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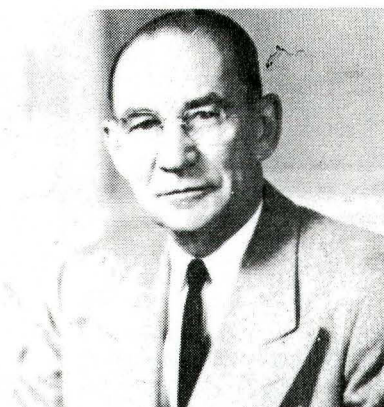
G. Lombard Kelly - A Man To Remember

By Robert B. Greenblatt, M.D.

Dr. Lombard Kelly, one time professor of anatomy, dean of the Medical College of Georgia, and later its president, is with us still. Enfeebled by the ravages of time, he approaches his 80th birthday, full of years and serenity. As we enter the decade of the 70's, let us pause, look back, and recall a man to remember. It is timely, too, to apprise a new generation of physicians who were not privileged to know him, of how much we, the medical community, are in his debt. I write as I remember him, and the impossible dream that he nurtured and saw to fruition.

The Flexner survey of the medical colleges of the United States, completed in 1910, asserted, "the Augusta situation is hopeless, there is no possibility of developing there a medical school controlled by the University. The site is unpropitious, the distance too great. The University should snap its slender thread, the medical school will not long survive amputation". The college weathered the storm and continued in comparative quietude until early in the 1930's. Then the heavens fell in, the Council of Medical Education removed its accreditation; the Association of Medical Colleges placed the school on probation; the Board of Regents felt it could no longer continue its support; political pressure demanded either closure or removal of the school to Atlanta.

What were the options? — the demise of a proud institution that served the people of the state for over 100 years, or a fight for its continued existence. Dr. Kelly, with the unflinching support of the highly respected Dr. Virgil Sydenstricker, convinced the authorities that the school was worth saving, and with the appointment of Dr. Kelly as dean in 1934, the battle for survival was



DR. KELLY

joined. Admittedly, the school had been allowed to run down, there was too much complacency, inbreeding, and nepotism. The Herculean task of cleansing the Aegean Stables fell squarely on Dr. Kelly's shoulders. The challenge was accepted with characteristic "bulldog" tenacity and he set on a course to win. He visited every county medical society that would hear him. He wrote each alumnus, asking for donations, and urged that each exert his influence with the solons of the state for increased financial involvement.

The academic aspects, in the meantime, were not neglected. Kelly took immediate steps to revitalize the faculty by recruiting over a dozen top notch men from various parts of the country, and instituted a program of research fellowships. The library was remodeled and updated. The Milton Antony wing was added to the University Hospital to meet the needs for a complete out-patient department and to provide beds for contagious diseases. The Dugas building for biochemistry, physiology and pharmacology, was completed and plans laid for the Murphey building to house pathology, microbiology and public health. As a result of all this activity, the political pressure to move the school was thwarted and the college's Class A rating was restored. Kelly now had visions for

a great medical center in Augusta and exacted a promise from the then governor of the state, The Hon. Eugene Talmadge, to build a great teaching hospital on the campus.

In the immediate years that followed, student enrollment was markedly increased. To the faculty, which now included such giants as Sydenstricker in Medicine, Hamilton in Physiology, Sanderson in Bacteriology and Public Health, Pund in Pathology, Krafka in Histology, a group of new members was added. Perry Volpitta organized the department of anaesthesiology; Richard Torpin brought new vitality to the department of obstetrics and gynecology; the late Robert Major started one of the first departments for pulmonary and cardiac surgery; and Hervey Cleckley set up a department of psychiatry. The school soon attracted excellent men such as Ray Alquist in Pharmacology, Philip Dow in Physiology, Sam Singal in Biochemistry and Robert Rinker in Urology, to mention but a few. Finally, with plans approved for the erection of the Eugene Talmadge Memorial Hospital, Dr. Kelly felt that his goal and his dream were realized. In 1953, at the age of 63, he relinquished his position as president so that he might spend a few years in private practice devoted to the management of sexual difficulties in marriage. Incidentally, Bob Deinst, famed for his contributions to the microbiology of the minor venereal diseases, remains the sole reminder of the nucleus that joined the faculty in 1934, and Harry Harper and I are the surviving remnant of the original four research fellows.

In the annals of the Medical College, one man stands taller than all the rest. Lombard Kelly saved the school; fostered harmony and contentment among his underpaid but loyal faculty; gave each

chairman complete autonomy and provided him with a feeling of genuine trust and security. He prepared the way for the great medical complex now in the making. His vision has become a reality.

What kind of man was G. Lombard Kelly during his active years? He was affectionately called "The Great Stone Face". The students found in him a friend to whom they could go for advice and help. He was a compassionate man who saw the side of goodness and kindness in every soul. He was a scholar; his use of the English language was precise and impeccable. He was a scientist; his studies with Papanicolaou, on the opening of the vaginal canal following estrogen administration to immature guinea pigs, were a milestone in experimental endocrinology. These were the studies that indirectly led to the now famous "Pap" test for cervical cancer. He was a medical diplomat, for during his stewardship "town and gown" worked in unity. He was a courageous innovator, for he lectured on "sex" to medical student and physician alike at a time when his confreres still regarded the subject as distasteful. His "Sex Manual" has been reprinted 23 times and, has sold over one million copies. The booklet was written not so much for gain as it was to share his knowledge for a better understanding of the sexual act. He was indeed an evangelist in this field of human behavior. Lombard Kelly was the quintessence of kindness, the epitome of the gentle man. He was nonetheless an intrepid adventurer with the faith, courage, and endurance to overcome the obstacles that beset his path. Though he liked to think of himself as an agnostic, he has been in his own way, a religious man — one of the most Christian-like men I have ever known.

EDITORIALS

An Editorial

That Talmadge is a five day a week hospital is absurd. Patients admitted on Friday cannot be worked up efficiently until Monday. With all the screams about no money and long patient stays, the five day factor is unpardonable. It would seem an easy matter to stagger shifts to make Saturday a work day in the labs and in X-ray for routine procedures. —J.E.L.

THE CADAVER

MEDICAL COLLEGE OF GEORGIA
AUGUSTA, GEORGIA

The CADAVER is an ex-cathedra publication by the students of the Medical College of Georgia. The editors solicit contributions from all interested readers. Views expressed by our readers do not necessarily reflect those of the editorial staff. In fact, views expressed by the editors do not necessarily reflect those of the editorial staff.

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CADAVER Policy

The policy of this paper is to print those items which are presented to it by anyone who wishes to take the time to make his ideas known. This year's staff is determined to have a CADAVER which reflects what individuals at this institution are thinking. This goal can only be accomplished with material from those not formally on the CADAVER staff. We welcome any contributions which any of you who read this paper wish to make.

Junior Editorial

For almost three years now, I, and the members of my class, have been subjected to frequent and lengthy diatribes dwelling on the shortcomings of, variously, (1) the United States; (2) the South; (3) Georgia; (4) MCG; and (5) the MCG medical student. In classroom and ward, by lecturer, attending, and house staff, the invective freely flows.

Were this bellicose badmouthing directed toward the learning process or the edification of the student as future physician we might be able to accept it with some degree of equanimity. Generally, however, it is nothing more than arrogant ego-mongering, and one tires easily.

We are quite at a loss to understand why these few persons remain at this low-grade institution. Obviously THEY would be happier, and WE would most certainly be overjoyed if they would just go back home across the big water or to Chapel Hill or wherever it is that God lives these days. —Jim Ettien

A Modest Proposal

Eugene Talmadge Memorial Hospital's main lobby has six functional elevators. Two of these, conceivably, could be changed to express elevators with one of them answering up calls exclusively from floors five through nine, the other going up through the fourth (or fifth) floor only. This leaves one elevator for Surgery, one elevator for locals (to take people from the seventh to the fourth floor, etc.), and two to the discretion of the dietary department.

A source familiar with elevator costs (high finance?) as well as with elevator maintenance estimates that one man could easily do the entire job involving rewiring and whatever else it takes to do it in less than a week. Friendly but obtuse administrative sources have given estimates ranging between \$10,000 and \$50,000.

Are you interested?

LETTERS TO THE EDITOR

Medical College of Georgia
Augusta, Georgia 30902
January 10, 1970

THE CADAVER

Medical College of Georgia 30902

To the Editors:

According to the Admissions Committee, Medical College of Georgia is quite interested in recruiting qualified women into medicine. Women will remain reluctant to go into Medicine and the drop-out rate for women in medical school will remain high as long as the current attitudes of some of the male faculty and male students remain.

A perfect example of this attitude was presented in the form of a lecture given by the renowned Doctor Robert Greenblatt delivered to the freshman class, or at least to the male members of the freshman class, on January 19.

Doctor Greenblatt began his lecture with a biblical quotation from Genesis on the creation of Man. The creation of Woman was, according to Doctor Greenblatt, "An afterthought." (Much laughter from the majority of the class). After several subsequent off-color jokes, he characterized woman as "An imperfect male." The object or butt of all his jokes was woman. And, the entire tone of his lecture was geared to a totally male audience.

Some of his jokes were perhaps slightly amusing and served to keep the attention of many members of

the class. However, his degrading and disrespectful remarks toward women completely alienated me.

I'm sure Doctor Greenblatt doesn't let this attitude show through in his highly successful practice since hundreds of old ladies idolize him and his hormone treatments. However, as long as his attitude and other like it prevail at Medical College, few women will attend this school, and the drop-out rate will remain high.

Sincerely,

/S/ KRIS BENNETT '73

(Your basic premise is certainly true; however if your observations are correct, then we males should turn off, for example, Phyllis Diller every time she belittles her husband because her comments are obviously aimed at the entire male population. Our advice is to follow other tough minded women and burn your bras, picket future Miss America contests, never marry, and create a Woman's Liberation Front Chapter here in Augusta to further threaten those who threaten you.

—Eds.)

Thank You For Your Concern

A Talmadge efficiency person has decided that the prepackaged alcohol sponges will save the hospital money. Wanting to use the new item immediately to do her thing to save our institution as much money as fast as possible, a 4-Snurse threw out at least a two week supply of the regular cotton swabs.

Cadaver Achievement Award Of The Month

To the group, agency, or individual who recommended that David B. McCorkle be president of Floyd County Junior College.

To The Students, Faculty And Employees Of MCG

Dear Friends,

We want to express our most sincere gratitude to all of you who have helped us in so many ways during the illness and subsequent passing of our son Timmy. We are grateful for all the friends we have made here and will always remember all of you with fondness.

With deep appreciation,
/S/ SUZANNE & STEVE
HARRISON



PROCTOSCOPE

Dear Scope,

I am a nursing student, and like all MCG students, I thought I could get free medicine from the Talmadge Pharmacy. So why won't they give me any Phisohex?

Dear J. B.,

According to the chief pharmacist, Mary W. Hilton, ETMH will always fill a doctor's order for a prescription drug. There is no charge for any student or his immediate family. To give this service the pharmacy receives part of the student health insurance dollar and accepts gifts from two drug firms. They also dole out free samples of non-prescription items as they are available. So you will probably be out of luck if looking for Phisohex, but a pleasant surprise awaits you if it's Evonid you are after.

After the recent New Year's celebrations, many people in the MCG family were reintroduced to the "hangover." Several have written to the "Proctoscope" asking if we could find out what insights or prescriptions a few of our faculty might have on this ill. We pass on three especially thoughtful replies. The "Proctoscope" solicits your ideas and will print the results of other research in this field.

"I have on occasion suffered from this malady but have thus far been unsuccessful in finding a good physiologic explanation for its occurrence and have been an equal failure in finding a very good universally effective therapy. The things I have found most effective are, first, Alka Seltzer, followed by a chocolate milk shake and then

liberal quantities of Coca Cola.

It is probably like any number of other diseases; they are better off prevented in the first place. The only prevention I know is to abstain from participation, and that is not very much fun."

—Dr. William H. Chew

In reply to your request for insight into the problem of hangovers, it seems to me that numerous therapeutic trials have clearly established that the problem is due to an acute, severe, acquired, deficiency of aspirin. This has obvious therapeutic implications.

As with most diseases there are environmental and family considerations which are important in therapy. The necessary conduct or other members of the family during the period of therapy makes me wonder whether this type of problem exists frequently in the White House since the President saw fit to ask his family, the entire nation, to speak softly.

—Dr. A. J. Bollet

"Hangovers are diseases of childhood. After sufficient exposure there occurs in most human beings a peculiar form of immunity, perhaps embodying the concept of tolerance. The approach of the physician to hangovers is the same as the basis of all disease. Keep well people from getting sick — prevention — help sick people get well — in this case immunization."

—Dr. J. Robert Teabeaut II

S.A.M.A. Film Series

The Student American Medical Association is currently sponsoring a weekly medical film series. These films are directed at major medical topics and feature outstanding individuals in several fields of medicine. The films are presented at 12:00 Noon each Wednesday in the Large Auditorium. Those films currently scheduled are:

- | | |
|----------|--|
| Feb. 4 | Iron deficiency anemia |
| | Coronary occlusion |
| Feb. 11 | Chronic bronchitis and emphysema |
| Feb. 18 | Pyelonephritis |
| Feb. 25 | Hypertension of adrenal origin |
| | Vertigo: A Differential Diagnosis |
| March 4 | Cushing's Disease |
| | Essentials of a Neurological Examination |
| March 11 | Addison's Disease |
| | Functional Anatomy of the Human Kidney |
| March 18 | Diabetes in Youth |

Any department, individual, or group which would like to arrange a showing of any of these films at some other time and place than on the date scheduled should contact Ron Digby, MCG, Box 238.

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Truth Is Stanger Than Fiction

The following are excerpts from welfare applications to the local dole office, given to us (along with a silver bullet) by a slightly effeminate masked man.

(1) I am forwarding my marriage certificate and 6 children. I have 7 but one died which was baptized on half a sheet of paper.

(2) I am writing to the Welfare Dept. to say that my baby was born two old. When do I get my money?

(3) Mrs. Jones has not had any clothes for a year and has been visited regularly by the clergy.

(4) I cannot get sick pay. I have 6 children, can you tell me why?

(5) I am glad to report that my husband who was reported missing is dead.

(6) This is my eighth child, what are you going to do about it?

(7) Please find for certain if my husband it dead, as the man I am now living with can't eat or do anything until he finds out.

(8) I am very much annoyed to find that you have branded my boy as illiterate, as this is a dirty lie. I was married a week before he was born.

(9) I am forwarding my marriage certificate and my three children, one of which is a mistake as you can see.

(10) In answer to your letter I have given birth to a boy weighing 10 pounds. I hope this is satisfactory.

(11) Unless I get my husband's money pretty soon, I will be forced to live an immortal life.

(12) My husband got laid off from his job two weeks ago, and I haven't had any relief since.

(13) In accordance with your instructions, I have given birth to twins in the enclosed envelope.

(14) You have changed my little boy to a girl. Will this make a difference?

(15) I have no children as yet as my husband is a bus driver and works day and night.

(16) I want money as quick as I can get it. I have been in bed with a doctor for two weeks, and he hasn't done me any good. If things don't improve, I will have to send for another doctor.

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THE OSTRICH SPEAKS

Somewhere on these pages there is a partial list of faculty salaries. The amount of money paid to these few men is substantial. Somewhere on these pages there is a comment on a greenhouse built where expansion will soon take place. Somewhere on these pages there is an article about correcting the sorry elevator system at ETMH. Somewhere on these pages in future issues there will be more on waste, inefficiency, and ridiculous expenditures. At a time when everyone who runs on budgets is considering priorities, the CADAVER will try to point out where this institution has gone awry.

When wards are closing and patient capabilities are being lowered because of a shortage in money for nursing personnel, the institution hires people like chief gardeners. The administration redecorates \$300,000 worth in a

building which is being planned to be phased out in the future. There are enough bureaucrats to fill an old residence hall. An entire floor of the hospital was converted into laboratories when there is a nine floor research building.

What is happening is that faculty and administrators are busy building empires. Status has come to be how many committees are running, or how many vice-presidents there are, or how many secretaries a department has. It is too bad that success here is not measured in how many patients are seen and healed per year.

A disservice is being done to the students of this school and to the citizens of this state. Hopefully, a new dean can get tough and unravel the obvious mess. More hopefully, the students here will follow their colleagues in other parts of the country and help him in this task.

—J.E.L.

Why Aren't These Men Always Smiling?

For those of you who missed it, these figures are quoted in the Augusta CHRONICLE, January 4, 1970, and are the yearly salaries for some of our faculty. The article describes individuals in state government who make at least \$35,000 a year.

Dr. W. H. Moritz	\$41,550
Dr. H. B. O'Rear	41,000
(Plus some expenses)	
Dr. C. C. Fordham	37,500
Dr. P. P. Volpitto	37,200
Dr. A. J. Bollet	38,200
Dr. L. D. Stoddard	36,950
Dr. Mark Brown	39,200
Dr. W. H. Pool	35,700
Dr. Tam el Gammel	35,700
Dr. M. B. Allen	36,200
Dr. F. E. Oliven	37,014
Dr. R. G. Ellison	38,870
Dr. J. R. Rinker	38,870

Volunteer Now

Have you ever seen the black children playing around the school and dorms and wondered how they could be organized to utilize their time more fruitfully? Have you become introspective lately and wondered how you could improve the world and abrogate poverty, or at least make someone happier and better off because of your help? Have you found yourself often just wondering, thinking, and perhaps talking about these problems and then wondering and thinking some more without ever doing a damn thing about it?

Many programs involving the black youth around the school have been implemented by the C & Y Clinic since Ned Parker, a social worker, has joined the scene. During the fall, a football program was successfully administered by freshman medical students, but this was hopefully just the beginning. Ned has many ideas and plenty of enthusiastic blacks who want to be taught and helped, but there is a dearth of volunteers to direct these programs. Any students or faculty who have answered "yes" to the questions above, or for some reason haven't, need only send their name and address or go by the C & Y Clinic and sundry programs will be available to them. Every sport from swimming to golf has the possibility of being offered, along with tutorial programs and camping trips. In fact, Ned will work a program around someone's skills or expertise, for there is a lot of flexibility and one can get whatever he wants. Let's really establish a volunteer program at MCG that is exemplary of what a professional college is capable. Remember, contact Ned Parker at C & Y Clinic.

—Chico Goldberg

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Aaron Brown Lecture

Phi Delta Epsilon Fraternity will have Louis Welt, M.D., Chairman of the Department of Medicine at the University of North Carolina as its Aaron Brown Lecturer. The lecture will be February 10, 1970, in the large auditorium at 12:00 Noon.

Dr. Welt's topic is "Erythrocyte Transport Defects in Disease."

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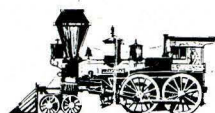
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Ferment In American Health Care

It would appear that we are reaching a turning point in the American System of health and medical care. What are the reasons for this and how will it affect the lives of the physicians, dentists, and nurses of tomorrow?

Kerr White suggests that America does not have the best medical care in the world and that change is essential and inevitable. Dr. Julius T. Johnson, President of the Richmond County Medical Society, is reported to have said in a recent newspaper article that "our health care delivery is the best in the world." There appears to be considerable ferment in the national news media. Locally, this ferment expresses itself in concern by the working poor, welfare beneficiaries, and others about the services received at their hospitals and emergency room and the cost of these services.

This can be described as a crisis in three parts . . . the delivery of health care, the organization of health care, and the financing of health care. In another sense, the public is going to insist that greater priorities be given on productivity, accessibility, and lower unit costs. Problems relating to barriers to health care, quality, manpower shortages, costs, teaching patients, abuse of human rights, extremes in salaries, the unrest in society, and advancing age of physicians in rural areas can be generalized as an imbalance in supply and demand.

Health care remains an emotional issue to both the providers and consumers of care. In hindsight, one finds that health care delivery was a hidden agenda in riot areas such as Watts, Newark, and Memphis. From a historical viewpoint, it is interesting to note that the AMA championed comprehensive health insurance until 1920 when their position was reversed. During this period, the AFL opposed a medical social insurance program. Theodore Roosevelt and the Progressive Party included a national health insurance proposal as a part of their platform plank.

The American Health Care System is one of our largest industries and represents more than 6% of our gross national product. This means that we have about \$300 per person per year for health care. The issue becomes how and who should distribute these funds

and how can the system be improved, reformed, and modified to meet the needs and dreams of society.

In reality, the American Health Care Mosaic includes six basic facility systems. These are (1) the private voluntary sector representing two-thirds of the cost of health and the other five (5) can be included under the public sector. These are the local tax supported City-County Hospitals, State Facilities, Federal Veterans Administration and Uniformed Service Hospitals, and combinations of local, state and federal funds as represented by the local Public Health Department. These parallel systems in fiscal year 1969 showed a 17% increase in hospital expenditures and a 9% increase in physician expenditures.

In other dimensions, we find age related social reimbursement schemes represented by Crippled Children's Program, Vocational Rehabilitation, and Medicare. Categorical disease programs following the precedent of the pre World War Germany are also in evidence. For example, we find fund raising programs for cystic fibrosis, muscular dystrophy, multiple sclerosis, and cerebral palsy. This pressure for disease categories is related to the needs of the indigent and the medically and financially indigent. The Medicaid System of reimbursement is the result of this philosophy which utilizes general tax funds based on a means test. In our community, there are more than 60 health related organizations and agencies. As a result of this mosaic, there are many gaps and overlaps which are confusing not only to the consumers of health care but also the providers.

Here at the Medical College we hear concerns and questions about the high cost of health care, health insurance, and inequities. There is interest in developing a pricing system that is more acceptable to hospital customers and third parties. This should be encouraged and hopefully we will reform the traditional system of overcharging for Laboratory, Radiology, EKG's to support the operating room, obstetrics, and pediatrics. It may be necessary to designate services which we can mass produce to lower unit costs and pass these savings on to the ultimate

consumer, the patient, his family, and his community.

Thurmond Arnold in his book "Fair Fights and Foul" exposes many myths and superstitions that relate to the health care crisis and the failure of the private sector to deliver health care. At the same time, he exposes the bureaucracy of large organizations and the evils of absentee ownership which can plague some health groups public and private. He suggests two types of assets . . . self liquidating in monetary terms and national assets in terms of manpower and health facilities. He dares to suggest that training health personnel at public expense is not economically sinful, is not a taxpayers burden, and is not inflationary. He further suggests that the wealth of a nation is not its supply of money and credit but should be measured in its capacity to produce and market goods and services.

What does all this mean? What is the connection between reports about chaos in medicine, denials, confusion and absentee ownership? It should be safe to say that our system of values is changing and our system of health care needs reform. We are caught in the inevitable cultural lag during a period of violent change and discontinuity which can be correlated with technology, affluence, the young, the poor, and the aged. We need a blueprint and a new list of priorities. My crystal ball reveals nine changes which I feel are significant. These are:

1. Mandatory minimum standards for health insurance benefits involving both the public and private sectors.

2. Continuation of the tax credit for health care.

3. Protection of the fee for service system including both piece rate and capitation mechanisms. The Medicaid Program which is being criticized because it does not reform the system does have the advantage of protecting the private sector and the voluntary health system.

4. Incentives for regional planning, sharing, mergers, and penalties for unnecessary duplication. Both public utility and franchise concepts will probably be utilized to control abuses. In this context, we will see centralization and fewer choices for services such as Intensive Care, Premature

Nurseries, Rehabilitation Services, Cancer Treatment, Expensive Diagnostic Services, Burn Care, and other high cost programs.

5. Use of local tax funds for access and delivery of health care with recognition of the costs of public health, ambulance, emergency, and other standby costs. Some of these cannot be justified on the basis of health care but can be accepted as a cost of "sense of community."

6. Amalgamation of the six parallel facility systems into several to encourage both healthy competition between the providers of health care and a choice for the consumer.

7. Recognition of the providers of primary health care. This suggests that the health care team will include optometrists, pharmacists, podiatrists, nurses, and chiropractors.

8. Leadership by organized medicine and acceptance of responsibility to lead by example. It is important that the medical leaders insist that local government and health insurance meet their community responsibility. For example, who is providing leadership in Georgia for home health care, a proven program?

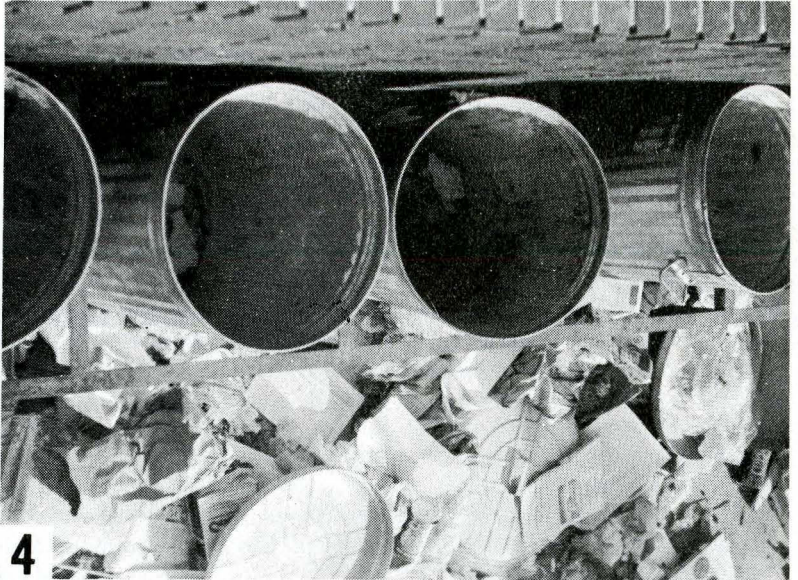
9. Public support of necessary health facilities which are not self-liquidating and not provided by the private sector.

How will this affect the doctors of tomorrow? The era of the solo practitioner with emphasis on episodic care will evolve into a system of group practice with recognition of community medicine with its preventive and rehabilitation aspects. We will not develop the British System but instead will see an arrangement that encourages local controls, national standards, and maximum protection of the private sector, and acceptable quality and quantity of services.

In conclusion, we are witnessing a turning point in reforming the organization, financing, and delivery of health care. The public insists that America have the opportunity to obtain health care. I am optimistic that this can be accomplished by better utilizing available funds within the framework of a free society.

—Walter W. Diggs
Administrator

What Is The Meaning Of These Pictures?



(a) The CADAVER has run out of contributions and this whole mess is a filler.

(b) Full and empty trash cans are symbolic of a wild sexual event; thus, the above pictures are high class porn.

(c) People who live in married housing are pigs.

(d) If "c" is false, then "a" may be true, but only if "b" is a half-truth.

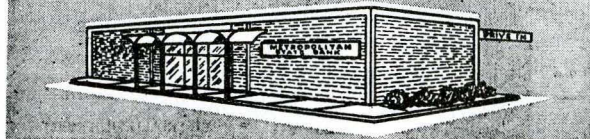
(e) None of the above.

(See ANSWERS on Page 8)

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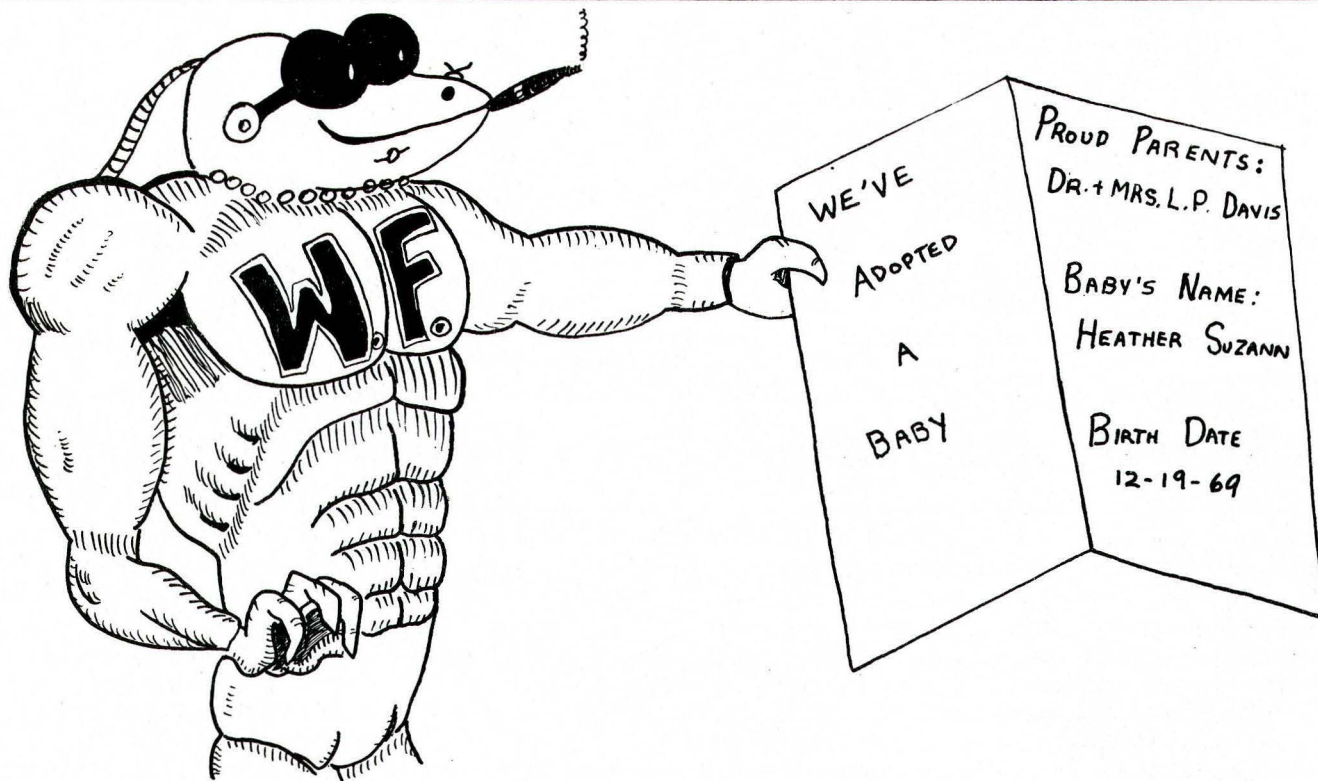
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PRESCRIPTIONS

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AT THE UNIVERSITY



From The Left

Niggers And Honkies

There is something rotten going on in this country. Though it is happening everywhere, it is, expectedly, more colorful, more bizarre, more florid here in the South. It is a copout.

Talking with my favorite nurse about this the other day I was reminded of the facileness, the slipperiness, the deftness used by the Southern white and black man in refusing to get with it, to make it, to do it; to have their long overdue family reunion. This evasion is only an academic thing in the North where whites and blacks are not part of the same family, but it is a tragedy in the South where they are; here the observer watches the copout, if he watches at all, with the moans and groans, the anguish, the heebie-jeebies of any person watching an outrageous play in the theatre of the absurd, or black humor, of which he is a part. Good Christ!

What is the copout? Avoiding a confrontation, avoiding a meeting. Sixty years ago the offensive team wore white, the defensive men, black. Today the ballgame is rained out as people persist in avoiding confronting each other by being courteous, proper, appropriate—certainly the worst sins that could be committed in the 70's. Visit the nursing station of any of the

hospitals around here and take a whiff of the starchy, stifling, phony, last-name-only courtesy used by everybody, black and white, in avoiding everybody else. Visit the schools—now that they are integrated, or rather, desegregated, officials segregate by sex to keep Susie from bringing Guess Whom home to dinner, or, more crudely, from all white pseudo-academies such as Augusta Prep. Now that the South has a chance to get pregnant, to make it, everybody is becoming frigid and deploying their contraceptives. Twenty or sixty years ago may (possibly) have been the time for politeness, but there was no politeness; the name of the Game was Sadomasochism, and everybody played their own individual role (with a few exceptions, e.g. W.E.B. Dubois) with admirable skill and interpretation. Now the time for politeness is past, and so what appears? That's right.

See how tricky it is?

This is the copout—continuing to play the old game; few of us are blameless.

The semantic aspect of this copout is something. For years sadistic whites terrorized, cudged, and manipulated masochistic blacks with the use of the word "nigger", reinforced by more concrete,

violent acts. Recently blacks have learned that this trick works for whites as well; thus we now hear words of phrases like "honkie" and "racist". Both groups continue to play the game, however, in being beguiled, fooled, angered, frightened, goosed, disturbed, and worst of all, manipulated by the use of simple symbols, words. As long as we are uptight about symbol, genuineness and honesty in our relationships are a long way away. Can you have a good, alive relationship with your husband or wife, boyfriend or girlfriend in which certain words, phrases or statements are taboo and which, if used could alter or reinforce the power dynamics between you? No.

The time for symbol, for courtesy, for propriety, for social masturbation is past, friends. The time for action, for confrontation, for genuineness and authenticity is here. Take a black man or woman to dinner, to bed, to somewhere but don't be afraid to call him or her a nigger? call a white man or white woman a honkie or white bastard or something—but don't forget to love him, or her. Hit somebody, love someone, use outrageous names, say something brutal; do something for Christ's sake. But don't cop out.

David Kirkpatrick

Where Are They Now?

Dr. John Bowen, formerly Medical Director of the Bowen Clinic (Project 615, or C and Y Clinic) is now Director of Outpatient Services.

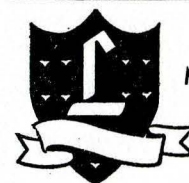
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An Anonymous Contribution - Part II

"How long, Cataline, will you play upon our patience? How long will you continue your effort to deceive us? To what lengths will your unmitigated insolence carry you? Does not the night-long guard set on the Palatine and all through the city disturb you? Or the alarm of the populace and the assembling of all honorable men of rank, the forced meeting of the Senate in their fortified place, and the looks upon our faces? Do you not see that your plots are detected and your conspiracy foiled already by one universal knowledge of it? Who, think you, is not aware of what you did last night, and the night before, where you were, with whom you talked, and what plans you made."

A year ago, in an anonymous article which appeared in this publication, the author predicted that unless some necessary changes were made, ETMH would continue to function as an overstaffed office building and a third rate hotel. Not wishing to appear prophetic, it can be said that since last year conditions have continued to deteriorate. As we predicted, patients for the most continue to come to Talmadge Hospital not for excellent medical care but because there is no other place to go. The few private patients who do choose to come here pay exorbitant fees for a dirty room and poor quality nursing care. It can rightly be said that ward patients and private patients do receive the same treatment which is equally inefficient, equally impersonal, and

equally inferior in quality.

It is difficult to direct any specific criticism to the majority of the faculty and housestaff physicians regarding the medical care of patients. Many of these people are knowledgeable and well-trained and do want to provide superior medical care to the patients admitted to their institution. What is so goddamned appalling is the unwillingness of these physicians to demand quality care from the nursing service and ancillary services of this hospital. Grown men who are responsible for patients' well-being should not tolerate the asinine manner in which the nursing service operates.

An undeclared war has been waged for years in this hospital, nurses versus patients. By being quiet spoken and mild-mannered and tolerant of the masquerade which the nursing service operates, physicians unknowingly side against helpless patients. Joining in the vendata against patients are the many so-called auxiliary services which abound in this hospital.

A low ebb was reached this past Christmas-New Years season. The hospital census fell to 150 beds. Nursing service stated that a reduced census would result in a consolidation of personnel and better care for patients over the holidays. For the first time since 1960, obstetrical and gynecological patients were housed on the same floor. Four South was closed. The intensive care nursing unit, which never operates on a weekend, was closed. Operating days were cut to

almost nil. Despite all the words which were received from the director of nursing services, patient care was appallingly poor. The Chief Resident of one Surgical Service kept a personal record of the number of orders which were not carried out and the number of instances where patients were out-and-out neglected by the consolidated nursing service. His observations, which were documented and presented at a recent conference, reveal that many of our nurses feel they have the privilege of deciding whether or not to execute a physician's order. Most of the so-called nursing assistants are worthless and oftentimes refuse to perform patient care services.

The time has come for housestaff and physicians to demand that this hospital begin to take care of patients and stop playing games. If we are to have an intensive care nursing unit it must be available 24 hours a day, 7 days a week. If we are to have nurses, they must begin to nurse patients and stop playing with charts. Above all, they must receive direction and support from their nursing directors who must see that nursing assistants stop running their mouths, "taking breaks," and goofing off, and begin to follow nurse's orders promptly, efficiently, and politely. If the laboratory is going to be a supporting service it must operate more than four days a week. Fewer excuses, fewer permissions from the pathologist on call for routine night tests, and a willingness to be of service must come from the

laboratory. The Radiology file room and its pitiful handling of X-rays must no longer be tolerated. The system has been changed three times in six months and is still screwed up. Most of the file room clerks act as if they perform a service if they locate an X-ray.

The favorite excuse used by many of the Talmadge bureaucrats is that there is not enough money to make this place operate efficiently. Nursing service states that because they lack the salary to pay one RN, the INCU must close on the weekend. This hospital already has the personnel. Most are isolated from work by virtue of the titles they hold, i.e., "Nursing Coordinator," "Supervisor," and whatever the latest bureaucratic animal is, the one who walks around 4-S coordinating secretaries.

Despite this plea, the author feels that conditions at ETMH will progressively worsen. All the money allotted by the Regents and all the bitching by the housestaff will be ineffectual until faculty begin to give a good goddamn and demand quality.

Answer

(Continued from Page 6)

Choice "d" was to prepare you for National Boards and "e" is the right answer. Sorry, also, to all the toads who are looking for vicarious pleasure: "b" is not correct. The pictures spotlight Talmadge inefficiently in two areas. Number one is planning. Typically, not enough trash cans were set up for the amount of apartments. [A new greenhouse next to a wall which will be pushed out to expand X-ray shows the Talmadge delight in constructing, then destructing — more poor planning.] Number two is that maintenance people are not being sent to clean up the mess that garbage collectors leave behind. They are too busy sprucing up the local putzing green and beautifying the acreage next to Dr. O'Rear's parking place. Where is Clay Adamson?

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