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Family Medicine at Jefferson: Three New Residency Programs Announced

The Residency Review Committee for Family Practice announced on December 18, 1973 that Thomas Jefferson University in cooperation with Thomas Jefferson University Hospital, Chestnut Hill Hospital, Philadelphia, Pennsylvania, and Latrobe Area Hospital, Latrobe, Pennsylvania has received approval for its new three-year Family Medicine residency program.

The Review Committee made up of representatives from the American Academy of Family Practice, the American Academy of Pediatrics, and the AMA Committee on Graduate Education.

Thomas Jefferson University Hospital has been approved for six years for the new Family Medicine residency program. Chestnut Hill Hospital and Latrobe Area Hospital each for three positions. All three hospitals will have programs that will have separate medical staff and divisions of Family Medicine.

In January 1973, a Department of Family Medicine was established both in the Jefferson University Medical College and Hospital. Dr. Paul C. Brucker, a family physician who served as a medical instructor in the Division of Family Practice, was named Chairman and arrived on campus full time in March 1973.

Jefferson's newly approved three-year Family Medicine residency program will have a curriculum that will be largely in-patient based for the first year and half and out-patient based for the last year and a half. In-patient experience will be in-cluded in the National Intern and Resident Matching Program.

During the in-patient experience, the resident will have the opportunity to assume responsibility for patient care in internal medicine and its sub-specialties, pediatrics and its subspecialties, obstetrics/gynecology, rehabilitation medicine, psychiatry, and the emergency room. In addition, depending on his interest or anticipated field of practice, he will be given the opportunity to choose electives in obstetrics/gynecology.

The resident's out-patient training at Jefferson will take place in the newly constructed Model Family Practice Unit, located on the fifth floor of the recently purchased Allied Health Science Building (formerly the Edison Building of the Philadelphia Electric Company) at 9th and Sannen Streets. There, a well-equipped setting is available with Family Medicine Faculty, para-medical personnel, and medical students in a group practice for the delivery of primary care.

The Model Unit's facilities will include such traditional items as an adult and children's reception area, record room, insurance clerical section, nurse's station, medical offices and examining rooms for faculty, post-graduates and undergraduates, rooms for simple laboratory work, interview, minor surgical procedures and for testing vision, hearing and eye pressures. Certain features, such as video tapes, will be included in the educational program. X-ray facilities, a pharmacy, and a complete laboratory will be housed in the same building on floors. These facilities will be supervised by the University staff and should provide an excellent resource for consultation and teaching.

The family-patient population will come from sources such as the faculty's private practice, from the outpatient or non-emergency Emergency Room population, from the surrounding community and from some of the Clinic population.

An added educational benefit will be the availability and depth of the Jefferson faculty and specialists for consultation. All of the traditional departments in the Medical College and the University Hospital have been cooperative in accepting and supporting this program.

Elective opportunities will be available to the resident throughout his three year program. Such opportunities are designed to allow the resident additional experience in those fields in which he recognizes deficiencies or expression an interest as related to future practice needs.

Chestnut Hill Hospital, an acute hospital in suburban Philadelphia, will have a similar program. Dr. Harry A. Kapiloff, a selection family physician, will move his private practice into a Model Family Practice Unit located on the Chestnut Hill Hospital campus. In addition to an individual Family Practice residency program, Chestnut Hill Hospital will have students assigned to the Family Practice facility during their junior and senior years.

Latrobe Hospital in Latrobe, a towns located in southwestern Pennsylvania and approximately 250 miles from Jefferson, will have a similar affiliate program in Family Practice. The joint affiliation agreement enables a program which entails the...
Life: A Civil Right

January 22 marked the first birthday of the Supreme Court's decision to legalize abortion. During the past year, the subject of abortion has faded from the general consciousness. Abortion has been accepted as an ethical procedure by lawyers, physicians, legislators, and most "enlightened" members of society. It is the purpose of this essay to argue that perhaps we have made a mistake. To make this article as meaningful as possible, I have built around three contentions.

Slavery as an Unethical Practice

Each individual in our society has certain civil rights. Among these are life, liberty, and the pursuit of happiness. Man, by his aggressive nature will try to control other men and subordinate their rights to his. The purpose of law is to prevent this. The inscription above the entrance to the Supreme Court house says it well: "Equal Justice under Law." Every individual is to be protected, no matter how weak or defenseless.

In short, I do not think this first contention about the wrongness of slavery is that controversial. I feel that, most if not all, would agree that the steps taken by black men toward equality have been steps in a humanitarian and progressive direction.

Abortion as a Form of Slavery

Abortion is a modern variation of the discrimination which occurred against blacks 150 years ago. Let me support this contention by showing similarities in logic between the bi of the abortionist.

ATTITUDES TOWARD SLAVERY

Although he may have a heart and a brain, a black man may be a human life, an unborn baby is not a legal person. The U.S. Supreme Court has made that clear.

A black person only becomes a legal person when he or she is set free. Before that time, we should not respect him because he has no legal rights.

A man has a right to do what he wants with his own property.

If you think that slavery is wrong, then nobody is forcing you to be a slave-owner. But do not impose your morality on someone else.

Is slavery really merciful? After all, every black has a right to be protected. Isn't it better never to be born than to be sent alone and unloved into a cruel world?

The similarity can best be brought out by an honest answer to a question: Where are we going, old man? We made a bargain, you can't go back on your word.

The need for social change

When society condones or promotes an unethical practice, it is the responsibility of each individual to try and change that system toward a more humanitarian state. The reason that slavery stayed around for as long as it did was too few men and women were determined to improve society and lack the social awareness to perceive the mistreatment of those around them.

Today, society is great. Vietnam and Watergate have seemed to deflate most social concern from most Americans. Nevertheless, there is a need to reform EVERYONE'S civil right to life, black or white, man or woman, in or out. This is a challenge to unite all humanitarian forces whether they go by the name of liberal or conservative. The cooperation of Senators Buckley and Hatfield is exemplary of this cooperation.

We need to improve society and not be one sided. As we improve the quality of life for the unborn child, we should also work to improve the quality of life for the unwed mother. The social and legal discrimination which has been shown to her serves no constructive purpose and causes much pain.

Conclusion

In conclusion, the purpose of this article has not been to irritate or to deceive, but rather, I have tried to present a perspective which I feel society has lost. The individual human life is inviolable, and it is the duty of those in authority to protect each individual. Be it slavery, abortion, or any other form of discrimination, they all attack this vital ideal of the intrinsic worth of all individuals. I hope that eventually our government will affirm each individual's worth through a Human Life amendment. In the meantime, I hope you realize the need for all to work toward this goal.

Frank Chevenek

Losing Traction?

Adobe Premiere

The Inheritance

Quite a few years ago while watching television, I noticed that someone else may be a human life, an unborn baby is not a legal person. The 7(2)-RC vs. Wade decision by the U.S. Supreme Court has made that clear.

A baby only becomes a legal person when he or she is born. Before that time, we should not respect him because he has no legal rights.

A man has a right to do what he wants with his own property.

If you think that abortion is wrong, then nobody is forcing you to have one. But do not impose your morality on someone else.

Is not abortion really something merciful? After all, every baby has a right to be protected. Isn't it better never to be born than to be sent alone and unloved into a cruel world?

The inheritence can best be brought out by an honest answer to a question: "What will you do with your sins have been passed on to me?."

"I'll give it then. I'll give it."

He then came out of the alley; and, for the first time, I could distinctly see his features. Realy there was not much to him; his hair was prematurely gray. His eyes were clouded up with some white film and naturally he was unshaven.

There I was looking for a stooge was not going to let me get away so easily. He followed me after me hollering at the top of his voice. Where are we going, old boy?"

"To my hole."

"Why aren't you there now?"

"I like the freedom of the night. No people start me. No children laugh at me. I left them kids always laughter. I was there where I left them infants."

"Pay them no mind.""I try, I ain't no jerk."

"Thar ain' much I can give you, unless you want the short of my back." "Good, good. That will do for a start, but certainly you don't think my services come so cheaply bought, man, think. Do you hold most precious to you? Twenty dollars put away for a dry and sober day? Perhaps, some gadget or gadget you specifically wanted in order that you could prove to yourself that you have what it takes to be a lightfingered, shoplifting heavyweight when you want to be!"

"Must be it the most precious thing?"

"None else would do. Just think of the relief of knowing that your sins have been passed on to me."

"I'll give it then. I'll give it.

Follow me."

He then came out of the alley; and, for the first time, I could distinctly see his features. Really there was not much to him; his hair was prematurely gray. His eyes were clouded up with some white film and naturally he was unshaven.

There I was looking for a stooge was not going to let me get away so easily. He followed me after me hollering at the top of his voice.

"Where are we going, old boy?"

"To my hole."

"Why aren't you there now?"

"I like the freedom of the night. Nobody starts me. No children laugh at me. I left them kids always laughter. If were there that parents I'd 'larn. That plant, that baby, that little boy that I left them kids always laughter."

"This is the only thing my people left me after they died, he said.

"Oh, in that case we'll have to give it a thorough checking," I answered betraying a noticeable note of disappointment.

Upon opening the album I saw photographs of a little boy affectionately embracing a respectedFilipino female, a little boy who was joyously blowing out candles on top of a cake while two delighted parents appeared on his face, holding a little boy who was the verge of toasting him a baseball.

"I don't understand, who is this cute little boy," I asked genuine puzzled over who it might be. "It's me," he bumbled in a broken voice.

Suddenly I was overcome by a deep sense of disgust. I flung the album onto a bed and fled from the apartment quickly. I didn't want to be associated with a little boy who was joyously blowing out candles on top of a cake while two delighted parents appeared on his face, holding a little boy who was the verge of toasting him a baseball.

"It's me," he bumbled in a broken voice.

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Dear Editors,

I read with interest your article on the promise of psychiatry, particularly regarding the increase in biochemical feedback. It is interesting to note that this field has gained momentum over the last few years, indicating a heightened interest in biochemical and physiological research into psychiatric disorders which holds the promise of bridging some of the gaps that have developed between psychiatry and the rest of medicine.

Some look upon this broadening of therapeutic modalities as an indication of lack of competence and general confusion within psychiatry. I disagree. I feel that this attitude is a reflection of a rather unfortunate yet surprisingly widespread notion that goes something like this: that once an emotionally disturbed individual has been designated as a member of a major psychiatric group (neurotic, psychotic, character disorder) all individuals within a given group can be treated pretty much the same. This makes no more sense than saying that everyone with pneumonia should receive penicillin or everyone with diabetes insulin. With new options at disposal psychiatry is in a better position today than ever before to tailor make a therapeutic program to satisfy the particular needs of each patient.

The surging of eclecticism and free thinking in psychiatry today in the best tradition of one of the most important, yet often violated dictums of good medical artistry- matching the therapy for the patient, not the patient fit the therapy.

Ken Jaffe

Ariel

Ariel

On January 1, 1974 the PSRO made its debut in Medicine. The PSRO - Professional Stander a review Organization is the direct result of Public Law 94-403 which sneaked through Congress under the tutelage of Senator Bennett of Utah and was signed into law by President Nixon on October 27, 1974. It's virtually unnoticed passage is in no way related to its actual importance for it will lead to nothing less than a revolution in the way Medicine is practiced in the US.

The local PSRO (and localcom) appears to have taken some initiatives. We'll discuss later has specific duties under law. It must:

a) establish standards for diagnosis and treatment of the diseases found in its region, up to
b) establish lengths of stay for each patient commensurate with their disease and provide for review of the need for hospitalization and/or continued stay of each patient,

c) provide for the public record a profile of each doctor, institution, and patient. This will be especially important in monitoring such things as drug utilization of resources, etc.

Under the present law the sanctions will apply only to patients whose expenses are for care by the federal government under the Social Security Act. In present the law will apply to all patients.

The law was written with the idea of reducing costs for care. However, even the best analyses are uncertain as to whether the system will be cost effective. This is because the PSRO is still in its infancy and it is not yet clear how the system will work.

Ken Jaffe
Eight Degrees of Charity: 100% for the 150th?

The Spring 1974 bulletin of classes for the Jewish Free University of Philadelphia has just arrived at its distribution point. The bulletin lists 60 courses, all offered at no charge to Jewish students in the city and in surrounding areas, an indication of the high regard for this past Fall 1973, which was also a record high. The continued growth of JFU reflects the interest in and success of this approach to reach college age Jews, particularly those with professional affiliation, with mature lectures, and discussions of Jewish interest. Questionnaire responses have indicated that over 2/3 of those attending JFU classes are between the ages of 16 and 36 and have almost no other contact with the Jewish community.


The Bulletin includes the law, government, the boss, the administration and even the campus board. It is true that this explanation could be counted as the lack of response in the sense of a mature, more mature and more mature graduate. But one would doubt that the presentation of the anger and the existence of personal preconceptions could explain the facts that 30-40% of alumni never support their university — there may be a better explanation, at least a more appealing one. - one phone call I had during that telephone was very amusing. I couldn't help but laugh on the other end of the line was very pleasant. He said with some character that he had never contributed, I said, "I have your card in front of me." I didn't say another word and he began to talk.

"I wish I had sent a dollar in the year after I graduated, my internship year. It would have been so easy to start on the right foot. But I had such a valid excuse. You know how little you earn as an intern." Then he said, "That excuse was just as good for the next year, and before I knew it, five years had gone by and it was the time to give my annual-giving card into the waste basket." It was his eleventh year of post graduation and the next words he uttered startled me. "I donate $150, will you give me a gift with $50 this year and $30 for each of my previous years?"

I said that I was sure that could be arranged. As he hung up, he said, "You know, if I had just given a few dollars each year I wouldn't have gone broke."

In looking up "the eight degrees of charity," I noted that Maimonides also said, "No one ever becomes impoverished by giving charity." I am thankful for the example that she set; for giving is just another expression of affection for people. Yet Maimonides, the twelfth century Hebrew scholar, would not have rated these episodes very high. In retrospect I am thankful for the example that she set; for giving is just another expression of affection for people. It isn't too young to observe that she enjoyed giving. In retrospect I am thankful for the example that she set; for giving is just another expression of affection for people. It isn't too young to observe that she enjoyed giving.

Free Jewish University Offers Variety of Courses

A free breast-cancer-screening examination is being offered to all women between the ages of 45 and 64 at Thomas Jefferson University. Women who have no previous history of breast cancer can receive the examination for free. The examination includes a physical examination of the breasts, an evaluation by a nurse, and a new test, called thermography. To obtain this free, preventive service, call Dr. Brent's Breast Diagnostic Center at 823-4526.

Free Breast Cancer Screening

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Becoming a physician is a tremendous satisfaction. Let us give you the job satisfaction that should go with it.

Whether you are already a physician, or soon to be one, you might find it extremely interesting to take a look at what is taking place in the Air Force.

Not all physicians pursue post residency fellowships. However, those who do are often selected for positions as consultants and instructors. Consultancy is a great opportunity to become familiar with medical problems in a wide variety of settings. It can be a rewarding experience, but it can also be a challenging one.

There are many different fellowship programs available to physicians, and each offers its own unique opportunities. Some may be more research-oriented, while others focus more on clinical training. It's important to choose a program that suits your interests and career goals.

A fellowship in family medicine, for example, might be a good option if you're interested in providing comprehensive care to patients of all ages. If you're more interested in a specialty such as psychiatry, then a fellowship in that area would be more appropriate.

Choosing the right fellowship program is an important decision, and there are many factors to consider. It's important to do your research and speak with current and former fellows to get a better sense of what each program is like.

If you're considering a fellowship, be sure to consider your long-term career goals. Will this fellowship help you achieve your desired outcome? Will it provide the training and experience you need to succeed in your chosen field?

It's also important to consider the financial aspects of a fellowship. Some programs offer stipends, while others may require you to pay tuition. Be sure to check the program's fees and funding options before committing to a fellowship.

Choosing the right fellowship program can be a challenging process, but it's important to take the time to carefully consider your options. By doing so, you can ensure that you'll receive the training and experience you need to achieve your career goals.
Problem Oriented Medical Education (POME): Philosophies, Approaches

Haley S. Faust

This is the third in a series of articles describing the Problem Oriented Medical Education (POME).

Toward what are we educating? That is, what is the physician’s role in health care? As Faust asks, "What do we mean when we say ‘problem-solving,’ and how do we describe the mode of education necessary to help the clinical student reach for formal recognition?" The physician is a link in the health care system and his or her role is becoming more narrowly defined. There are techniques, moral guidelines and computer programs which can gather data, store data, and participate in the development of an organized form, and perform detailed therapy. There is a systems prototype approach to record-keeping in Dr. Weed’s "Gold Field". Where does the physician relate? Essentially, he is the problem solver. He defines the problem as he assimilates the data, prescribes a detailed management plan for each of the problems of the patient, and then undertakes a verification of that prescription.

In all situations, what does the physician require in order to perform his duties? The first, and most obvious though least taught in medical education is a problem-solving ability. Indeed, this is what the POME is based upon. The necessities of understanding underpinning problems and resolving problems are the life tasks of any student in medicine. Developing the mode of problem solving is vital to the key role of greater diagnostic success. Instead of a student’s knowledge of particular diseases and their manifestations in pathology, he should study the underlying logical sequence of disease as presented by the manifestations. Very rarely will a patient present with chief complaint of "chills"; instead, he claims that he gets "hotter with breath while walking up steps." It is not "atypical tachycardia," but this is a symptom of an initial condition, but instead "pounding in my chest," as the complaint accounts.

Primarily, then, a student need be taught problem-solving techniques working directly in the medical field. He learns the techniques of problem solving in order to become a fully trained physician who must learn to develop his art of reasoning. The imaginative physician must be able to deal with a problem, its significances, its attempts at removal, and its effects upon the patient’s physical and mental world.

What does one require in order to be an adequate problem-solver? The very last requisite being a "core of knowledge." Facts are of little value if they are improperly utilized or have no significance to the individual. This is an unfortunate fact in the present system of basic science learning. The modes of an adequate problem-solver include the abilities to a) recognize and understand the form in which the problem is presented, b) place in perspective the problem relating to the individual within the environment, c) develop a rational approach toward alternative solving of the problem, and d) evaluate the first three criteria by some method.

For example, the student is told a patient presents to the physician with complaint of a GI disturbance such as diarrhea. The student can then build from his knowledge of the logical sequence which may be expressed as one of the following: "either is a problem of motility or is an abnormal opposition of arguing about the cause to the patient because the students have no perspective of self-diagnosis" or the problem-solving in the history who have developed our present logical sequence.

Sir William Osler in his "Asquithian" quotes Crawford that "We cannot rule the world, and rules and alone. And when we have cut the head of the bull, of the heart. Love, hate, ambition, anger, we cannot teach the uninitiated how to save their impression. The individual’s understanding of the impossible opposition of arrogance and argument and his own power. How can we are taught to think in a rush on the world if we cannot evolve from, and grasp to the patient the concept of the physician who has not a knowledge of men?"

In the medical field, the POME would not lose sight of the fact that the core of the medical curriculum is the student and his capabilities. It would not remove the need for the observation of abnormal mandates imposed on students. Students would emerge as communicators, managers of individuals in the social and professional world if we cannot evoke from, and grasp to the patient the concept of the physician who has not a knowledge of men?"

The second study trend of the student would be to develop a comprehensive ability with those whom he works – not only the patient, but the nurse, technician, administrator, etc. This includes understanding, trust, and empathy with the individual’s social, moral, emotional, and intellectual problems. As noted in the first and second part of this series of articles on the POME, no person is simply a physical problem with which we deal. Medicine and Society has told us this, but one can hardly consider the idea seriously taught when the body (physical problem) is emphasized for 80% or more of our class hours and the other four crucial dimensions of the Hurst/Enroll Total Person Concept is considered for at the most 15%. For a more thorough discussion of the Total Person Concept see "Problem Oriented Medical Education," (1969, J. W. Walker, HK (eds.): The Oriented System. New York, Medcom, 1972, p. 81). For a physician to be fit into his link in the health care system, he must be allowed to develop these cognitive, manipulative, and attitudinal skills required by a physician. The teacher as guide in the health care system, the student to assess his own world.

One should not fret that fewer facts would be taught. Indeed, variations of, or the same facts as are learned today, would be more easily taught. What is the medical world? The facts could be taught just as they are deduced with the proper basic understanding of human biology and disease. The facts and ideas to a system are organized by and for the student.

Dr. Lawrence Weed is right when he proclaims protection a student against grades. Indeed, grades are real, and you must create teaching situations where students always deal with the patient’s problem, whose solution depends on the individual’s drives and not on his memory. We must teach a care of behavior, not a care of knowledge. (Hurst, JW, Walker, HK (eds.): The Oriented System. New York, Medcom, 1972, p. 81). For a physician to be fit fit into his link in the health care system, he must be allowed to develop these cognitive, manipulative, and attitudinal skills required by a physician.

Latra Group Hospital Ambulatory Care Center where Jefferson Medical College junior and senior student physicians will rotate to complete clinical studies in Family Medicine

Residences

(Continued from page 1)

edecational expertise of the Jefferson Medical College guiding the Latra Group Hospital in physician training on both a pre­graduate and post­graduate basis. On the pre­graduate level, the Hospital will be receiving both junior and senior year medical students rotating through the Hospital’s new Ambulatory Care Center. Two students have already arrived in the Latra area.

During their junior year in medical school, the students will be expected to spend approximately six weeks at the Latra Area Hospital in a Family Practice " Clerkship." In their senior year, these students interested in concentrating in Family Practice Medicine will spend approximately three months at Latra. They will spend the majority of their time in the new Ambulatory Care Center under the direction of Drs. Robert S. Gordon and Joseph R. Govi. Drs. Gordon and Govi will continue to maintain an office in nearby Pleasant Union, Pa.

In addition, Jefferson will be supplying the Hospital with first, second and third year resident physicians. The resident physicians will have the opportunity to assist local general practitioners in their office facilities in such surrounding communities as Ligonier, Blairstown, Derry, and the Averne-Saltisburg area in addition to Latra. These external activities will be done in conjunction with the physicians already in those areas. Preliminary inquiries have indicated a very wholesome and receptive atmosphere created by the practicing physicians for such involvement.

The complete program will be monitored by a full time director of the Family Practice Unit, the co-directors being Drs. Gordon and Govi. Overall supervision of the program in Latra will come from J.R. Maisers, Medical Director of the Latra Area Hospital. Supplementing these efforts will be the input from the faculty of the Jefferson Medical College which will be accomplished by monthly on-site visits.

The program to train resident physicians for Family Medicine beginning in July, 1974, was recently approved by the American Medical Association’s Committee on Graduate Education. Although some students have already arrived on site, the program is not expected to be fully operational until the second year. The facility of the Clinic will be housed in a nearby apartment building which the Hospital will have under agreement to acquire.

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Extending a Green Hand: a Munificent Student Council Seeks Broader Support

Jim Burie

Unlike many organizations operating during these inflationary times, Jefferson's Student Council does not suffer from a lack of funds. The Council is blessed with dollars paid out by medical students through the administration in addition to a surplus balance from previous years. Despite this financial security, the Council lacks student support. Student Council does not suffer the Council to lack student support.

The Council expects more involvement from students when they realize that funds are available for the pursuit of their dreams, Mike Flacco and Alan Neff, two board members, said that the Council is considering the possibility of sponsoring a rock concert at which Jefferson students would have first priority in obtaining tickets.

Despite funds for student activities, the Student Council also possesses another strong asset available to the students but often unused. The Council has rapport with the faculty including direct access to the Dean and his staff. This access is available for the pursuit of student projects.

The Medical College is presently attempting to establish a "University Forum," which would seat representatives from each branch of the Jefferson campus. This organization would coordinate projects and activities involving different Jefferson groups. For example, through this "University Forum" the nursing students could consult with medical students and nurses to provide better communication with each student group. This new organization would supervise the Student Council but realize that it has the support of the medical and student groups at Jefferson. New student organizations are being encouraged by the Council as well as greater input into present student projects.

The Manning Street Auditorium Theatre Department. It was produced in New York by Joseph Papp in April of 1973, and then in November at the North Carolina School of the Arts under the direction of Barnett Kellman. Mr. Kellman, who has directed numerous off-off-Broadway shows, was to direct the Manning Street production. The upcoming production is not a revival but a reconstructed version of the drama which, the playwright feels, more closely resembles his initial intention. In "The Orphan," James Burke has transformed the myth of Orestes into an examination of contemporary violence and guilt. What happens in the House of Atreus happens in America. It is a devastatingly powerful - but in its way very funny - work. The play opens March 12th and runs Tuesdays through Saturdays through April 6th.

Jeff makes the Radio Scene: “You and your Health”

Susan Shapiro

First broadcast on November 25, 1972, the series, “You and Your Health,” has been selected as the best project in electronic communications by the American College Public Relations Association. The series airs on KYW Radio each weekday at 9:23 a.m. and 7:23 p.m. It will be cut once daily in the near future. The program is an ask-the-doctor type of format, whereby listeners write in questions covering any medical, psychological topic and receive an answer, on the air, by a Jefferson specialist. The specialists are "regulars" on the program. Dr. Marvin A. Castello, Honorary Clinical Professor of Obstetrics and Gynecology; Dr. Paul C. Bruc­ker, Chairman of the Department of Family Medicine; and Dr. Martin B. Wingate, Professor of Obstetrics and Gynecology.

Listeners with questions on any health topic are asked to write "You and Your Health," Public Relations Department, Thomas Jefferson University.

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NBC News correspondent Irving K. Levine relaxed before the February 26 University Hour audience and gaped that it was nice to be out of Washington these days, even if it wasn’t very far.

"Also," he observed in a glance at the podium, "it’s pleasant to be in a room with a microphone you can see."

Levine kicked off a revue of the Potter Memorial Lectures supported by the legacy of William Potter. Jefferson Medical College Chairman of the Board at the turn of the century and leader of Jefferson’s first big building campaign: the building of the hospital complex is the only survivor of his efforts. As first speaker in the series, Levine was chosen for his renown in radio, television, and books and cosmopolitan reporting experience of ten years in Rome, four years in Moscow, two years in Tokyo, and one in London.

Levine centered his remarks on inflation and the energy crisis. As a result of the oil problem, more industries will follow the examples of the auto and airline industries with shutdowns, Levine predicted.

"The inflation is worse than ever," he emphasized. "The controls have failed because the individuals in charge had no faith in them."

He compared the wage-price controls of putting Pope Paul-heading a birth control program or John Mitchell a Justice Department. Levine claimed that Nixon was immediately because Congress threatened to legislate lows. Levine added that although Internal Revenue Service reprisals were threatened against companies violating the price guidelines, that the threat was a paper tiger and the administration wanted to avoid enforcement in order to prevent the growth of a new bureaucracy.

Levine noted. But when Connolly retired at the end of Phase II, the Carter administration put in place their price for fear of being unable to raise them under later controls, and in a form of self-defeating policy resulting inflation forced further ill-considered controls.

Levine pointed to a lack of effective enforcement as being the major flaw in the price control programs. He discovered that although Internal Revenue Service reprisals were threatened against companies violating the price guidelines, that the threat was a paper tiger and the administration wanted to avoid enforcement in order to prevent the growth of a new bureaucracy.

It is impossible to have adequate controls," said Levine, "without adequate control measures. Such a sham inevitably takes a toll in public confidence."

The Nixon administration is "tearing in the towel," he summarized. The controls which Jack plan and enforcement have created as many problems as they have solved. The White House will not renew the controls when they expire in April.

Citing Agnew’s integrity, Rathbone’s failure, and the Soapbox Derby’s scandal, Levine thought that it was a symptom of our times that people ask "is there really an oil shortage?"

“Unquestionably there is a general shortage," he replied. He identified the Arab oil cutoff and declining domestic production of oil since 1970 as precipitating causes. People to blame sit in the oil companies, in the administration, in congress, and in environmental groups. In spite of the good intentions of environmentalists, he claimed, if oil were now flowing from Alaska, the oil shortage would only have been one half as great.

"And unquestionably the oil companies are making big profits," he continued. But last year the farmers were the profiteering scapegoats; in an economy such as ours, he analyzed, a shortage of a commodity leads to profits for the producer. "That is simply the way it is in our society; we may lament it, but we cannot change it."

Levine identified Henry Kissinger as the ultimate solution to the oil embargo. Kissinger has been handicapped by Watergate, even abroad, but Kissinger is in a uniquely influential position as chief architect of the Mid-East peace. Arbas know, Levine said, that Israel will not return captured territory without US pressure. Most important is the oil itself is the cost, Levine commented. Effectively wealth is being transferred from the profit making nations to the oil producing countries. Oil prices have, in effect, destroyed the favorable balance of payment for the US. Attempts to establish a stable world currency system have been delayed in the turmoil.

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Dr. J. Woodrow Savacool has been appointed Director of the Student/Employee Health Service at Thomas Jefferson University according to Dr. Francis J. Sweeney, Jr., the University's Vice President for Health Affairs.

Dr. Savacool has been with Jefferson since 1945, first as Assistant Demonstrator in Medicine and most recently as Clinical Associate Professor of Medicine. A graduate of Middleburg College in 1938, he is a 1938 alumnus of Jefferson Medical College. From 1941 to 1972 he served the Philadelphia Department of Health's Section on Tuberculosis, first as Clinical Chief and later as Consultant. For 9 years he directed the Health Maintenance Office.

Sports Medicine

by Curt Cummings

The Orthopedics Lecture of the BIGGON Surgical Society-a bill of monthly lectures was a change of pace, and not because it was the only gardening lecture of the year. The topic was Sports Medicine Forum, it was held on February 6th, and in essence it brought to light an entire sub-speciality of medicine.

Previous Gibbon Society lectures have included excellent technical and theoretical talks by some of the top surgeons in the area. For instance, the January lecture was on the evolution of pediatric surgery by Dr. C. Everett Koop, one of the nation's top surgeons in the specialty of medicine. For instance, the January lecture was on the evolution of pediatric surgery by Dr. C. Everett Koop, one of the nation's top surgeons in the specialty of medicine.

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