the class of 1975 Dr. Willard Krehl recommended that cholesterol levels be done regularly on men whether or not they have symptoms of coronary heart disease, just as PAP smears are regularly done on women.

He urged male medical students to get their own cholesterol levels measured. The Student Health Service will do it free of charge, although they don't encourage it.

Christmas Concert

(Continued from page 1)

nurses, and employees. It has grown to its present size of approximately forty members, and now also includes nursing students, practical nursing students, and staff physicians.

Major concerts have been presented at Christmas 1970, Spring 1971, and Fall 1971. The choir has also performed at the Thomas Jefferson University Hospital Christmas Party, Employee Recognition Banquet, and School of Practical Nursing Commencement, as well as area churches. Major works presented have included Vivaldi's *Gloria*, Schubert's *Mass in G*, Davison's *Te Deum*, and Faure's *Requiem* (performed with the Philadelphia Little Orchestra Society). Numerous minor works have also been performed.

Robert Sataloff, the choir's conductor, is well known in Philadelphia music circles as an operatic baritone. He has sung extensively between Boston and Washington D.C. Mr. Sataloff began conducting studies under William Reese at Haverford

College, from which he graduated, *phi beta kappa*, with honors in Music Theory and Composition. He received additional training under John Ferris at Harvard University.

Mr. Sataloff founded the Thomas Jefferson University Choir during his last year at Haverford while he was also working as a special student in Physiology. He is presently a first year medical student.

The goal of the choir is not only the entertainment of the audience, but the achievement of a musically educational experience for both choir and audience. Future plans include performance of works by classic and contemporary masters, popular and show music, spirituals and folk tunes; in short, a broad spectrum of music, both sacred and secular. All Jeffersonians are cordially invited to sit in on any rehearsal or join the choir. The choir rehearses every Wednesday evening in McClellan Hall from 7:00-8:30 P.M.

Survey Committee

(Continued from page 6)

the contract is renegotiated. However, during the course of the meeting Mr. Helm of the HSC cited a letter from the federal government saying that the HSC would get the money no matter what RCHP decided.

At this point Mrs. Ann Darland of West Philadelphia introduced a substitute resolution-- that the contract be cancelled.

This resolution was passed, although a representative of the state pointed out that this may be illegal. In any event, the local RCHP group is now faced with the task of raising local dollars in order to get matching federal funds. Invited to speak at their next meeting (December 14) will be Herbert Denenberg.

Anyone interested in an in depth study of HSC done by the Health Information Project please contact Mr. Brand c/o ARIEL.)

Addendum:
According to Mr. Brand, at the Regional Comprehensive Health Planning Meeting held on November 24 a compromise motion from the director of RCHP was presented. The motion was that payments to the Hospital Survey Committee be cut off for the next six months while

Tibone Takes Top Honors

Eight players vied for the first place trophy in the Second Annual Jefferson Hall Singles Handball Tournament. James Tibone, who defeated Tim Wolfgang and Bob Baker, and Michael Schmerin, who defeated Winslow Borkowski and N. Grego, advanced to the final round.

Tibone claimed the trophy after soundly trouncing Schmerin in the in the best-of-three series.

The next tournament will be a Singles Squash Tournament. All members of Jefferson Hall Commons are invited to participate.



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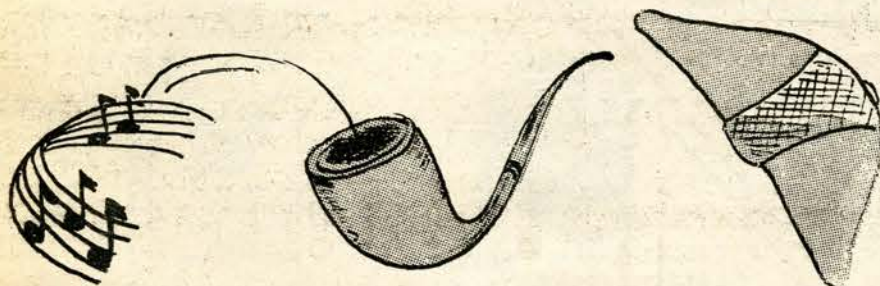
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