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"The dirtiest trick that the Arabs could play on the Jews would be to make peace with them." This is one remark quoted in a remarkable book which Doubleday published, with grim timeliness, at the end of the "little war."

The significance of the remark is that anti-Semitism, ironically, has helped to sustain Jewishness in Israel. The significance of the book—*The End of the Jewish People?*—is shown by the acclaim that has greeted it.

"One of the rare books," Robert Alter wrote in *Commentary*, "that become 'events' . . . because they are truly events in the realm of ideas." When the book was first published in France, its popular success was all the more impressive because it is sociology. But its author, Georges Friedmann, is not only a truly eminent sociologist; he is also a man, a Jew, and a fine writer. I have defended the writing of certain sociologists before but Dr. Friedmann makes my case all the stronger. Daniel Bell says—"The combination of disciplined sociological investigation and personal reflection gives it a rare quality. . . . This is the best book on Israel I have read."

The End of the Jewish People? stirs that troubling question—is Jewishness on the way out in the Jewish state? Their 'minority' problem is a majority—60% of the Israelis come from North Africa, Asia, and the Middle East, rather than Europe.

The kibbutzim, founded on collective effort, now hire paid labor. Religion is on the decline among the young—except among American Jews, some of whom want Israel to be more Jewish than they are, to make its religion a museum piece.

For an understanding of the nation that turned from under—to top-dog in the Middle East within a week, read the book that our own folk sociologist, Harry Golden, says "is an education, a major contribution to our understanding of Israel, Jews, and literature."

L.L. Day
EDITOR-AT-LARGE

The End of the Jewish People? (\$5.95), by Georges Friedmann, is published by Doubleday & Company, Inc., 277 Park Avenue, New York 10017. Copies may be obtained from your own bookseller or at any of the 32 Doubleday Book Shops, one of which is located at 14 Wall Street, New York, 10005.

Saturday Review

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July 29, 1967

SR: Ideas

- 12 What I Have Learned: Tools for a New World, by Danilo Dolci
- 17 Murder of a Nit-Picker, by Leo Rosten
- 18 Postscript to Glassboro: An Editorial
- 20 Classics Revisited: The *Greek Anthology*, by Kenneth Rexroth

SR: Recordings

- 41 Britten at Aldeburgh, by Irving Kolodin

SR: Books

- 21 Literary Horizons, by Granville Hicks
- 21 Index of books reviewed

SR: Departments

- 3 Top of My Head: Goodman Ace
- 4 Phoenix Nest: Martin Levin
- 6 State of Affairs: Henry Brandon
- 10 Trade Winds: Herbert R. Mayes
- 11 Wit Twister No. 18
- 19 Letters to the Editor
- 22 Literary Crypt
- 27 Literary I.Q.
- 34 The Theater: Henry Hewes
- 35 Booked for Travel: Neville Braybrooke
- 37 TV-Radio: Robert Lewis Shayon
- 38 SR Goes to the Movies: Arthur Knight
- 39 World of Dance: Walter Terry
- 59 Kingsley Double-Croctic No. 1738

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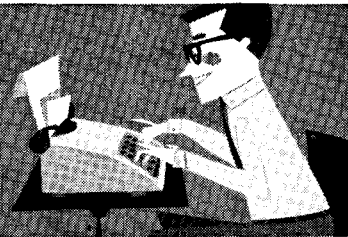
—*Playboy*

\$10

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SR/July 29, 1967

Top of My Head



Like Pulling Teeth

ANSBACHER & MIHALIK, INC., are printing designers. They print annual reports, speeches by corporation presidents, board members, and the like.

They were in their office in downtown New York one day when they noticed that the cover on their adding machine was wearing out and the machine was gathering dust. So they sent away for a new cover to the people who sold them the machine.

The cover arrived and it was followed by a letter, of which they sent me a verifax copy:

Ansbacher & Mihalik, Inc.
170 Varick Street
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Gentlemen:

Since we cannot bill for less than \$8.50, we are unable to send you a formal invoice.

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L. J. Ansbacher writes: "You may care to print this example of the limitations of automation."

I do indeed. Indeed I do, Mr. Ansbacher. And indeed you should count yourself fortunate. Because this reminds me of a bill I have just received from an extractionist who pulled four of my teeth. (Everything seems to remind me lately of my four uprooted teeth.)

This dentist does not have a computer. He has a wild abacus. But it doesn't have the marble counters that are pushed across a wire to compute a bill. It has the extracted teeth of his patients. Mine joined that debilitated group recently; he rattled our teeth merrily across his Neanderthal computer which clicked off a bill for \$400. I would mention his name but I understand it is not ethical for a DDS to advertise or to be advertised.

It is obviously ethical for a DDS to send this exorbitant bill to a PhD. Patient Hit by Dentistry.

His bill was not sprayed with digits and geometric doodlings — B100AE 0 900 + 644 = 4988. None of that—which I always think of as a computer's scratch-

pad homework, as it struggles laboriously to come to a bill of some reasonably accurate sum.

The bill simply read: "\$400." To dignify the amount, the dentist's abacus had printed out: "Oral Surgery . . \$400." That was it, in all its aural grandeur; compact, neat, tidy, antiseptic—a clean bill of health.

The story is this, Mr. Ansbacher—got a minute? Fine. You may smoke if you like. The story is this: You may have felt let down by what you call "the limitations" of an automation which has created monster computers that cannot send bills for less than \$8.50. On the other hand you are thrice blessed that the Olivetti Underwood people don't use abaci.

Yes, abaci! As in "Abaci omnis divisa est in partes tres." Or "Abacuses can charge you three times what a job is worth." The computer at Olivetti Un-

derwood could easily have dashed off a bill for \$8.50 without a twinge of conscience. But did it? No, sir! And Ansbacher & Mihalik are richer by \$5.60, thanks to automation.

Perhaps it is expecting too much of a dentist's office to house a computer. Especially after a patient has sat in the anteroom (my home away from home) waiting to get the chair, and idly leafed through the magazines spread before him. And he reads that the *Spirit of St. Louis* made it to Paris, that the Maginot line was cracked, that Babe Ruth had hit home run No. 714, and that Marion Davies never looked lovelier in a movie which opened last week at Grauman's Chinese.

You, Mr. Ansbacher, are finished with your problem. But what happens when I try to justify that bill to Medicare?

"A bill for \$400 to pull four teeth? How long were you hospitalized?"

"Not at all. It was done at his office and he sent me home."

"Any postoperative treatment offered?"

"No. Oh, yes. When I stepped out of the chair he did offer a cup of coffee."

"Oh, well that explains it. Did you accept?"

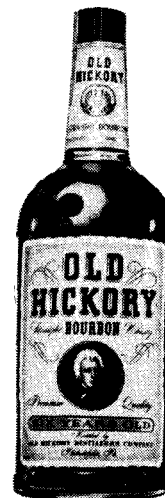
"No."

"Amount denied! And turn in your Medicare card. Next case."

—GOODMAN ACE.

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Sip, sip, hooray!



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THE PHOENIX NEST

Edited by Martin Levin

Current Medicine

Computer, Spare That Physician

I LEARNED a distressing thing at my doctor's office recently. It wasn't from my doctor, who was at an embassy ball and didn't keep our appointment, but from one of the back-date magazines on his marble-top waiting room table. In an article, digested from someplace else, I learned of another new breakthrough in medicine. The piece told how computers and related hardware are quietly taking over the tasks of doctors, particularly in the areas of examination and analysis. The author implied that in a few years most real doctors will be put out to pasture and the machines will be in charge. What this means for physicians I'll let the AMA worry about. It's the future of us patients that's bothering me.

If you're like I am (and I have statistics proving 74 per cent of you are) then you know that any cure depends not only on medicine and treatment but on all those little quirks and bits of business your doctor accompanies his therapy with—throat clearings, conversational drifts, eye gleams, etc. Unless IBM and Rand build this sort of thing into their medical automatons, I see nothing ahead but doom and relapses.

The most obvious unmedical thing about a computer is that it's always there, especially those big ones. You call up an automated electrocardiograph machine and it's bound to be in. There is no answering service to tell you, "I'll try and locate it." Unless remedied, this will take the hide-and-seek fun out of the medical profession and eventually rob hospitals of one of their most endearing characteristics—those loudspeakers always trying to find the doctor. "Calling Dr. Huttenback, Dr. Gurr wanted in surgery, Dr. Cotlow report to the recovery room." The technical end of building this into computers I'm not sure of. Somehow, though, the medical machines are going to have to be programed to move around and disappear at times. Maybe if they were just put on wheels.

And you can bet at present no direct data connector on a medical computer is fixed to take phone calls while it's examining you. Think of all the free medical information you get by listening to your doctor taking calls from other patients. "That nose sounds bad, Mrs. Wagenknecht. Cut out all citrus and try to get a week in at Palm Springs. That's what I'm doing as soon as I finish up here." Without paying a cent you know what to do if your nose ever sounds bad.

Another thing you can't help noticing

about machines is that they have no small talk. They process your data and that's it. No machine currently on the market suffers from doctor's drift, which is where your physician starts talking about your illness and slowly wanders into a discussion of bullfighting, Truman Capote, mysticism in science fiction, ballet, and hereditary madness. It shouldn't be too difficult to build some reassuring meaningless conversation into machines, using something like, say, electrominaturizing.

Computers will have to be folksy if they're going to replace doctors—so that they'll be able to take over the task of saying things like, "Look, I could give you some fancy antibiotic for this. Instead I think you should go home and chew on some hickory bark." And there has to be a way to wake a computer up in the middle of the night with a phone call, and a way of programing it to say, "Take two aspirins and call me in the morning."

It's hard to look up to and envy the current crop of computers. With a live doctor you drive into the parking lot behind his medical building and you feel better just parking your 1964 Volkswagen next to his rebuilt Cord. Here probably something as simple as adding a little chrome and a bucket seat to existing computers should do it.

By acting rapidly and using some of my suggestions, the computer industry can make the changeover from human physicians to mechanized practitioners smoothly and without trauma. But I don't know whom they'll get to do the watusi at next year's embassy ball.

—RON GOULART.

Poorest of the Poor

IT HASN'T gotten to the point that my children throw their clothes away when they get dirty, but nobody can deny that the kids are better off than I was when I was their age. They all have bicycles, tennis rackets, and allowances, and more often than not can be seen inserting something sweet and fattening into their mouths. At other times, the same mouths might be hanging idly open in front of the color television or reminding me how poor we are because we don't have a built-in swimming pool. For them, being poor in our peculiarly affluent fashion is nothing less than a disgrace.

It's times like that when my mind hobbles back to the late depression days

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