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Congress Begins Hearings On Health Insurance

by Richard Bonanno

Congressional hearings on the fifty-year-old Medicare issue have finally begun after over a 2 years of having bills "tossed into the Congressional hopper." The proposal is obviously one of the key points of discussion in the Nixon's Administration's proposals for health insurance.

The ads to describe the Nixon Administration's health insurance plan, which have spent forth from every conceivable quarter, range from 'compelling to inexcusable,' 'positive to unavailing.' Unless one were aware of the deep ideological and political divisions among those concerned with our health care system, it would be difficult to comprehend that all these people were speaking of the same plan.

In last spring's issues of Ariel, the Nixon Administration's Health Insurance Plan was the subject of an editorial.

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SAMA Conferences 

at Howard U

by Gail Tonkay

Highlighting the SAMA Region III Conference to be held at Howard University in Washington, D.C. on December 4 will be discussions concerning national healthcare reform and other current social issues, moderated by G. H. D. Grant.

The morning session will allow SAMA members to participate in small group discussions on drug abuse, the doctor draft, and ecology and population control.

As the conference as it relates to current health care delivery ideas will be the springboard for discussion by the attendees.

The afternoon session will be the woman physician who was among the first persons to enter the medical profession, while the conference occurred. Members of the panel commenting on the feasibility of a national health insurance plan as a care for these will include flexible plans.

The panel will discuss on National Insurance is to discuss the Kennedy Bill, a representative from HEW to describe the Administration's proposal, and members of the AMA and the Pennsylvania Medical Society who will present their programs.

Officers of National SAMA will have the opportunity to answer members' questions concerning national projects and goals.

A free lunch will be available; transportation from Philadelphia and surrounding areas, D.C. will be provided without charge. Those interested are urged to attend the conference.

Further details about the program will be furnished at the next meeting.

Dons Raffle Gift Certificates

for Scholarship Fund

by Sandra McGruder

The Dons Program is sponsoring a Scholarship raffle on Saturday, Feb. 11, 1972. First prize will be a twenty-five dollar gift certificate. Second prize will be a fifteen dollar gift certificate.

The drawing will be at 7:00 P.M. in Jeff, Hall, 1800 Locust St.

The Drawing will be free and $1.00 per book. See a Dons Program member today.

Greystone Ferry Elective

Opens This Winter

by Tom Williams

Starting in the winter quarter up to six students, preferably seniors or juniors, will be able to take the elective. Wednesday evening in the "free clinic" located in the nearby Gray's Ferry section of Philadelphia. If interested, students should contact Dr. Krehl, head of the Department of Community Health and Preventive Medicine.

The students will work under the supervision of a doctor from Nixon in this poverty stricken area of Philadelphia talking history and performing physical exams. Dr. Krehl thinks that at these experiences will attract the student to the medical and social problems of the urban poor, besides teaching them medicine.

There is also the possibility that Jefferson's Memorial Health Center will become involved allowing students to be free of working under supervision as a co-therapist, counselor, or whatever.

Family practice, community medicine and free clinics have been factors in health care for the poor for several years. Yet they are not the only way medicine is practiced in a specialty has made an effort to provide health care in the form of a six-week block elective for seniors and juniors, or a sideline of the present health service for freshmen and sophomores.

Jefferson Committee Strives

for Equitable Housing

Conclusion and misinformation have always been the housing policies Jefferson. In an attempt to clarify this situation, Frakelmann, the Director of Auxiliary Services, urged President Herbut to create the Jefferson Housing Committee. Dr. Herbut, following Mr. Dalla's recommendation, appointed a ten-member committee representing all areas of the University to be chaired by Mr. Dalla. Although when the committee met for the first time in November, 1970, it was permitted to advise Mr. Dalla "only with operational policy matters." it has attempted to solve some of the embarrassing housing problems at Jefferson.

In January, 1971, a sub-committee was appointed to "consider the implications of the Administrative Policy Committee's report in fulfilling the interests and needs of housing, in the available facilities and make recommendations which will permit these facilities to serve the University and all interested parties most equitably." After an extensive study of the housing situation at Jefferson, the sub-committee presented their report in April, 1971. Although much of the report was condemned by the Administrative Policy Committee's boundaries of the committee's duties, it represented some progress toward a more equitable priority system for Syracuse University.

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The report was outlined after two proposals were rejected by the senior officers, a comprehensive priority system was finally approved. The new priority system substantially, hopefully more efficient operation of Orange's by more students and house staff.

Effective August 17, President Herbut, in cooperation with the Department of Auxiliary Services, extended charge to the members of the Jefferson Housing Committee; "The charge of the Committee is in advisory role to the office of Auxiliary Services. It shall include the following in the consideration of University housing problems:

1. To study and review policy matters related to assigned priorities, leasing procedures, and controls relative to the administrative responsibilities of the Office of Auxiliary Services.
2. At the request of the administration, to consider related housing matters.

Typical Scene at Gray's Ferry

measur~ has made it's appearance first in the new title in the Department of Preventive Medicine (now Dept. of Community Health and Preventive Medicine) and later in the content of courses offered by the Department. There which usually offers diagnostic, referral, counseling and other minimal medical services has not been free of the scene like the others.

A more precise definition of "free clinic" is any free medical facility run by the community, usually staffed by volunteers.

The Jefferson's Ferry clinic has plans for expansion. It has actually been in existence for over a year and a half, but Jefferson students have not obtained credit for working there until now. The first will be, if all goes well, a multipurpose facility run completely by the community. Already the boards of directors have doubts, but they are presently working out daily — they know the project is entirely in the hands of the students.

If interested, contact the recreation supervisor at 829-7946 or 829-7499. With the help of a little bit of ingenuity, the Sons of Jefferson Swim Team is slowly growing into a swim power in this city.

After the swimming was finished the score read Sons of Jefferson 55, LSU Playground Swim Club 47. Highlights of the most were record breaking performances in the 80 Yd. Giri Relay, both Times: 8.00, Mr. Petryszyn, Natalie Pak, Natalee Fiske. The second time was 9.00, Mr. Petryszyn, Tammy Petryszyn, Steve Goldfarb, Cecile Owen, and individual performances by Gary Altman and Bob Eichers. Sons of Jefferson Boys Swim Team is slowly growing into a swim power in this city.

The formation of this new course in Gray's Ferry and the opportunities for each student to acquire a new perspective about urban medicine are welcome and long awaited. However, since only six students at the most will be involved, it is hoped that similar ties to community or "free" clinics will be sought after. After more students can be given the exposure such places offer.

Swim Team Stirs Interest

by Gary McNulty

When was the last time you saw mention of a Jefferson University swim team in print? If you are not a member of the Alumni, you have never seen it. However, in this era of hurry and scurry there is a distinct possibility that a pack of Jefferson will charge into the Commonwealth's pool to flex their muscles before too long.

Sound fantastic? Well it is, but there is hope that a swim club will be formed. The ultimate aim is to periodically swim some local talent, mainly to better personal goals, have fun, keep fit.

Since running a full time is financially legal and fees, most clubs will be space. The opponents in these meets would be none other than our arch rivals, the Pennsylvania Hospital Medical Students, the School of Pharmacy free clinic of Podiatry.

As of now, the club isn't beyond the "Talking Stage" but with Student Support, the club will become a reality. We have several interested students signed up and they, like myself,
Family Practice Elective Provides Opportunities

To the Editor:

It is probably very unusual for a student to "plug" an elective but I feel that one of the new electives available affords an excellent opportunity for "out of the field" training. The six week Family Practice elective for upperclassmen is a flexible, one-to-one relationship with a family practitioner. I have just recently completed such a program and feel qualified to offer these opinions.

No doubt, many students are seriously considering Family Practice as their future specialty. Well, here is a no pressure way to find out what it's all about and to learn some general medicine as well. The doctors in the program are enthusiastic and generally easy to get along with. They are scattered over various parts of the city so that transportation is no problem and the opportunity for switching doctors to see "how the other half lives" is enormous. Inquiries should be made to Dr. Krall, Department of Preventive Medicine, Jefferson Hospital, President, Family Practice Society. Gene Ginsberg '72

Class Elections Leave Sour Taste

Clifford A. Browning '72

In the class elections of October 19, the freshmen got their first taste of student government in a "classical Jefferson style." Tasted sour.

As the assumption of the student council was that the new class would ship with neither strain nor pain into established structure of student government, and in this assumption they were absolutely correct. The freshmen behaved in accordance with tradition in the absence of regulations at all and with complete lack of analysis managed to swallow the institution in one massive yet behaviorg gulp.

The ground of the election was one of apathy and lack of information. The members of the new class knew little about student government at Jefferson and B.S.K. It is considerable question as to whether any more than a handful of freshmen even cared. Aside from a single paragraph in the student handbook and one hastily-trashed copy of recent council minutes, there was nothing beyond rumor for making the fundamental judgment in favor of student government in its present form.

Overriding this was the anxiety of the freshmen about whose talents and political positions beyond the note taking were being completely unknown. The presentation consisted of a discrete bow or counterclockwise rotation of balloting. The resultant ticket was that of pure and completely irrational.

The question being raised is not that there were no candidates for student government, nor of qualification of the duly elected individuals. It is a simple question of responsibility of the electorate in choosing who was elected was absent both on the part of the student council and that of the first year people. Serious doubt exists regarding the competence of our current class and sensibility in student government at Jefferson.

Christian Medical Society Presents Projects Programs

by Jim McGearry

Hopefully we idealistic med students who will face years before we start doing something for the poorer masses in mind the Jefferson Christian Medical Society has been sponsoring a series of programs every Wednesday discussing projects to which medical and nursing students can lend what little knowledge, experience, and time they have. CMS does not itself sponsor the projects but is merely trying to provide opportunities to show the love and concern of Jesus Christ (not the organized church, or a set of rules and regulations, or your ethnic group) to the "Christian" (pereants), G. William Zupanc, Dean of Dentist, recently started Project Concern to help the poor in the Bronx area. Concern has a youth hotline (E.L.6-8321) and a remodeling school bus, which serves as a mobile clinic. Concern is trying to reach out to those who need help or counseling of some sort. Concern is now expanding their work to the city.

Two possibilities for block elections or externships have been discussed. The Paul Carlson Foundation provides overseas medical experience in the Congo and the Beth-El Rehoboth Christian Hospital in Rehoboth, New Mexico, serves the local Indian population and American Indians are great opportunities for first-class hand and learning experience.

In the future CMS plans to have a representative of Teen Clinic speak on their drug rehabilitation program, which has had a miraculous cure rate. A series on abortion is planned with Leaves Bird, B.T.M., focusing on the aspect of medical ethics. On Friday, November 12, at 7:30 P.M. the movie His Land will be shown in Solla Cohen.

The acceptance rate for the 1961-1962 school year was 46.8% of applicants. The percentage of applicants accepted has dropped every year, reaching a new low of 42.6% for the 1960-1970 school year.

In regard to the physical facilities, one need only consider the magnificent plant that is Jefferson and then contemplate how many days per week its well-equipped, newly-labeled labs are used by medical students. With increased reliance on the book to study and read books (as opposed to having lectures dictate them) there is little reason why at least two classes per year could not be put through Jefferson at no more added cost than that of their tuition.

In regard to the clinical years, new affiliations would have to be developed, but with the threat of new regulations for the accreditation of hospital internship and residency programs facing community hospitals, this might not be the case. In any essence, by 1975, for an internship program to be approved it must be able to provide the "three Bs". The two main ways hospitals can meet this requirement are either by establishing such a residency program themselves or by affiliating with a medical school. And, as far as direct mates to Jefferson are concerned, they should be minimal, for currently the average of our interns is that is passed on to most of the affiliated hospitals where the majority of junior residents receive the bulk of their education is exactly none.

There are valid obstacles to achieving such an expansion of our medical output? It is true that most of the affiliated hospitals where the majority of junior residents receive the bulk of their education is exactly none.

The point which we would like to emphasize is that alone neither the immediate reorganization of American medical society nor the construction of a concrete problem which we now face—a lack of sufficient medical personnel to deliver adequate medical care to the American public.
The Tragedy of Nowhere Man
by J.D. Kaschinsky

Heroes are few and far between. History shuns them while society hides them away if you were to meet one, the chances are you will find them to be lacking in any sort of modern-day image. You would need to travel far to find any that will challenge your self esteem and the image you have of how a hero should act and react to situations.

I am sure there are people who would disagree with me, but I feel that the late Senator Paul H.ister and Ralph Nader might qualify. There is a great deal of criticism regarding their actions, but I feel they have made a difference in the world and have done so in a way that will be remembered.

To me a hero is a man who is willing to stand up and make a difference. He or she has a purpose and is willing to risk everything to achieve it. He or she is not afraid to take a stand and has the courage to do so. He or she is willing to make a difference in the world and is not afraid to be a hero.

I believe that Senator Hister and Ralph Nader are heroes and that they have made a difference in the world. They have shown that one person can make a difference and that one person can change the world. They have shown that the world is not perfect and that there is always room for improvement. They have shown that it is possible to stand up for what is right and that it is possible to make a difference.

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The Tragedy of Nowhere Man
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He might not have been in the limelight in recent years, but he has been raised differently. Which brings us to the tragedy of the Nowhere Man.

Stuck in a job that freezes upon innovation, a landmark of opportunities to develop a higher sensitivity, too rational to delineate to others, the Nowhere Man is the ticky-tack fail guy of American society, one who trusts his own convictions, he permits others to label him. Often, the labels are good labels. He is told that he is an upright citizen, from this he is a fellow neighbor. Frequently, he is observing of such commendation but also of such, or others, misfortune is the condition that he must accept.

Let us return to our washed up dirt. No innovation. I think we will all agree that it is not easy for an old dog to learn new tricks. Little habits do not disappear overnight. Our here still profound impact depends on the feedback he receives from others when estimating his own worth.

For instance, new farmers learn usually he will tell him that he is a failure, that he is, in a short period of time, one of the few who all of life’s good doctors but who, in the long run, did not have confidence in himself. One of the few who all of life’s good doctors but who, in the long run, did not have confidence in himself. He will have no confidence in himself. He will have no confidence in himself.

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There is a study of the Nowhere Man which has been conducted and which has been published. The study shows that the Nowhere Man is a person who does not have confidence in himself. He is a person who is not willing to change and who is not willing to learn.

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Cross Match by John Kay

220 Jeff freshmen squirmed through their last Friday class. "Betaine," named for the particular soup which is often found sprinkled with cream.

One young doctor-to-be in the audience sporting a shaggy mane of cork-screw hair and a full mustache kept up a high, raucous laugh long after the others had finished, thus inducing a second wave of mirth and drawing a glance from the poet.

"We all get a little punchy on Friday," I don't know how you can stand it," G was too tired of this stuff to retort at all.

The first gunshot wound G saw didn't look at all the way G had imagined it would. For one thing, the only visible blood came running out of a red needle in the man's left arm into the sample tube. He saw no blood on the white cloth covering the victim. Then he saw a distinct, sharply-peaked lump above the right eye and the little pool of blood under, around, and in the right eye. "Oh God," he heard himself say audibly enough to get a look from the doctor working on the man. Two hours later when G was a veteran he would turn to a fellow back escort technician and say in the language of the emergency room, "Dude was shot in the eye that didn't penetrate."

The first stabbing G saw came an hour after the gunshot. He had gotten used to pulling aside the green curtain that divides reality and asked insistently; "Do you need a cross match on this patient? Where's the blood sample? How many units? What's the name?"

The stabbed man like the shot-man was black. A white cop looking very out of place with his gun and bullets among the white and green carpet was leaning over the bed. "Who stabbed you? Did you know him?" Turning to a fourth-year student who also looked out of place, the cop asked if the guy knew the doctor. He could understand or was he in shock. The patient mumbled, "I hear you" as the fourth-year student reached for his pulse.

G asked, "How bad is he bleeding?"-the bankers way of asking how much work he will have to do. The fourth-year student pulled down the sheet and counted off the gauged wounds: 1 in the chest, one in the abdomen and 2 in the nose. He gave G a signified look when he mentioned the one in the ab-

The next time G saw the stabbing victim four people were working on him, one administering oxygen, a nurse holding his shoulder down, a fourth-year student holding his legs, and an intern with surgical gloves on the blood. G stood looking helplessly at the man who was asking on the bed until a nurse came and took the blood to hang. As G left the green enclosure he glanced back and the patient seemed to raise his head to eye G with an incommunicable fear.

The last time was thirty minutes later after the "code blue" (cardiac arrest) announcement over the hospital's PA system. An orderly was doing external heart massage on the newly listed body. G thought of the two uselessly crossmatched units of blood in his hands.

A 14 year old black boy with a fractured skull shivered in the next bed over while a doctor drew his blood. The boy's left temple was caved in and bloody. The nurse showed G the x-ray, a jig-saw puzzle of fragments. "He was so young, I had to work on him I think I would have cried." The boy died about 18 years old. A cropped red haired blood chemistry technician, standing next to G staring at the x-ray said, "Hey Joe, keep this thin film in mind for fractures of the month."

G boarded the crosstown bus several, beatings, stabbings, and crossmatches later. It was a beautiful Indian summer Saturday G slipped back outside the green curtain enclosure when he overheard two chiquely dressed secretaries cooing over the clothes on Chestnut Street not far from Jefferson Hall.

Jeff Nurses Victor at the Spectrum

By Gary McNutt, Recreation Supervisor

Last Friday night at the Spectrum 65,000 fans did not only get a chance to see an impressive double-overtime game between the Philadelphia 76ers and the Phoenix Suns, but were also able to witness preliminary battle in which our Jefferson Student Nurse basketball team were victorious over the Philadelphia General Hospital girl's basketball team, 25-18. The offensive unit lead by Florence Thomas, Betty Hulslow, Denise Boyd and Cecilia Ridgeway provided all the scoring. Cecilia Ridgeway led all scorers with 14 points. Although the PGH girls made a determined try in the first half of the game, Jefferson's flashy team-work made the task of chasing the 11-4 first quarter lead seem virtually dim for the foe. Coach Sol Blinn had his girls continually fast-breaking despite both full and half-court awe-pressures rendered by the opposition. Miss. Credl is due to the defensive unit, led by Debbie Warmskit.
On Being a Turkey

By Harvey Wallburger

Last week some poor innocent young freshman asked me what a turkey was. Me! One of the grand old gobbles of all time! I think I could have started a pillow factory with all my feathers. Anyway, November seems an appropriate time to educate these young whisperers. Being a turkey is:

- spilling your bone box on the subway
- having to go to clinic as a patient
- forgetting your glad bag on the day of the medicine practical—spending three hours on an E and P and forgetting to listen to the heart
- scrunching for an operation with your mask off
- describing the fundus of what turns out to be a glass eye
- getting in an IV and forgetting to take the tourniquet off

16-minute presentation
- trying to visit someone in the Martin Residence Hall after sundown
- taking out the retention sutures with the regular sutures
- trying to take notes at an Apgar slide show with the lights out, sans divination!
- being a vespertine on an erry

- listening to the heart with your stethoscope on backwards
- Being a turkey is thinking:

- that a pancreas body is sick
- that WASAMA is a test for a social disease
- that a "French tart" is a pastry
- that the "Two Zebras Bit My Cheek!" sign is the reverse Batman sign
- that a Revivalist is board-certified

Worst of all, being a turkey is not knowing what a turkey is or trying to think of turkey jokes.

Special mention must be made at this time of one of Jefferson's special experts on turkeys, Dr. Michael Strong, the left-handed surgeon. Please direct any questions to him.

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ARIGL: WHAT IS IN A NAME?

By Eugenia Miller

Why is this newspaper called "Ariel"? No one really seems to know, not the staff members, not the editors, not even the editor emeritus. It is possible that the original editors who founded the newspaper knew, but they have since left Jefferson taking the reason with them.

Webster (Steadman does not define "Ariel") gives several definitions. Ariel with a lower case "a" is a gazelle from Arabia. For the stronomer, Ariel is the inner satellite of Uranus. Those who complain about Ariel's lack of relevance and tendency to comment on events far removed from daily life at Jefferson might think either one of these meanings appropriate.

Ariel appears in the works of the three most renowned figures of English literature. In Pope's "The Rape of the Lock," Ariel is the chief sprite whose "province is to tend the Fair." In the poem it is he who bears the responsibility of guarding Belinda's locks from her lover who attempts to cut it off. Ariel falls miserably at his task.

The little engine (stations) on his finger's end:
This just behind Belinda's need he spread
Just in that instant, anxious Ariel sought
The close recesses of the Virgin's thought.

Sudden was his view, in spite of all her art,
An earthly Lover lurking at her heart
Amazed, confused, he found his power expired
Resigned to fate, and with a sigh retired.

In Milton's "Paradise Lost," Ariel is a rebel angel taking part in the battle of heaven against Hell. Ariel is overthrown.

Where the might of Gabriel therein
The press has often viewed,

In Shakespeare's "Tempest" Ariel is a spirit imprisoned in a pine by the witch Sychoras, but freed by Prospero. Prospero with Ariel's help forces his brothers, who usurped the throne, to leave as he did for Milan, to repent his cruelty. In the play the spirit Ariel occupies a role so inextricably woven into the plot that of the witch's son, Calibas, a verifying monster. But Prospero Rode in his book Ariel describes the spirit:

Ariel, the soul of the air, represents, in the symbolism of Shakespeare's work, the noble and winged life of spirit. The spirit Ariel symbolizes the mastery of reason and feeling over the base urges of irrationality. Ariel is also generous enthusiasm, high-minded, unfathomable motives in action, the spirituality of culture, the grace and liveliness of intelligence, the ideal goal toward which mankind strives, rectifying in the superior man, with the unrelenting chieftain of life, the stubborn vestiges of Caliban, symbol of torpidity and animality.

Ariel is thus of nologic, astronomical, and literary significance. In the poem Ariel is also biblically significant. In Isaiah, the name Ariel, meaning "Lion of God," is used to refer to Jerusalem. Elsewhere in the Bible, the word Ariel acquires such meanings as: "valiant one," "hero," "champion," "mighty warrior," "angel," and "Messenger."

What is in a name? There seems to be little significance to a name meaning a gazelle, a moon, or a fairy guarding women's hair. However, a name can be significant if it can serve as a challenge and a reminder. The rebel, like Milton's Ariel, is one who does not pshotagogically accept, but one who actively opposes the status quo, and makes upon himself the risk involved therein. The press has often accepted the challenge to take up the rebel cause, and has thereby often helped bring about much constructive change. The biblical concept of Ariel challenges writers to be convours and advocates of the truth as they see it. Shakespeare's concept also serves as a reminder. In the spirit of the "lay away" plan, the high-minded unsophisticated man of culture is more than a competent worker in a system. He is a sensitive compassionate human being. The physician, to minister adequately to the needs of real people, must also be such a man.

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PHILA., PA. 19107

CALL WAS-1877

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State
The first thing she said to me was, "Something was wrong when she put the patient might have been abused!"

— Looking people to keep track of, keep seclusion rooms in a mental hospital, addicts, animals deserves your friends. As a change of pace, perhaps we make sense of the widespread сети us.

— Cars circle through dangerous hours a party for a siege of the ghettos in Philadelphia. She knew something must be done. Willie said, gesticulating, that something must be done. Willie had no trouble referring to the loaded shotgun under the pillow. The administration defends the coverage of private insurance plans—albeit for all of which provide the broad spectrum of care, dental, psychiatric, and rehabilitative coverage which Medicaid now provides. It would be certainly be less expensive to offer this level of coverage, but what would bring the individual into the "mainstream of health care" is unclear. Medicare for the Aged

— For the aged Medicare will remain, but in a much more refined form. Health Maintenance Organizations

— The fourth aspect of the Administration's program is the encouragement of Health Maintenance Organizations (HMO). Although this proposal would have to meet all standards that Mr. Nixon's liberal critics, it has not proved totally satisfactory to anyone, and has stirred much discussion on all sides. Basic use of the HMO described by Mr. Nixon would be an organization which would provide a comprehensive range of medical services under a contract agreement for a prepayment fee, and assuring the subscribers including access to services. The description could encompass a wide range of existing programs, but more accurately this aspect of Nixon's plan "highly individualizes" the HMO concept.\n
— The plan would probably have none of its routine drugs, dental visits or psychiatric care. In addition, if the hospitalsizations were required by one or more family members over the year, the family could quite easily be required to pay several hundred dollars per hospitalization. For a family with several members requiring hospitalization, a bill of several thousands dollars would not be inconceivable. This would be a difficult impact on the budget, they receive bonuses from what is left of their allotted funding.

— To stimulate the HMO concept, Nixon has advocated that insurance companies allow customers to use the coverage for purchasing membership in HMO. This would be allowed only if the family was covered by FHIP, NHIA, Medicare, or other managed care plans. It also suggested that grants and loans be made available for HMO planning and development, and that a model statute be proposed for the 22 states which impose limitations on group practice.

— The above criticisms is that the name of money being proposed for planning and development are going to be provided. The American Public Health Association takes a position similar to that of the Hospital Association, that is, general acceptance with reservations about specific areas. They express particular concern about abuse of the system by those operating it. Dr. James Kinney comments with regard to HMO, "there would seem to be serious question with regard to the potential for adequate attention for the establishment of standards for such organization, and to details of operation that would assure that all public interest would be served, particularly if the HMO's develop in a for-profit environment." This raises a question which Mr. Nixon has never, directed himself. to name the non-medical or consumer participation in the control and operation of his plans. He is content to allow insurance companies, physicians, and the economically powerful members of hospital boards to continue to control what goes on in the health care system. AMA, obviously conscious and has been adamant to all attempts of physicians regulate their practice; this is the so-called "objective evidence". They have implied. They have powerful extensively with advantages and disadvantages, but that is certainly if no panacea as some people have implied. They describe the emphasis an "emergency plan" as questionable, even as far as a "basic" or "primary care." Dr. Howard states that "the only specific elements of prevention diagnosis and treatment are covered. Diagnosis is not prevention—you have to be sick first, and this does not always make treatment easier or cheaper. In general, the first step is to get something to be looked into, but not accepted as effective until some "objective evidence" proves its worth.

— The American Hospital Association generally applauds Nixon, but believes Nixon has defined it too vaguely. In the question HMO as THE answer to the problems of the system. They have implied. They have powerful extensively with advantages and disadvantages, but that is certainly if no panacea as some people have implied. They describe the emphasis an "emergency plan" as questionable, even as far as a "primary care." Dr. Howard states that "the only specific elements of prevention diagnosis and treatment are covered. Diagnosis is not prevention—you have to be sick first, and this does not always make treatment easier or cheaper. In general, the first step is to get something to be looked into, but not accepted as effective until some "objective evidence" proves its worth.

— The administration wants to increase the contract limitations on the health care system. They have to prevent "over utilization" of the health resources in order to keep costs down. Mr. Nixon in comparing his plan with more comprehensive programs states, "when consumers pay virtually nothing for services and when, at the same time, those who provide services know that all their costs are also going to be met, then neither the consumer nor the provider has any incentive to use them efficiently. Family Health Insurance Plan

— The Family Health Insurance Plan (FHIP) would be applicable to low-income (cut-off at $8000) for a family of four. This would provide basic, but limited-surgical, health insurance coverage for those not covered by employer plans. It would include 36 days of inpatient hospital care and medical-surgical care. Families with incomes of less than $8000 would have to share costs, while those with higher incomes would be required to pay various amounts of premiums, deductibles and co-insurance. Again, AAMA spokesman, Dr. Howard, concurs with Mr. Nixon. "This plan would not provide one of our most urgent needs: removal of the financial barrier between the medically indigent and the mainstream of health care." But would it? The AAMA and most of the present administration have vehemently criticized the Medicaid program which now covers the poor, because of its huge cost and inflationary-causing powers. Yet Nixon's plan replaces Medicaid with the substitution of "basic"
minimal. At Kaiscr-vermanmne
the physicans have strongly
resisted any infringement on
their almost total medical and
administrative control of the
program. Thus, one of the
strongest demands of more
radical reformers, is not of great
concern to Mr. Nixon or other
architects of new health
legislation.

Then there are the major
areas of reform proposed for
NHI by the administration. Yet
there is one general criticism of the
whole "hill" picture which has
recently been reiterated here in
Philadelphia at the convention of
the National Medical
Association, but which has been
recurring ever since NHI became
law. It is that all the ins-
urance in the world does not
provide adequate health services
if there is no access to such
services. In the words of Dr.

Edward Casey, President-elect
of the National Medical
Association (the association of
black physicians), "All the health
plans before congress have ad-
ressed themselves to how we
are going to pay the doctor. This
is not our concern. Our concern is
how we are going to deliver care.
Our approach is not insurance
companies, our approach is not
Social Security, our approach is
not insurance, our approach is
not really HMO. Our approach is
delivery of health care to all
people, particularly the rural
areas, particularly the areas
where there are no physicians."

Yet the issue which Dr. Casey
raised digs too deeply for
politicians to legislate on. We
therefore will continue, probably
for many months, to hear
Congressional walls reverberate
with the debate over how to pay
the doctor.

Medical Education in this
country is pretty good, no doubt
about it; graduates are
knowledgeable, competent, and
efficient; but there are some
problems that could use some
correction, since doctors are
always what they should be.

The process of education itself,
I think, is all right. The crucial
issue of improving doctors, then,
is how students are selected into
Medical Schools, since with the
current tendency to try to keep a
student in once he be starts, the
selection process by the medical
schools effectively selects our
doctors thus is different from
some European and Latin
American schools, where almost
any one can get in, but up to 3 4

funk out along the way.

The selection process itself
seems as good as possible under
the circumstances, but the real
problem involves several factors
in our society which make good
selection almost impossible. One
of course, is that Medical
education costs so much. The
discrimination against the poor is
certainly bad, I think almost
everyone would agree that
doctors make so much money;
that the main reason why students
want to go to medical school are:
(1) they want to be doctors, with
all the challenges and
gratification that implies, and
(2) they want to make a lot of money.

It is impossible to tell from an
interview which of these is really
in the student's mind, and that's

unfortunate since the desire to
become rich should not be a
strong factor in a doctor's per-
sonality.

The remedy to this is obvious
reduce doctors' earnings; and
then you'll know that whoever
applies to Medical school just
wants to be a doctor. And the
sounds reasonable, unless there is
some justification for doctors to
make so much.

Probably the most common
justification doctors use for their
earnings is that they have to spend
their eight years in college, working
hard, and paying for their
schooling. This is another reason
(along with discrimination
against the poor) for supporting a
movement to give scholarships,
or wages, to medical students to
support them effectively while
they're in school, just as intern and
residents are supported.

The other common argument in
favor of doctors earning a lot is
the responsibility of their work,
the intelligence and
dedication required, merit more
money, but this is only a baue
judgement, and not "rationally
true.

It makes as much sense to
argue that the least desirable
jobs around like janitors and
garbage collectors, should make
more since their jobs are so
unpleasant, while the more in-
teresting, stimulating jobs,
like medicine, should pay less since
they have so many other,
in-
tangible rewards. Also just as
reapacity and being paid ac-
cording to his noe.

So I think that there is no
rationai argument for doctors to
make more money than average,
unquestionably, when his work
involves long and unusual
hours, which it does in some
specialties, and which certainly
merits proportionately more
money, just as a plumber gets
double-time on Sundays. But this
would mean HMO and the work
involved Doctors wouldn't make
more than average, so no-one
would go into medicine for the
money, so medical schools would
be more stimulating and more
fun (due to more interested
students); doctors would be
better and medical expenses
would be less; and all we need for
this to find a way to pay medical
students through school, and to
convince doctors to lower their
prices-obviously a formidable
task, impossible in the near
future. But I thought it would be a
good idea to mention these things,
since thought must always
precede action.

Finally, I might mention that
one of the many problems in our
society is that everyone seems to
be strictly out for himself
(families, etc.), wanting as big
a salary as he can get, heedless of
influence. Of course, government
regulation is one answer, but much
er is still self-control. And where is it to start if
not with the medical profession.

Student Discusses Money
and Motivation
by Jeffrey Masters

VVA-SAMA
Nov. 4 and 18: Volleyball, Jeff
Hall. 50 cents charge for non
members of the Jefferson
Facility. 7:30 pm
Nov. 1, 8, 15, 22, 29: Excercise Club,
meeting room, 8:06 pm
Nov. 10 and 17: Bridge Night, All
Bridge Players invited, 8:00 pm
Nov. 16: Monthly Meeting: "The
Financial Advisor's" advice on
Basic Finance.
Nov. 30: Mother's Liberation
Day: Free Day-Care for all
children of paid members by
other members of VVA-SAMA
Meeting Room, 8:45 pm
Nov. 30: Pediatric Night, Mon-
thly visit to Jefferson
Pediatric Ward.

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from HISTORY'S SCRAPBOOK

President Truman asked Congress for the National Com-

Dates and Events from YesterYears

Health Act, November 19, 1945.

North Carolina entered the Union, November 21, 1789.

November 22, 1804, marked the birth date of General

David E. Irwin of Kent, Ohio, November 22, 1801.

November 24, 1869.

Charles de Gaulle.

November 25, 1936.

President Truman asked Congress for the National Com-

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From Yesteryears

By Jeffrey Mattes

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Presidents of the Union, November 23, 1789.

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Housing Committee
(Continued from page 1)
maintaining standards that had not specifically started above, 3. To consider the role of the Martin Residence to its use and function as a housing unit, 4. To evaluate and consider the various aspects of off-campus housing, 5. To make suggestions relative to future housing programs for the University.

During the summer, the individual committee members attempted to evaluate the plans for the future housing development program being done by the Meridian Engineering Corporation. The Committee met with Meridian twice, at which time Meridian presented the proposed development of housing on the land from Walnut to Locust on the western two-thirds from Tenth toward Ninth Streets. Background information revealed that Jefferson obtained a commitment for the land site in 1962 and the original housing development called for mixed housing, low-rise for house staff, high-rise for students, and new housing for fraternities. The Meridian concept called for low-rise garden-type apartments, providing 144 dwelling units with an equal number of parking spaces and a small commercial area. In evaluating the proposal, many numbers of the committee were displeased. While covering more than twice the land of Orlowitz, the proposed housing would provide only half the number of units present in Orlowitz. In addition, the number of units would not match the projected increased enrollment in the University, and it appeared that rents could be as high that students might be "priced out" of the complex. However, the committee encouraged Meridian to seek financial backing for the project with the reservation that if they provide additional information such as making studies, cost evaluation, and cost comparisons for reproducing Orlowitz.

Despite Housing Committee reservation, the Meridian proposal was approved by the Board of Trustees and supposedly accepted by the U.S. Department of Housing and Urban Development. However, the Redevelopment Authority expressed displeasure with the plans to provide only 144 units and asked the University to attempt to increase the productivity of the land site. The Board of Trustees then entered a new contract with Meridian to study more types of housing to accommodate more people. The Housing Committee is anticipating this opportunity to meet with Meridian again to examine the new housing proposals.

Among the immediate interests of the committee is the possible expansion of the Martin Residence to house more single women students. There are 230 such students now living in the student nurses quarters; and, hopefully, more women will be permitted to live in the building. On November 17, at the next meeting of the Housing Committee, Mr. Lawrence Abrams will present study information concerning reorganization of the Martin Residence. The committee then can study the necessary implications such as a financial statement, possible student employment, and rules and regulations for residents of the facility.

Also under discussion is the tax status of Orlowitz and the possibility of its return to its former tax-exempt status. Initial studies have shown that perhaps the tax status of the residence could be changed if the facility housed students only (interns, residents, and staff not being considered as students). This, of course, would affect the need for rent increases significantly, a major concern of members of the committee.

Reforms in the present housing situation can occur only through the action and interest of the Housing Committee members and the residents of the facilities. It is essential that residents express in writing their opinions and problems to their representatives. Official representatives for Orlowitz are David Paul and Nance Hay, both residents of the building, and David Hughes, representative for Student Council, Anne Dilts is representative for the School of Nursing.

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