11-1970

Ariel - Volume 3 Number 3

Richard Bonanno
*Thomas Jefferson University*

Eugenia Miller
*Thomas Jefferson University*

Brent Spears
*Thomas Jefferson University*

Paul Bialias
*Thomas Jefferson University*

David Jacoby
*Thomas Jefferson University*

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](https://jdc.jefferson.edu/ariel)

 eş Part of the [History of Science, Technology, and Medicine Commons](https://jdc.jefferson.edu/institution/5), and the [Medicine and Health Sciences Commons](https://jdc.jefferson.edu/institution/30)

Recommended Citation

Bonanno, Richard; Miller, Eugenia; Spears, Brent; Bialias, Paul; Jacoby, David; Burt, Terry; Breckenridge, Jr., Robert; and Agnello, Jr., Joseph S., "Ariel - Volume 3 Number 3" (1970). *Ariel*. Paper 53.

[https://jdc.jefferson.edu/ariel/53](https://jdc.jefferson.edu/ariel/53)

*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
Richard Bonanno; Eugenia Miller; Brent Spears; Paul Bialias; David Jacoby; Terry Burt; Robert Breckenridge, Jr.; and Joseph S. Agnello, Jr.

This newsletter is available at Jefferson Digital Commons: https://jdc.jefferson.edu/ariel/53
Community medicine
What is it?

By Richard Bonanno

The term community medicine has cropped up often over the past few years, usually with regard to criticism for the lack of responsiveness of the contemporary health delivery system to the needs of the poor. It has come to mean a variety of things to different people and has become a focal point for both health care activists and "community people" themselves. It would like to investigate the meaning of the concept and the effects it has had and could have on the delivery of health care.

One might believe that the practice of community medicine would entail all medicine practiced outside the hospital setting—the offices and clinics of the community. To most people, however, it is a term designating medicine for the poor and indigent—more specifically, the mean people, who would like to call themselves community people, and have representation from all subdivisions of the university community. The balanced financial plan for a professional person. By good fortune, I happened to meet a very affable and very competent fellow who happened to be an agent for the Jefferson insurance company. My brain was then educated by Dr. Richard L. Jaffe, who spoke of several types of insurance for physicians, and I bought my medical practice, and so on, but I did not understand the implications of the new facts, or how they might be related to a form of the

Researcher predicts health regionalization

By Terry Byrd

A recent article by physician-researcher, Charles F. Code, M.D., Ph.D., entitled "Medical Care—A Plan for the Future," in the September 24th issue of The New England Journal of Medicine, discusses some thought and comment from the Jefferson community. Dr. Code first examines the present system of health care delivery and analyzes its defects; then he proceeds to mark certain trends and to carry them forward to logical conclusions in a plan for future health care delivery.

The Present Situation

People are increasingly demanding as a right, a ready access to the best medical care. Consequently, government participation in the delivery of health care is increasing. Yet, in the United States, a phenomenon of exponential medical knowledge has resulted in greater manpower shortages and changes in the mode of practice. Dr. Code reports a decline in solo and general practice and a trend toward specialization and group practice. He further comments, "I see no reason to fight this natural trend.

The "solo practitioner, like the one-room schoolhouse, is disappearing from the American scene—for many of the same reasons..." A study projects that physicians who continue in general practice will be reduced to inconsiderable proportions in the 1980's.

A Plan for the Future

In the light of present trends and demands, Dr. Code then offers

 TJU plans to open new 500 bed clinical teaching facility

By Eugenia Miller

A new "Jefferson Hospital," rising from the area bounded by Tenth, Eleventh, Sansom and Chestnut Streets, will play a primary role in the life of TJU by 1976. Designed the Clinical Teaching Facility, the new hospital promises to be far more a mere replacement of the old. Because the Clinical Teaching Facility represents the application of field-testing innovations, it will be able to meet the increased, changing, and sophisticated needs of the next decade.

The new 500 bed facility will occupy 85,000 total square feet of building space. Patient rooms, to be located peripherally, will have full access to ventilation and exterior lighting. The central portion of the building will be occupied by industrial type automatics for support of the patient care areas. Space for at least 25 percent expansion of the CTF will be incorporated on the site or on an adjacent land to be purchased at a later date. Parking facilities for more than 500 automobiles will be provided.

Plans for the CTF have been developed through consultants for the Philadelphia Foundation Associates, Incorporated, and Soudier, Clark and Associates, Incorporated, and with the architectural advice of Harburger, Tatum, and Larson Architects. A steering committee for planning the CTF, recently appointed by the trustees under recommendation of the master planning committee of TJU, is chaired by Dr. Francis Sweeney, director of the Jefferson Medical College and has representation from all subdivisions of the university community.

Two students nominated for committee membership are Jerry Grossman of the College and Catherine Wolczynski, from the College of Allied Health Sciences.

Although Jefferson has not yet sought to commit any sources of funds for the building project, 30 percent commitment from several of the following: 1) local sources; 2) board of trustees, industry, business, alumni of the medical school, staff of the hospital and school, community; 3) Commonwealth of Pennsylvania; 4) United States Government.

The Clinical Teaching Facility incorporates some of the medical procedures which currently plague hospitals in the attempt to deliver health care. No single hospital facility has yet incorporated all the procedures and techniques which the CTF will provide. However, Dr. Code and Cornell have laid plans for comprehensive structures similar to Jefferson's CTF, and certain aspects of the CTF approach have been successfully employed elsewhere.

Solutions to health care problems which the CTF will provide include: all-same-room hospital; co-location of activities; decentralized responsibility; intensified use of physical resources; centralized logistical support; unit dose pharmacies; decentralized, convenient food service; structural space to boomerang the needs trusts and other elements The

Jeff Hall presents program on finance

By Brett Spiers

As a medical student, I slowly became aware that the "world" was torn by economic changes, acquisitions, especially older persons, had spoken "to me". Life insurance, wills, financial and medical practice, and so on, but I did not understand the implications of any of the facts, or how they might be related to a form of

Hierarchies in medicine

By Paul Biales and David Jockey

Four Jefferson students have attended the annual meeting of the Philadelphia County Medical Society's committee on community health. From these encounters several points worthy of note have become evident regarding institutionalized medicine.

The first is that all doctors are men of goodwill. Unfortunately, those who have power, the desire for a turf of their own, can easily get it in medicine for the simple reason that those with the most goodwill are too busy practicing medicine to regularly attend meetings, especially if these meetings do not accomplish sent to nothing.

The second, a corollary of the first, is that these men all too often serve no purpose but talk and arduous delay—a diplomatic approach to any and all problems.

For instance, the committee on community medicine has been in existence for two years yet it is neither much of a power, its powers, or its influence. It listens to proposals and then, with little enthusiasm, shoots them down—"Not our concern, too costly," Courier-voluntary— a stopgap measure that will only

(Continued on page 7)

(Continued on page 8)
One may have noticed that our October issue of Ariel was somewhat abridged and filled with advertising. As you might have ascertained, the problem is money. We pay our bills entirely from our advertising. As has often been reported in Ariel, Jefferson students have taken an active part in the Gray's Ferry Medical Clinic on Wednesday nights.

As has been stated in the article on Community Medicine that the concept of the Community Physician could be applied to medicine practiced outside of the hospital. We feel that it is an important tenet to accept as a standard method of education, because the majority of medical practice is practiced outside of the hospital, while nearly all clinical training occurs within the hospital setting. It has been estimated that as many as 80% of all physicians who practice medicine outside of the hospital and who about 80% of practicing physicians do not work primarily in hospitals. Yet our education is provided almost entirely by hospital-based specialists and researchers working on the 5% segment of the patient population. This does not even consider the doctors who receive no medical care in the early stages of disease where preventive efforts would be most useful.

With the fall, Ariel is pleased to note that Jefferson's Department of Preventive Medicine has changed to the Department of Community Health and Preventive Medicine. Dr. Joel Jacoby is reported to have said at a time when much commentary on medicine emphasized the need for the primary physicians to see patients on a more frequent basis, that Jefferson has been conscious of the need for an educational response to this new. We would like to welcome heartily to receive the new program in Preventive Medicine and to heartily endorse the new program in Community Medicine. It is a first step in what is hopefully a serious effort to make Jefferson's education consistent with a comprehensive thinking society. We hope that the Department of Preventive Medicine and Community Medicine will work to support and expand these efforts.

Pass-Fail

Dear Editor:

No evaluations are completely accurate; in fact they all too often are inaccurate than those which they claim to measure. This is because there is no way to have a circular validation. Success on one correlates with success on others, and failure on one correlates with failure on others. The evaluations are meant to be valid only in and of themselves. In reality both measures one's ability to study and take examinations.
Personal Finance

(Continued from page 1)

Grebis, the Jefferson Hall Program Director, was quite enthusiastic. We have arranged for the following informal sessions to take place:

Wednesday, November 11, 12:30, Jefferson Hall, Estate and General Financial Planning, Mr. Jerome Verlin, LLB.

Wednesday, November 18, 12:30, Jefferson Hall, The Role of Life Insurance, Mr. Jeff White, MIA, CLU.

Wednesday, December 2, 12:30, Jefferson Hall, The Physician and the Federal Income Tax, Mr. James Turtle, CPA.

Wednesday, December 16, 12:30, Jefferson Hall, Trusts, Mr. Theodore King, Vice-President, Continental Bank.

All these men are very well qualified in their fields. Brief presentations will be followed, we hope, by stimulating and informative discussion. No sales talk, of course; although each speaker would be happy to give counsel on personal questions during or after the talks. The intent is to develop a better picture of personal finance, in the course of four mid-day sessions. It is quite not true that people should not have a bite to eat, and then join us at Jefferson Hall on Wednesday? Announcements and room numbers will be posted. See you there!

Commentary on Appalachia

By Richard Romano

I would like to take this opportunity, without the encumbrances of editorialship, to make some rather personal observations about the SAMA Appalachian project which Paul Bialas has described in the last two issues of Ariel.

This type of project, where medical students spend several months working with the disadvantaged, has received wide acclaim from the "liberal medical establishment," but to me the project is an anachronism. Although organizers and participants are obviously idealistic and well-meaning, the project seems to be only an extension of the colonialist charity medicine which has been practiced on the poor for many years. In 1968 I spent a summer working with the Student Health Organization—a group of health science students which was, on occasion, labeled the medical student NGO. The participants worked in inner-city hospitals; I worked with projects for 30 weeks, and it definitely was a significant learning experience for me, but little was accomplished by way of alleviating the problems we were working to fix. Just like the private medical student spending his afternoons in the city clinic, we scoffed our consciences and "learned off" the misery of the poor, but did little to improve their lot.

And would this "primary physician" necessarily be a doctor? Dr. Code speaks of the logjam at the portal of entry. Will computers be like in emergency rooms? Will the role of the "do-gooder" be treated as a public health problem in the way it is presented by THE GRAPHIC WORK OF M.C. ESCHER (Hawthorn Books, Inc., M.F.I.)?

The perfectly cut diamond has 58 facets (surfaces) reflecting light. A diamond's beauty is that it makes you look skyward. We should look toward family practice, general practice, public health. Am I like the men who invested in a money store right before Harry Ford came down the road? I must plan to spend eight years in preparation for my career. I would like that reassurance that the role will still exist in eight years. Is there a project in the hopper for one of these forecasts about the future be reconciled? As Dr. Krell pointed out, even in an age of specialization there remains a need for a "family physician" who will be at the portal of entry to the system. I would also assume the responsibility for comprehensiveness, continuing care, responsibility. I believe that SAMA should recognize the distinction I am trying to make. They should spend their million dollars on permanent health project with a fulltime staff which could be handled by a single,charity physician. Perhaps we must re-examine our thinking and transfer this responsibility to a group, which might be the small initial unit in Dr. Code's scheme. Perhaps a group ever do anything but fragment and dissolve responsibility? I have an Ayin Randian mistrust of committees.

Meeting Announcements

Willing to enter contests? Interested in fabulous prizes? Then for just a quarter you can attend the Don's Program Game Night on Friday, November 20, from 7-9:30 P.M., in Jefferson Hall.

Ariel Meeting Monday, November 21, 11, 7 P.M. Room 139 of Jefferson Hall, Everyone Welcome.

Luna Sandwich Shop

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.

Mary Dougherty's Card & Gift Shop

Hummel Figures - Greeting Cards

Distinctive Gifts Religious Articles

opposite Jefferson Hospital

134 S. 11th St.

WA 2-6438

The Bicycle Shop

1129 PINE ST

- Sales - Parts - Rentals - Accessories

PEDAL DON'T PULLE

WA 3-8799

Sides to the Story

58 Facets comprise the Story of a Diamond's Beauty

The perfectly cut diamond has 58 facets (surfaces) reflecting light. The result can be breathtaking. It is the basis of a diamond's beauty, the source of its fascinating beauty. 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 poop's integrity counts more than anything else. Nothing means more.
suicide as a way out. Drug use is

fluctuates with the level of casualties we see it's been rather low recently. It's by a few examples.

miles

"Anatomy of a Casualty" is where I spend my time. There they could be made totally obsolete by the advent of the helicopter ambulance from the Nixon-Agnew cover-up. You

Norwegian Highland where the left his aid station that day and we'll soon be out of the heat situation. Of that, you can be sure unless they find to have stolen the still says it's not a major

portate to receive a plethora of emergency room). We function grenades. Another comment on interesting sick-call where we see the Med Cap (Medical - Civic Action Program) visits and drop little presents in the jeeps, i.e. satchel explosives or hand grenades. One student poster on Med-Cap before leaving this subject is in order. Our Lt. wants more Med-Caps because he needs a higher "body-count," the same term used for "energy killed" to give his superior. One of them runs away. The cookies arrived in Playboy article, but rather effort of the post office as a cookie

Heaviest Father-Stabber of percent of all infantry soldiers home &

"Meanest, Ugliest, Most Available to the people who have not had any are ruined mentally not hopeless.

V.D.,

unquestioning, unthinking public opinion, the collapse that was supposed to be a movement to bring us back home and we live in relative peace.

I've been most active in the post office as a cookie

"Group W" &

"REMF"

11th STREET

832 SOUTH 11th STREET

Philadelphia, Pa. 19107

I'm sometimes disappointed to make a diagnosis in the field unless it's so obvious that any dude could tell what was wrong, and then after you've made a rare diagnosis, there's nothing you can do for the people. Most of the grunts (foot soldiers) see the least. They come in from the barracks and we're all a little bit more familiar with each other, so we see a lot of people that are trying to get killed and are there a few more people not only thinking about but doing something for Peace.

(Continued from P. 7)

Walnut 3-2348

SAVOY RESTAURANT

OPEN 24 HOURS

232 SOUTH 11th STREET

Philadelphia, Pa. 19107

Toskas Brothers.

Our Clothing Blows Minds Not Wallets

If your bag is a fancy store with fancy prices, you've got it wrong about us. We are a very un-fancy store. But what we lack in decoration, we make up in selection. We can make you look the bell bottomed cowgirl, the prairie girl, or the boho chic and all at prices to boot, forget prices. We've got shelves chock full of body shirts, tee shirts, and turtleneck. We've got the latest in wide belts. Not to mention our jeans, jackets, and boots ... Army clothing and camping equipment ... and all other sorts of weird goodies. Stop in and you too can blow your mind.
November, 1970

Debate
(Continued from P. 4)
Finally, we wish to extend a vote of confidence to Dr. Aponte and his excellent teaching efforts. While we do not necessarily agree 100% with his manner of teaching, we feel that it is certainly the best that we have received to date, and we would like to point out that minor dissatisfactions do not necessitate drastic change.

Furthermore, we cannot endorse those students whose efforts at changing curriculum stem from their desire to get by with a bare academic minimum. It would truly be unfortunate if such immaturity is permitted to determine the destiny of any academic pursuit.

FRANK DATTILO
(St. James Hotel Barber Shop, Southeast Corner of 13th & Walnut Sts.)

Men's hairstyling Sculpture Cutting Razor Cutting

PE 5-8400

PROFESSIONAL LIFE INSURANCE SERVICE
TO THE JEFFERSON COMMUNITY
George H. Lubeck, C.L.U.

PERSONAL INSURANCE PLANNING

Suitcase 1919
3 Penn Center Plaza
Philadelphia, Pennsylvania 19102
Res. CL 8-1925
Office LD 8-0595

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

MEMORY, ANYTIME IS PICTURE TIME

The Booknook
By Terry Burt

How many medical students are aware that the Mercantile branch of the Free Public Library is only a block from the Pennsylvania-Chestnut Street between 10th and 11th? And how many of you who write, work, or attend school in Philadelphia can get a free library card? Finally, how many care? If not, then, let your wives and children's parents, uncles, aunts, and cousins read The Booknook. This section is rated (P) for People.

The Booknook is not a book review. He is not even a reincarnated English major, but only an amateur reader without expertise, who simply likes to share books he has enjoyed. He isn't even up on best sellers, which cost money, much less classics, which usually are unreadable beyond volumes on the library itself. His system of selecting books is a non-system which sometimes amounts to nothing more than judging a book by its cover. He goes on author jags, or nationality jags, or period jags, or type jags.

The Booknook is open to anyone who wants to talk about a book. Even textbooks will be tolerated...


I was tricked into reading this book by a change in an interesting book jacket design. I had heard of Magister Ludi before, but I never had a chance to read about a teacher named Ludi, so I bypassed this Hesse book even though I had been impressed with Siddhartha. Upon closer inspection, I figured that Magister Ludi must also have an early book of Hesse's before he learned how to pick a title. But the mistake was mine. "Magister Ludi" turns out to be Joseph Knietz, master of the Glass Bead Game, and the book turns out to be another of Hesse's fascinating explorations of human nature and institutions.

The setting is in the remote future to gain perspective on the present and past. The Glass Bead Game device seems to be a symbol of the alienation deriving from human genius to attain a synthesis of all knowledge.

Joseph Knietz is educated from early youth in a scholar's paradise, the Province of Castalia. In this world-to-come, promising scholars are spared the trials and distractions of coping with supporting themselves, and are shielded by the rest of the population. They live a rarified existence in Castalia while the rest of the world goes its own way. Joseph Knietz rises effortlessly through the ranks to become Magister. He is the perfect Castalian, who dedicates the rest of his life to a career that becomes his vocation.

The question then is: What analysis of what constitutes the ideal human life? There is the general contrast between the practical world and the intellectual Castalian world. Although Castalian life styles are demonstrated and examined in the various characters, Elder Furtwangler's life decision is to go his own solitary way and let the rest of the world take care of itself. Fritz Tegularius is an erratic, emotionally unstable genius, whose disruptive behavior is only tolerated. Joseph Knietz, on the other hand, is a true intellectual, his intellectual contributions are substantial. Then there is the majority of the "good" group, members, well socialized, who follow the rules without much question and never rock the boat. There is Flusser, Designator, who tries unsuccessfully to stand between the two worlds and live in an unholy hybrid between them. He is, in effect, a result. And above all, there is Joseph Knietz who lives without ever ceasing to re-examine his raison d'etre and retaining to the end his own convictions.

We also live another rather ritualized intellectual existence here at Jefferson. Hesse makes us wonder whether we are losing contact and even ability to communicate with the other world. The student's social responsibility is central.

(Continued on P. 8)

Movie Reviews
Truffaut's Children
By Robert Breckenridge, Jr.

Francois Truffaut's eight feature film, Mississippi Mermaid, has just left Philadelphia after an unsuccessful week at the box office, which is the usual fate of films in Philadelphia. His ninth feature, The Wild Child, opened up this year's New York Film Festival and should open in Philly within the next few months.

To appreciate The Wild Child fully one must be aware of Truffaut's background. He was born in Paris in 1932 to a middle-class household plagued with parental neglect and incarceration in reformatory school. He started working at the cinema at the age of 15, and was holding one for very long since he wasn't even his time in the cinema. Finally, after a disastrous discharge from the French military, he was taken under the wing of Andre Bazin, the wizened old filmmaker's protégé. Loosely based on the life of Jean Renoir and Jean Vigo, the film documents the life of Truffaut, along with two other critics from Cahiers. By the end of the film Godard and Claude Chabrol, began to formulate a new theory of film criticism known as the sociologie des auteurs. They would certainly view the films of Hitchcock, Ford, Hawks, and other Hollywood directors, as well as the French directors Jean Renoir and Jean Vigo several times. The films of the latter two had a profound influence on Truffaut, especially Vigo's Zero for Conduct which served as the basis for Lindsay Anderson's If and Francois Truffaut's first feature film, The Four Hundred Blows.

This film marked the beginning of the 'new wave' of French film directors when it opened the 1968 Cannes Film Festival and won the grand prize for direction. It is a purely autobiographical film of the childhood of both Truffaut and Jean-Pierre Leosd, the star of the film, who has since become the principal film maker by the new wave film directors. Leosd is constantly in and out of trouble. He plays hasky from school for a few weeks and eventually manages to escape. The last sequence is a nice juxtaposition of two worlds and lives in an unholy hybrid between the two worlds.

When he finally returns to class, he tells the teacher his mother died just to have her show up later. Finally, after a number of such incidents, his parents commit him to a reform school where he spends reform school for a few weeks and eventually manages to escape. The last sequence involves a life of almost half a century as a wild child, which is his vocation.

Truffaut's message is a continuation of the themes in The Fear Hundred Blows. He based this movie on the true story of a young boy from the working class who was in and out of trouble. Apparently, the boy had been abandoned by his parents when he was three years old and had lived in the woods for eight or nine years without any clothing, shelter or human communication. He opens with the capture of the boy by a group of hunters and dogs. After a short stay in the reform school he manages to find his way to Paris and the uncle. Leosd is constantly in and out of trouble. He plays hasky from school for a few weeks and eventually manages to escape. The last sequence involves a life of almost half a century as a wild child, which is his vocation.

Truffaut's film, The Wild Child is and a continuation of the themes in The Fear Hundred Blows. He based this movie on the true story of a young boy from the working class who was in and out of trouble. Apparently, the boy had been abandoned by his parents when he was three years old and had lived in the woods for eight or nine years without any clothing, shelter or human communication. He opens with the capture of the boy by a group of hunters and dogs. After a short stay in the reform school he manages to find his way to Paris and the uncle.

This film, The Four Hundred Blows, is an auto-biographical film of the childhood of both Truffaut and Jean-Pierre Leosd, the star of the film, who has since become the principal film maker by the new wave film directors. Leosd is constantly in and out of trouble. He plays hasky from school for a few weeks and eventually manages to escape. The last sequence involves a life of almost half a century as a wild child, which is his vocation.

Truffaut's film, The Wild Child is and a continuation of the themes in The Fear Hundred Blows. He based this movie on the true story of a young boy from the working class who was in and out of trouble. Apparently, the boy had been abandoned by his parents when he was three years old and had lived in the woods for eight or nine years without any clothing, shelter or human communication. He opens with the capture of the boy by a group of hunters and dogs. After a short stay in the reform school he manages to find his way to Paris and the uncle.
Letters

(Continued from page 2)

misleading, for it gives students a false sense of security. When the time comes to write evaluations they are surprised to find that the department office need not be mentioned— but if the grades are at all examined, they find that it can give an approximate class standing in that subject that is not likely will be reported. If the student is in danger of failing, the "conspicuous by its absence" is misleading to those who sometime during their next four years, as Jefferson finds, himself unexpectedly in danger of failing.

Thirdly, the replacement of a continuum of grades by the binary choice of pass or fail, completely wrong, for pass or fail draws an absolute borderline at a point where there should be none. A desirable modification of the present system would be to have the scores reported and recorded accurately. The error of the test—a numerical reminder of the fact that the difference between two scores, say 83 and 89 or a 65 and a 70—is meaningless, while the borderline between a 95 and a 75 is meaningful. It is true that doctors need something to determine this pass level, but the borderline between 89 and 70 is not meaningful, is not a desirable modification. Currently, for all intents and purposes, Jefferson sets a standard grade passed. It should be kept and improved. As outlined in the Committee on Student Evaluation's report, the administration should be informed of their written evaluations at the end of each year, or before. The evaluation is likely to be unfavorable.

Merely changing the evaluation system will not significantly affect the pathological competition that so infects the medical profession. A mature realization that the enemy which we fight is disease and the conditions which have not our professional can, is necessary. Only about one half of all available internships are filled each year, so there should be a feeling of fear of not being placed in an internship. The fourth point, perhaps not dealt with on paper, is remedied here. A student need not be in the dark about how much he is passing. Examinations should be returned to students so that each student can correct his mistakes. However, the only indication of performance given out with the examination by each department could be the passing numerical grade. Thus, the student would know by how much he passed, and would not be caught unawares in the hole where he is about for a new course.

As for the third argument, a correction of reasoning is needed. No one thinks that the difference between a 75 and a 90 is of any significance, just that it is not particularly necessary to record officially. With regards to the absolute borderline where passing becomes failure, we disagree. We respectfully suggest that the difference should be a point at which doctors fail to qualify to practice medicine. Any number of methods could be used to determine this pass level, probably the least desirable of which would be a rigid numerical grade. As it stands now in a number of departments, we are permitted to make any less desirable of which would be a rigid numerical grade. As it stands now in a number of departments, we are permitted to make the patient's bedside, although policy-making administration would be centralized, work and responsibility within the hospital and medical community health and well-being.

We and They

(Continued from p.

one doctor will have to make judgments at times without all of the 1970 help. The CTB will be designed to allow for continued growth and expansion of the future of the new system. The CTB will establish patterns for ambulatory patient care. Main patient and office exchanges will be located close to one another. The CTF will screen incoming patients, separating non-emergency patients, will help to the latter to set up appointments in hospital clinics or with private physicians whose offices will be located within the hospital complex. Conference, class, consultation rooms will be distributed throughout areas of patient care, diagnosis, and therapy. Clinical research facilities, as well as clinical office facilities, will be located between hospital and medical school or dispersed within the hospital complex as space allows.

The CTB is designed to meet teaching needs, but will not eliminate THU's dependence on affiliated hospitals as teaching sites. This continued dependence is partially related to continued medical education. Despite the changes introduced by the CTB, its goals remain the same as those of THU as a whole and those of the hospital it replaces: 1) education of medical, nursing, para-medical, and other allied health personnel; 2) continuing education for practicing health care professionals; 3) maintaining a hospital and ambulatory patient care program; and 4) and, an, is an, separate part of 1, 2, and, and, hospital education and care service that improves both patients and community health.

Teaching Facility

(Continued from page 5)

Office Supplies Printing Engraving

SPECIAL DISCOUNT WITH STUDENT IDENTIFICATION

1225 Sansom Street Philadelphia, Pa. 19107

WA 3-7157

DANZIG & BOWERS

OFFICE SUPPLIES PRINTING ENGRAVING

ABORTION COUNSELING, INFORMATION AND REFERRAL SERVICES

Abortion up to 24 weeks of pregnancy are now legal in New York State. There are no residency restrictions at cooperating hospitals and clinics. Only the consent of the patient and the performing physician is required.

If you think you are pregnant, consult your doctor. Don't delay. Early abortions are simpler and safer.

If you need professional or informational assistance, including immediate registration into available hospitals and clinics, telephone:

THE ABORTION INFORMATION AGENCY, INC.

212 E 86th Street
NEW YORK, N.Y. 10028

S.A.M. TO D.F.M.
SEVEN DAYS A WEEK

November, 1970

The Abortion Information Agency, Inc.

Abortion, Counseling, Information and Referral Services

Special - '2.00

ZODIAC POSTER

PIECE FOR OUT OF SIGHT PEOPLE

FULL 24x36 INCH COLOR POSTER SHOWING ALL TWELVE ZODIAC SIGNS IN THEIR REFLECTED KAMASUTRA POSITIONS

FLOWER POWER

206 S. 13TH ST.

ELEANOR RIGBY

SUBLlScriBESTufffor

FOUR GREAT PLAYS

from the best periods of great playwrighting

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 Jonson's

THE ALCHEmIST

- opens Apr. 15 thru Apr. 24

Subscriptions for all four plays -$7, $9, $10, $12

Name, Address, Envelope, Send to PLAYHOUSE

PHONE ORDERS . LO 3-3117
November, 1970

Hierarchies

(Continued from page 1)

delay the coming of socialized medicine in the next five years."
or "Not enough." The one common denominator in them all is
talk—and "No!" The one concrete proposal submitted to the
county society for approval Colleges. Why? The
annual income
the argument
would not
projects—was
year of federal money,
years, merely to set
Hahenmann area with for prestige alone are free to
talk—and No! The one
of

"It

"It"

"It"

"It"

"It"

His desire to remain sequestered and invulnerable must be suppressed. To reach out
in a risk, but not to do so is to miss his fellow beings. Once the
barriers of the mind have been broken, all that is left is to experience
others. And then, if the "I" meet, the joy of beginning.
And if they don't, the hurt. But,
after all, what else in life is about?

Researcher

(Continued from page 1)

A Reflection: Isolated Man Seeks Meaningful Encounter

By Joseph S. Agnello, Jr.

something within mankind cries out. What is it that he
seeks? A warm touch, a glance, a word of comfort, a sign of interest
and concern: or simply, a bit of humanity? Perhaps all he wants
is some evidence of a "we" in this world
of "it."

People are trapped by a false
concept of ego. Why must the
word "I" preclude the existence
of a "we"? Why must self-sufficiency and independence lead to
a removal of all meaningful ties with the external
world?
The "I" can provide much support, but by no means
can it hope to complete this task.
Men are a community of interdependent, each one requiring
a different degree of interaction with their fellows. So men,
however, can function free of this
existence. Experience flows
around him like so many waves
breaking on a barren shore.
Community Medicine

I consider these to be not primary care centers, but only bases of organization upon which people can begin to build more comprehensive services. A main hope for the future is the recognition of the neighborhood health center as an operation in the neighborhood of Philadelphia began as grass roots operations, and after several years of struggling have obtained the necessary funds to significantly expand operations. Most of the larger neighborhood health centers in Philadelphia grew from the 1930 and 1940's Social Security Amendments passed by the House and Senate of the Comprehensive Area Wide Health Planning Act. Each of the 5 medical services operates a Children & Youth Center, the goal of which is to provide comprehensive care to those under 14 who live in a specific catchment area. The 2 largest centers in the city which are attempting to provide the full range of family services for all ages are run by Temple University and funded by O.E.O. There are several other centers administered by the traditional private office, emergency room, and hospital clinic disciplines of group practice. A major stumbling block to the implementation of the above approach is finding specialized physicians to fit the new roles of the clinician. Doctors and nurses are presently trained to fit comparatively well-defined positions, consequently major conflict and inefficiency may develop when a doctor refuses to trust a nurse's history or a nurse refuses to have a community trained aide draw blood. These role conflicts exist at all centers to a varying degree.

Although the difficulties described above are significant they are not insignificant there is reason for optimism if one observes centers which have been in operation for 2 or 3 years compared to those just starting. Many of the problems seem to have been solved successfully. For the future, economics and community participation looms as a crucial unresolved dilemma. For instance, the cost per patient at some of the larger centers is as much as 300% patient visit. Efficiency in provision of services is a major concern but it will take time and no one knows for sure what factor may determine government funding. It is also worth noting that at the larger, more sophisticated centers appointment keeping rate may be in the 60-60%, range while at a center which is rather crude medically but has a large degree of community involvement in group participation rate is above 70%. There are other ticklish problems which could be raised, but hopefully as more centers develop and report, a more clearcut view of problems and solutions will be forthcoming.

One may ask what the "big deal" is, why are these centers needed? Do they only serve as an extravagant expenditures used to barely the aura of the poor? Most of the people committed to the neighborhood health center concept see it as far more than charity medicine; to them it will help to abolish the ghetto, not simply serve it. As mentioned previously the centers are envisioned as a basis for a universal health care delivery system-a socialized system if you wish-but more to the point, a system where health care is a right of all people, not something bought and sold on the open market.

Without going into all the pros and cons about the new modes of delivery, a few points are key to understanding why the neighborhood health centers are advocated as a basis for revamping the existing system. Theoretically, the most important branch of medicine is preventive medicine, consequently the prime goal of any system would be to promote health rather than assuring illness. Preventive medicine depends on good health education and early diagnosis. Health education has not been a factor in the development of medical establishment which has been entrapped with medical technology in specialized areas rather than with the mundane chores of day to day prevention. Early diagnosis has clearly been stifled by the fee-service system, the aloof reputation of the medical profession, and the conflict between the hospital and the outpatient services. If one does not seek health care it is an emergency because of either an inability to pay or fear of medical establishments, prevention of chronic illness or death becomes impossible for the patient. The system may work for the upper-middle class who have better medical insurance coverage, but below that getting sick can be a financial ruin. The system for the poor has been "propped up" by Medicaid, but the middle and upper-middle class have no place to turn if they have no health insurance, and will probably be unable to afford frequent visits to the doctor to cut down on possibilities of serious illness. It has become increasingly difficult to get any medical services in fighting city because there are so few physicians. The doctors who do remain are overly crowded and often barely have time to take a brief history much less provide comprehensive care. The story can go on, but it has been told many times before. Many expect the financial burdens to reach nearly all people soon, particularly with hospital costs skyrocketing as they are, and this is why it is felt to be essential to keep people from needing hospital care at all possible. Although the above analysis is admittedly superficial, I believe it conveys the benefits of a system where people that initiation of some form of comprehensive health delivery is necessary to halt the so-called health care crisis. Nearly every other western country has some form of centralized delivery system.

The problem in implementation is primarily the medical establishments reluctance to have any government intervention which will infringe upon the entrepreneurial system. They have been fighting the battle since the 1950's and the incremental changes they have attempted may be adequate to keep the dilemma. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention which will infringe upon the entrepreneurial system. They have been fighting the battle since the 1950's and the incremental changes they have attempted may be adequate to keep the dilemma. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America. Government intervention is equated with socialism and no where is socialism a dirtier word than in America.

Obviously we will someday have a comprehensive care system (I would personally advocate a decentralized system with community control of neighborhood health centers). National Health Insurance is only about 5-10 years in the future, but the delivery system emphasizing the principles of community medicine must be initiated if health care is going to be distributed in an efficient and human manner.

Booknook

("Kurends" in German means报名. What does the individual owe the group? What does he owe himself? How far can he go in self-donation before sacrificing his own integrity and values? Is there anything that constitutes human freedom? human perfection? Surely relevant questions for doctors and doctors-to-be.)

Prescriptions Filled

discount to

to Jeff, Personell

Paul Optical Co

Custom Opticians

135 South Tenth Street

Philadelphia, P.A. 19107

(opposite Jefferson Hospital)

November, 1970