

ncil in place

forced them to use word processing equipment in their production, instead of the cheaper phototypesetting process that meant better quality in the paper's appearance. ECSU had recently ordered the staff to use word processing by the end of April. The Medium II staff complained that word processing

negotiated a deal with the Glendon College student newspaper, Pro Tem, to have typesetting done at \$10 per hour.

Van Wart said that because of Glendon's reasonable price, the word processor could be used for resumes, essays and other student services, not for the Medium II.

Ed Maringano, an Erindale student council representative, praised the rescinding of the word processing motion. "A good student council realizes its mistakes," he said.

Medium II news editor Barry McCartan was pleased with the decision. "The actions ECSU took tonight were the most encouraging things they have done all year," he said.

A motion to establish an alternative newspaper at Erindale, financed by ECSU, was defeated. The paper, which was to be called The Logical Alternative, was proposed by Brian Anderson, a former Medium II staffer. Anderson said he was disappointed with the Medium II's coverage of tuition fee increases, and its "over-emphasis of ECSU politics". He said his proposal would require funding of \$300 per issue by ECSU.



produces news copy which looks typewritten, and less professional in appearance than typeset copy.

ECSU had bought a \$5,000 share in the college administration's word processor, and is paying \$15 per hour for operating labour.

In January, the Medium II

Western care luxurious

Eastern medicine highlighted

by Mary Ruth Olson

"Except in a few cases, Japanese hospitals are dirty", says Ryuji Kitahara, UBC (University of British Columbia) visiting professor from Shinshu university in Nagoya, Japan.

Kitahara gave a lecture on the differences between Canadian and Japanese health services at the U of A.

He added that even though the hospitals are dirty, there is a low rate of infection.

A major difference in medical care between the two countries is the absence of attendants to service hospitalized patients in Japan. Family members prefer to stay at the hospital to make meals and care for the patient.

"It is very expensive to employ someone to care for the patient", says Kitahara. "There is highly developed medical research but medical care is on a low level in Japan", he says.

In Japan, doctors have the most power and authority in the medical field, with many acting as hospital administrators. Four per cent of the doctors do not use hospitals but operate a private clinic as a small hospital with

approximately twenty beds to accommodate patients.

"The clinics are kept small to avoid the problem of hiring another doctor - There would be too much competition", says Kitahara.

"Medicine is a centre for male chauvinism (in Japan)."

Japan has over 135,000 doctors but only ten per cent are women.

"Medicine is a centre for male chauvinism (in Japan)", said Kitahara. "Most female doctors work in accounting, reception

areas or pharmacies," he says.

According to Kitahara's charts, only 9.6 per cent of women doctors are currently practising medicine as compared to 95 per cent of the male doctors.

Kitahara said that health care benefits are available in Japan. A government employee on a \$30,000 salary pays approximately \$1,000 coverage for himself, his wife and one dependant.

There are community health centres but they are only for examinations. Patients must go to clinics or hospitals for treatment.

"Most of the community centre doctors are 70 to 75 years old", says Kitahara.

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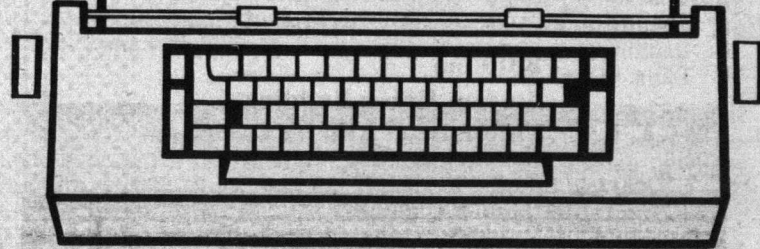
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