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J.D. Kanofsky  
*Thomas Jefferson University*

Dery Mackie  
*Thomas Jefferson University*

Mike Sinason  
*Thomas Jefferson University*

Philip Nimoityn  
*Thomas Jefferson University*

A. James Morgan  
*Thomas Jefferson University*

*See next page for additional authors*

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A Visit to Jefferson's Department of Theoretical Physics

by J. D. Kasowski and J. D. Amsterdam

For many years Bartol has been regarded as an international authority in such esoteric fields as cosmic radiation, nuclear structure, and surface physics. In 1964 a decision was made by the directors of Bartol to initiate teaching programs at the Foundation. It was felt that highly qualified graduate students would encourage intercommunication among the Bartol faculty, and that they would also serve as an enthusiastic and high spirited source of innovative ideas. The only trouble was that Bartol Foundation itself did not have a cluster that would enable it to grant a doctorate in physics.

Coincidentally, at this same time, Jefferson Medical College was on the verge of securing a university status. To acquire a department of theoretical physics could only enhance any future plans for growth and development toward which the fledgling university aspired.

Therefore, it was decided that the two institutions should merge. Bartol could now grant graduate degrees and Jefferson would have the services of a high powered theoretical physics department.

The system is tied in with Jefferson's high volume of operation and is the most comprehensive of any such system presently available. "One thing the nurses love is the ease of test requesting. It's a huge improvement for us. The nurses love being able to get the results back faster and also can improve the quality of patient care by enabling the doctor to keep a closer watch on changes in test results.

The computer printout gives the physician both the value of the test and a comparable normal value according to age, sex, and other physical characteristics, plus the outcome of previous tests on the patient. Thus the doctor has an ongoing, constantly updated record of the patient's progress. Summary reports on the tests performed during the previous six days are also compiled by the computer.

A data retrieval system makes it possible to pinpoint the whereabouts of each test requested and to determine the stage of completion. Results are delivered to nursing stations four times a day, instead of only one, and a test initiated in the morning can be reported by noon instead of at the end of the day. Dr. Schwartz says the system is specially tailored for Jefferson's high volume of operation and is the most comprehensive of any such system presently available. "One thing the nurses love is the ease of test requesting, no more piles of forms to fill out at the end of the day," he reports.

The technician's time is also better spent. Up to 50 percent of his time was spent on paperwork, especially report preparation. Now the computer handles everything automatically, with the lab personnel supplying only the raw data from the test.

The system is tied in with Jefferson's huge 300 series computer. The automation program will continue to be expanded so that by 1974, an overall clinical picture of each patient will be maintained by the computer, with instantaneous recall.

Young Lawyers and Doctors Mount Drug Education Project

The American Bar Association announced today the formation of a nationwide drug abuse education project making use of the expertise of young lawyers and doctors as well as students in these fields.

The project is basically directed at high school and college students although programs have been planned for community organizations and parents' groups.

The project is funded under a grant from the Law Enforcement Assistance Administration and is the result of several years of experimentation with various types of drug education programs.

Peter A. Levin, a Philadelphia Assistant District Attorney, has been named as chairman of the project for Pennsylvania. Levin is a specialist in drug rehabilitation and education programs and conducts a course on drug abuse problems for medical and law students.

According to Levin, a problem in finding enough doctors and lawyers and doctors to volunteer to help in the fight against drug abuse and thus plans to set up a training institute for them on drug abuse problems.

The project is designed to make available in all junior and senior high schools in Pennsylvania an effective and air-
A Christmas Parable

"Well, Homer, I must leave now. Remember that no one must trespass on this oasis." "I'm sorry, Master."

"Are you sure you understand your job? You must not leave this oasis. No one is allowed to enter it or to use anything in it."

"I understand perfectly, Boss."

"Homer, when you have done a good job, I'll reward you. I'll talk to my mountain estate—Abandoned."

"I know you would say that. Believe me, I'll do a good job; and at night, when I'll dream, I'll dream of when I shall live in Abandoned."

"That's fine, Homer. Well, I'll leave now. This arid, but desert climate warms me. I'm less than half the man I would normally be. Oh, yes, one last thing, take this shoe!"

"But why, Boss?"

"You'll understand. Farewell, Homer."


Homer was left alone to mind his job in the vast desert wasteland. He sat down in the shade of a huge coconut tree, he recalled an old desert saying, it went, "Happiness is like a mirage; both are farther away than you think."

"I have caught that mirage and will try to go. But with the heat, it won't be happiness, it will lead me to a different thought."

He was scanning the flat horizon where a speck was seen. It soon grew to the size of the moon, and was the color of a rose. Homer watched the speck grow into a spot and from a spot into a figure. Finally, the outline of a man was visible.

A straggler was limping listing towards the oasis. However, only when he was within arm's reach of the oasis did he notice of it. With a last ditch effort he tried to spring to the oasis; his desire to live was too strong. He started to crawl, his body was nearing death, but the spirit lived, it kept life where death would have reigned. Crying like a snake he crawled on his belly. One word could be heard from his dehydrated lips. "Water—water" he kept repeating.

"I'm sorry old man but you can't drink here." Paying no attention to Homer's warning, a sunburned man took hold of the毕业生. Homer instantaneously dragged his victim back onto the barbecuing desert.

Homer said, "I'm sorry, very sorry but you must perform your job. Only doing my job both correctly and capably has he not yet done a good job."

J.D. Kasakoff

NOTICE
Ariel circulates throughout Thomas Jefferson University and to all affiliated hospitals and institutions. Comments and criticisms pertinent to the magazine are to be mailed to:

Ariel, The Circulation Editor 200 Locust Street Philadelphia, Pa. 19107 Box #30

Medical Ethics: The Right to Know

The medical profession is faced with many ethical issues at the present time; the number of issues is likely to increase in the near future as the widespread acceptance of abortion is carried over into the field of euthanasia. As future editors will be discussing these two topics, we would welcome readers' viewpoints on these issues for simultaneous publication.

For this month, however, we would like to talk of something more pressing—to honesty with the patient. For better or for worse, many doctors have a tendency to hide from the majority of cancer patients the news of their disease while at the same time letting their family know. Through their friends, therefore, the physician is still able to be the hired servant of the patient, he lets everyone know the diagnosis but the patient himself, and he so structures the hospital setting that neither medical nor nursing students dare honestly and clearly answer the patient's questions about why his broken bones haven't healed. It's only after two months in the hospital.

Yet we wonder why patients won't give information concern for our procedures or enter the hospital for definitive care when we know that it could save their life. We forget that they have lived when the hospital was where one went to die. We forget that chances are good that they had broken bones and their social history to the doctor repeatedly and in the face of direct questioning denied the presence of cancer—while telling family and through them, their friends, that there was incurable disease present.

There is a story about three reality men who were told by their doctor that they had only forty-eight hours to live. The first took his medicine and proceeded to sleep with every call girl in town; the second took his money, went for desert, and the third—had his friend register, the time to vote, or the time to read up on the candidates—just before he choked to death.

I hope this letter will reach the desks of the leading oncologists and department heads who are in favor of and that this one might persuade someone to remedy these situations before the election.

Sincerely,

A Concerned Student Nurse

Emmanuel Church Seeks Tutors

Dear Sirs:

Emmanuel Church in South-ward Plaza runs a tutorial program for underachieving students. It presently enrolls many school aged children suffering from educational problems. A program to deal with the problem is being initiated. With help from the staff workers from the University of Pennsylvania Medical School, University of Pennsylvania, and others who generously give of their time, the program will be a success. The uniqueness of the program—while it is not unique—is that there will be an experience for the tutors as well as the students.

Each of the tutors is responsible for arranging the schedule of time that best suits the help of students, teachers, family, and staff, the tutor creates the best method suited for the student in his school work. Tutoring occurs at the church building or the home, or at Bethel House, a residence and center for neighborhood ministry.

Emmanuel needs people who wish to participate in the program and help the young people of the community.

If you're interested call Reverend Cochran or Dairy Mackle at Emmanuel—any day of the week and talk about it. The number is DE 6-1144.

Dairy Mackle
General Comparison with Doctors

Q.4.2) How do you distinguish medical students from doctors if they don't tell you?

Yes 36 No 44

Q.4.3) Do you mind male medical students having long hair?

Yes 27 No 72

Q.4.5b) Do you mind male doctors having long hair?

Yes 27 No 63

Q.4.6 Place in order of importance to you the following aspects of hair:

Placed 1st.

Tidyness 16 Length 10 Cleanliness 6 Style 3

D. CLOTHES

Q.4.8a) What clothes do you prefer male medical students to wear white coats, suits or casual wear (e.g. trousers and jumpers).

White coats 29, Suits 12, Casual wear 7

Q.4.7b) Do you prefer male doctors to wear...

White coats 86, Suits 12, Casual wear 2

Q.4.9a.8) What is the following you would mind male medical students wearing?

Arty Shirts 16, Jeans 22, Roll-neck Sweaters 30; Rolls 13, None of these 34. 

(N.B. These categories (with the exception of 'None of these') are multiple answers, not single answers. Each must therefore be considered as a separate question in which the score is the number of patients out of 66 who did mind that item.)

Q.4.7b) Do you think you would mind male doctors wearing:

Arty Shirts 24, Jeans 56, Rolls 40, Roll-neck Sweaters 11, Cord Levis 16, Arty Ties 13, None of these: 32. 

(N.B. As above, each score is the number of patients out of 66 who did mind that item.)

E. WOMEN MEDICS AND TROUSERS

Q.4.8a) Would you mind women medical students wearing all clothes or only some of them? 

Yes 43 No 22

Q.4.9b) Would you mind women doctors wearing all clothes or only some of them?

Yes 23 No 28

General Comparison with Doctors

Only 36 patients considered themselves able to distinguish medical students from doctors and of these 17 it was due to aspects of manner.

Hair

The finding that a significant majority of the patients do not object to long hair in either male medical students or male doctors is important. The mean t-test indicated slightly less enthusiasm from the patients having long hair the difference is not in fact statistically significant. In line with this was the finding that cleanliness of hair was considered by 88% to be priority with tidiness being a poor second and length scratching into third place above style.

Clothes

The overwhelming majority of patients want to see both medical students and doctors in white coats. Interpretations of this finding may range from the 'expedient' to the 'magical' but the writing is clearly on the wall. On the question of what patients objected to, the order of rejection was 1st. Jeans, 2nd, Roll-neck Sweaters, 3rd, Arty Ties. Approximately 79% of patients objected to one or more of these categories, but there was no difference in their attitudes to medical students or doctors and hence it should be noted that only for jeans did more than 59% of males object, and 29% of females. In this respect, what is important is the fact that 31% of the patients behaved in the same way as the medical students. In terms of comparison to the other items, shown in Table 2 showed that sex differences were significant. In terms of the replies obtained from patients out of 66 who did mind that item.

The patients were quite ready to object to doctors wearing white coats. For example did not mind any of the items listed but only 25% of the over 50. These figures were the same in relation to both medical students and doctors clothes.

In conclusion it should be noted that very little importance of the replies that has been undertaken. In this enterprise I merely invite you to take part, by writing letters expanding your individual points of view! Also, there is a considerable amount of information about the patients eg. social class, number of children, which because of privacy reasons has not been used. Anyone who would like to spend time evaluating these and other variables is more than welcome.

We acknowledge with thanks the assistance of the Surgical Unit in providing a 'Doctor' to interview some of the patients.

PAGE 3

Merry Xmas and Happy New Year

Tired of the Putrescence? NEED AN UPTAKE? Visit ANABOLIC PARK

CRACK THE WHIP ON THE ADENYL CYCLASE THRILL TO THE LIPPY LOOP SLIDE DOWN THE HEXOSE SHUNT HOLD ON TO THE WILD CHOLEMYCIN

Trip Out On The FERROUS WHEEL

Walt Disney's "POLYAMINE" Daffy Duck Revue

Clown Troupe performs Citrics Aminated Cartoons

See the Kinase - Kinase Tribe Ride the AFRICAN HIPPIRATES

Activities

★ ★ ★ Swimming in the Fabulous CHOLESTEROL POOL Take a Howship up the Haversian Canal

Visit the HOB GLOBULINS in the Haunted House Formyl Dance 9:00 Chi Square Dance 10:00

ADMISSION: ONE MEDULLA Discount Tickets in Room M-63

JIMBO Caterers: Purine Chow Corp.

CLOSED MONDAYS
The Washington Post — 12/8/72

Physicians Accused Of Antibiotic Mismeuse

Washington Post Staff Writer

The great majority of the indication was yesterday, a new wave of needlessly impaling in medical journals and by patient advocates has been launched by antibiologists. Some by mass:ly overprescribing of antibiotics...
To the Editors:

I noticed with interest the recent Times Magazine article on transcendental meditation in the Ariel, Nov. 29, 1972. I am about to embark on research applying meditation to patients both elderly and who have been appointed chairman, Department of Psychiatry, American Psychiatric Association Research Council to study meditation in psychotherapy.

As a psychiatrist practicing in Philadelphia, I would be most pleased to have my letter to the local Students International Meditation Society chapter reprinted at this time.

Psychiatry has always been interested in the various religious and philosophical orientations of which the mind is capable. The psychoanalytic literature contains articles occasionally which set forth theoretical constructs attempting to explain these states are achieved and how awareness changes. Recently Zen meditation and conversion experiences and drug-induced states have been examined in the light of psychological knowledge. The qualities of concentration, renunciation, sensory deprivation appear in various degrees in all of these experiences.

Transcendental meditation is unique in my experience. The emphasis is placed on Mind, the world rather than on any acceptance in ordinary life. This system to produce effects in the life of the meditator, set it apart.

I have been impressed and delighted by the gentle and tenderness of this teacher, the emphasis on nothingness and on accepting the evidence of the discontinuity of stress. Finally the lack of any requirements. It is only necessary to feel the presence of the teacher, to see a picture of the teacher, to feel the presence of the teacher, to see a picture of the teacher, and to feel the presence of the teacher.

The first screening was conducted at the Germantown Jewish Hospital on Sunday, November 12, and 800 persons were tested. Over 2400 individuals were tested on Sunday, December 10, at Beth Israel Congregation in Northeast Philadelphia. The overwhelming number of those who were not a carrier was vastly improved, and the few who were a carrier were not a problem. The study by Dr. Glueck at Hartford is eagerly awaited and I hope that transcendental medication will emerge as a most important part of our therapeutic armamentarium.

A. James Morgan, M.D.

Meditation Society chapter pleased to have my letter to the local Students International Association Research Council to the American Psychiatric Association chairman of a task force of the American Psychiatric Association and to the American Psychiatric Association, as well as other organizations, are recruiting volunteers for the program. Several freshman medical students at Jefferson are involved in the program. The success of the Tay-Sachs Prevention Program depends solely on the response and participation of the Jewish community," comments Dr. Jackson. "The enthusiasm of the community," adds Dr. Jackson, "will stand a good chance of reaching the Jewish population in this area of devastating disease." A blood sample is taken from each person, which is then analyzed in the laboratory by a computer in a machine called a minicard. Carriers have one abnormal gene, and non-carriers have both normal genes. The test is not a screening test, but a diagnostic test. The test is not a screening test, but a diagnostic test. The test is not a screening test, but a diagnostic test.

Pennsylvania each year, but there are probably more that are not reported.

Many couples have asked why both husband and wife are being tested, since a negative test on one of them would exclude the possibility of having a Tay-Sachs child. Both husband and wife are being tested so that can be tested so that no one is affected. If both husband and wife are being tested, it can be determined if either is a carrier.

The Tay-Sachs disease is a genetic disease that is the first to be selected for major prevention program. This is because it is the first genetic disease to meet all three criteria for a successful program: the high-risk population is easily identifiable; there is a reliable, simple, and inexpensive method for identifying carriers; and the disease is detectable in early stages.

The Tay-Sachs program can serve as a model for preventing other genetic diseases.

The first Tay-Sachs screening program was organized in the Washington-Baltimore area by Dr. Michael M. Kaback of Johns Hopkins University, and many programs have been started in other cities. The program in this area is sponsored by the Delaware Valley Chapter of the National Tay-Sachs and Allied Diseases Association, and the Division of Medical Genetics of Jefferson Medical College. The program is being headed by Dr. Laird Jackson, Director of Jefferson's Division of Medical Genetics. Dr. Jackson, who is an Associate Professor of Medicine, is the principal investigator who established the Tay-Sachs Counseling Unit for the early 1960s. The unit has become highly regarded and is one of the busiest centers in its kind in the country.

Each screening is organized by the community and staffed by volunteers. The Federal Jewish Agency, and the Jewish Community Relations Council coordinate the screening programs for Tay-Sachs disease in the Delaware Valley area.

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**Hospital Gown**

by Philip Nimocks

Thomas Jefferson University has begun one of the first and most ambitious mass screening programs designed to prevent a genetic disease. The disorder is Tay-Sachs disease, a degenerative disease of the brain which afflicts Jewish children of Eastern European or Ashkenazic ancestry. The objects of the program are to identify these couples with a high risk of producing a Tay-Sachs child, and to offer them genetic counseling so that they can have as many normal children as they wish.

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A. James Morgan, M.D.

Dr. Laird Jackson (right), Director of Jefferson's Division of Medical Genetics, watches as a woman is being tested at the first community screening program for Tay-Sachs disease in the Delaware Valley area.

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**Jefferson Screening Begins Programs For Tay-Sachs Disease**

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A Celluloid Society: 
by Joe Costi

Los Angeles and more acutely, Hollywood, embody a behavioral phenomenon known as "California cool," a restrained emotionalitness that enables people to avoid any meaningful or vulnerable relationships. This concentrated dose of cool is due, in large part, to the fact that Hollywood is the center of the film industry, the source of illusion and fantasy and the major purveyor of trends for the rest of America. The individual involved in the task of producing films, whether he be an actor, director or producer, can find his reality merging with the surreal, exposing himself to the very limits of sanity and a questioning of values.

Frank Perry's film, Play It As It Lays, (currently playing at the Stagn Door Cinema) concerns itself with the above situation. He has managed through the use of specific images to capture the sterile oppressiveness of L.A.

The smog, the freeways, the traffic - the parties - all provide a background for the deterioration of human relationships. The film becomes not so much an indictment of the culture, but more importantly, a commentary on the role tragic effects the underprivileged individual.

The film is composed of the intense and sometimes beautiful but fragile characters, Maria and Billy Lang portrayed in a very strong performance by Tuesday Weld. She comes across as a sensibie person who eventually force her to seek the sanctuary of a mental institution.

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School vs Education?

Deschooling Society by Ivan Illich, Harper and Row Co.

Civilized society, as an aggregate of governmental, industrial, economic, religious, and educational institutions, is constructed by people who are free to varying degrees. Just as no man is completely free, no man is completely free without freedom; and it is the difficulty of defining one's freedom that makes freedom so apparently illusory. However, such analysis has never proved adequate, having as their end another who freely serving to narrowly define the class of those who are free and the class of those who were not. The consequent movements, reform, nationwide or local, have wrought important role in a person's life. Tradition, stifled in the modern educational establishment the way a quality of real education.

The poignancy of Illich's social criticism is heightened by his proposal of constructive alternatives. He believes that the technological resources of society should be used in a way to promote maximum flexibility and freedom for each person to gain access to those other persons and materials in which he is most interested and through which he could benefit. "Educational tunnels" would be replaced by "educational webs" which would become operative early in the person's life and permit constructive interaction between individuals from all sectors of the community. The effect would be a levelling (and in some respects a leveling) of society as a whole with the elimination of class and the spectrum of freedom.

The growth of the industrial mode of the society has proceeded with an insidious, unconscious acceptance of centralized power with a concurrent degeneration of individual freedom. This has involved the proliferation of bureaucratic, technological, and material structures which spend much of the time perpetuating itself and consolidating centralized control at headquarters rather than putting people into contact with each other in a truly profitable way. Fruitful personal interaction, much more easily achieved in the prescientific world, has given way to surveillance and struggle in the context of needlessly overgrown institutions. The new pattern of interaction would be characterized by decentralization and all types of human endeavor will form other than the sprawling, overwhelming institution. Interpersonal contact with the goal of growth and mutual assistance within the community would replace man's mobilizations (legal and otherwise) for power. People who think they know but for everyone else would be very uncomfortable and frustrated in a society which fostered a strong sense of individual responsibility and the subsequent right of each to divide his own associations and activities.

As one of many concrete examples, Illich offers new uses for one's leisure time, room, and the practice of such activities. For example, the computer operates as a tool of vast power, making it possible for people to find others with coincident interests and goals, information about people would be used not to confine, exploit, and manipulate them according to corporate interests, but to promote fruitful contact. This would especially desirable in the area of education where learning would become for all a person-to-person experience, reminiscent of the old teacher-pupil relationship. This is something which is allowed only a few nowadays. Such computerized coordination would be the map of society's educational web. It would reflect the norms of minimal institutional and administrative nonsense, and maximum opportunity for all.

The framework could be used in forming small groups and associations with less educational perspectives. The French existentialist, Alexis de Tocqueville spoke favorably in the mid-19th century of the ease with which Americans met and united with their neighbors to talk about common interests and solve common problems. This fine tradition, stilted in the modern educational system, is in need of revival.

Numerous objections are immediately raised by the reader who finds the author's proposals hopelessly "impractical" and far fetched. Illich anticipates many such objections and deals with them convincingly, demonstrating their origin to be in the reader's institutional mentality which he probably acquired in school.

It is painful to realize not that Illich is so impractical, but that his proposals are so elegantly practical in view of his truly democratic belief in the capability of every person to happily thrive and develop responsibility in the absence of restraint, manipulation, and environmental deprivation, often caused by other well-intentioned, yet socially myopic people. His
The Don's Program is a program that was started approximately four years ago to help high school students with their school work and with their post high school work. The program started over 150 ski tickets, ski lessons and ski rentals of large intercollegiate ski magazine, The Ski, the three regional offices: Midwest, East, 21 Rosemarie Drive, Incline Village, Nevada 89450. The Ski Association was founded and is directed by Kim Christian (graduated class of '71) was in charge of the program last year and was responsible for the success the program had last year. Due to her heavy scheduling, however, I have taken over the program and I am a senior in the School of Medical Technology and Technology of the College of Allied Health Sciences. I feel that I am in the best position to help the students because I find myself somewhat in the same position that senior high school students are in. This is my senior year, I am making plans to continue my education and am applying to various Medical Schools and Graduating Schools. (not being sure in what direction I should go) Although the program has been a success in the past, I would like to see the program—since this is our program. I would also like to increase the number of students in the program provided we get more student students willing to be interested in helping. At present, only two high schools are in the program and they are Overbrook High in West Philadelphia and South Philadelphia High School. These high school students need to know someone is interested in what they have to say. They have seen very creative and worthwhile ideas that should be expressed, developed, and utilized. We, also as young people, should be there to listen.

Hopefully by the time this is printed up in your newspaper the Don's Program will have a mailbox in the Mail Room and all those interested in the program can leave their inquiries in the mailbox, or they can contact Anita Robinson or myself. If you have any more questions concerning the Don's Program for your article, I can be reached at the Nurses' Residence during the school week. The number phone is WA 3-3890 and I am in room 233. Thank you for your interest.

Very sincerely yours,
Vivian D. Fleming

Ariel To Present Health Care Plans
by Mark Desmet

The concept of inadequate health care is, putting it bluntly, "old hat." The basic problems are self-evident: statistics which show that infant mortality and (adult) longevity in the U.S. with that of other countries only serve to drive the health care issue home with greater force. Iron and cuss, good points and bad points, dollars and cents have been, and are being, discussed ad infinitum. It has now boiled down to the painful fact that a sober need— and fast. The "Monster" known as the health care industry is growing to gigantic sizes— in 1970, it was the second largest industry in the U.S., turning over $67.5 billion, or 4.9 per cent of the Gross National Product. Five main health care plans proposals have attracted much attention recently. Thus, as an extra service in medical education for Ariel's readers, we will be presenting in the next 5 issues those five "Proposals." Each proposal will be broken down as concerns the following features: General Approach, Coverage, Benefit Structure, Financing, Administration, Quality Control, Delivery System, Health Resources Development, and Endorsements and Primary Sponsors. We hope that this will give valuable insight into those interested with this very serious problem. For quick and easy reading, Ariel also recommends the article, "Health Care Supply, Demand, and Politics." Time magazine, June 4, 1971. (p. 66-67)