

THE

PULSE

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University of Oregon Medical School — Portland, Oregon

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COMMUNICATE: SYLLOGISM OF UNDERSTANDING

A species must adapt to its environment if it is to survive. And the more adequate this adaptation, the more successful the species. A human individual must adapt to his community, and he is happiest who adapts best and at the same time maintains a vigorous and productive individuality.

But if one is to accomplish this, he must have feedback in response to his actions from other members of his community, and he must also provide feedback to them. He must know where he stands to be able more effectively to react. He must have information in order to come to a decision about an idea, an action, an attitude, or a concept, whether to abandon, to compromise, or vigorously to defend and maintain.

A true university is a community of scholars. The primary basis for scholarly function is thought. But thought without

action is sterile and in a university community action is brought about by communication. Therefore, a community of scholars cannot achieve its complete function without communication. This syllogism is the basis of the literatures of science and of the humanities. (It is also carried to an unfortunate extreme, as are so many valuable ideas, in the stressful and often degrading "publish or perish" philosophy of modern universities.)

Communication between two different age groups is almost invariably poor. Lack of communication at this institution, although better than at any other medical school of which I have direct knowledge, is such that often neither faculty member nor student understands the reason why the one does what he does and reacts as he does to the action of the other.

Many students come to accept with resentful resignation situations established by faculty or administration, and neither faculty members or administration understand this resentment. Few students understand why things are done as they are, often apparently in the face of obvious disadvantages in the established procedure. True communication is largely limited to exchanges between certain individual students and faculty members who are specifically interested in this aspect of medical school function.

There are numerous instances of close and long-lasting friendships between faculty members and students which have followed the development of mutual understanding and respect. Perhaps at least one goal of this paper should be the attainment of some improvement in understanding. Given this, then mutual respect and appreciation will follow.

When motives are understood and goals are clear, and are seen really to be the same for both groups, cooperation and mutual adjustment can take place. It is hoped that contributions to this "newsletter" will assist in this process.

But information must be transmitted in a form which will be accepted and enter the cortical activities of the people for whom it is intended. This applies to lectures, to political speeches, to lovemaking, to letters to editors, to marriage and counselling, to scientific papers to list but a few. Although a subhuman, thalamic reaction may be exceedingly valuable in one item of this list, it is inappropriate for the others. Thoughtless and ill-considered reactions are impotent. Listeners and readers may hear or read, but will reject the unconsidered, ill-tempered blast.

We hope that thoughtful criticism and complaint as well as clear explanation and justification will find their way to this paper and cause it to play an important part in the thought and action of our community.

This article is not meant to paint a black picture of complete lack of communication. This is not the way things are. I have taught at several medical schools, two of them in the so-called "great" category, and I assure you that communication was poor in all and near to non-existent in one of the "greats".

Our situation is relatively good, but it can be made better. Let's work to this end.

R. L. Bacon, Ph. D.

EDITORIAL BOARD ESTABLISHES POLICY

"Where there is much desire to learn, there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in the making" — John Milton in "Areopagitica"

A Newspaper Is Born

With this issue, it is the editorial board's purpose to establish a solid platform of responsible journalism which can be used as a forum for the exchange of ideas. The writing will be done by interested students and faculty, opinions will be welcome from all, and the discussion (in the spirit of debate) will continue. New opinions are always suspected and often opposed for no reason but because they are not already common. In order to present divergent viewpoints, one needs a strong hide and a quick mind or freedom of expression. But this is not enough in itself. New ideas must be presented in such a manner as to promote productive discussion and eventual action, not to unjustly condemn those who hold personal convictions so that discussions is stopped.

A satisfactory vehicle to carry on such an open discussion at this school does not exist. The need for a forum has long been recognized by all, but this became acutely apparent at the recent meeting of the Advisory committee to SAMA. This body is composed of faculty, a representative of the Dean, local physicians representing the Oregon Medical Association, MCMS, and student representatives. The major topic of conversation revolved around the obvious and unfortunate lack of communication in this medical community . . . between students, faculty, administration and local doctors.

Is this an academic atmosphere? Is the current situation conducive to the development of mature, competent physicians with an independence of mind? Do students have little to offer? We think not! A white coat, a pile of books, lectures and labs are not enough to make mature responsible medical personnel.

It is the purpose of this publication to raise questions like these and invite anyone to comment and propose solutions. An editorial board will exist to insure factual, timely articles, and make observations on them from time to time. We encourage "letters-to-the-editor".

Students who will head various departments will come from all areas of medicine . . . medical students, nurses, and paramedical personnel. This is an ambitious undertaking, but we are confident that it will produce some of the desired results.

The idea of a student newspaper at this institution is now new, for a majority of good medical schools have had one for many years. This will be an all-school newspaper, with continuity and financial support coming from SAMA, UOMS, OMA, OAGP, MCMS, and other local institutions, all of whom feel that WE and THEY will profit by this communication and understanding.

Why should a student devote time to a newspaper when there is more than enough to do in his studies alone? . . . Because we think it is that important.

J. T.

As stated in the policy of this paper, all areas of our educational and professional environment will be open to question, comment and criticism. Since this is a student publication, inherent in the endeavor will be a bias which will place a heavy burden of responsibility on the school administration and faculty.

It is my contention that we as students and future educators should analyze all phases of our education, be aware of the wisdom of experience and finally recognize that the success of a learning experience will ultimately fall to the student.

Should this paper turn into a forum for verbal masturbation, with only a few students airing a multitude of complaints, its usefulness will be defeated. Also, those points of new philosophy and contemporary ideas, for which the thinking student, professor and administrator are striving, will be mired in a turbulence of antagonism that causes complete repression of fruitful discussion.

I feel that we must accept some responsibility for the conditions which exist in our school; it has become apparent to me, sitting as a member of the student-faculty committee, that the student body has not endeavored to solve these problems through a definite plan of action, but continues to approach the situation through "cafeteria complaining".

It would probably be a worthwhile experience for all students to read the minutes of the last student-faculty committee meeting. The problems brought forward ranged from "parking on Saturday", to "overt displays of affection". Obviously we are wasting the time of this committee, the "official organ of communication between faculty and student body", because we have not realized that it is of fundamental importance, that we define our primary philosophy and use all reasonable means of implanting it.

This can only be accomplished if done in a mature, dignified and sincere manner. I think that we have a responsibility to the layman, to our school and to ourselves in seeing that this university produces a well educated individual who will offer to the public the best in medical care, whether it be in research or as a practicing physician.

This will require, on our part, a group of aroused, yet clear-thinking adults who take time to completely understand the complexities of politics and education, and are willing to accept progress no matter how slow.

As scholars we must never forget that evolution is a dynamic process with most of the action out of sight and its method of attack not easily comprehended.

- Jim Levy

General Practice Leads Survey

ON SPECIALITIES . . .

On the basis of statistical patterns compiled from surveys and questionnaires covering the activities of University of Oregon Medical School graduates, some interesting prognostications suggest what present students can be expected to do, assuming the trends continue. 1

Of all living graduates practicing medicine, 26.7% are engaged in general practice, considerably more than the next highest category, internal medicine with 9.9% of the total. More significantly, the percentage has changed little over the last two and one-half decades: '41-'50, 27.8%, '51-'60, 26.1%; '61-'64, 28.0%. Unless a radical change occurs to alter the factors involved in the choice of practice, about one quarter of the present student will become G. P.s.

Among the specialties, though internal medicine and general surgery with 9.9% and 8.5% of the total, respectively, were the most popular, recent graduates ('51-'60) have chosen psychiatry-8.4%-above all others. Also among the specialties attracting increasing percentages of graduates are orthopedic surgery-7.0%, anesthesiology-4.8%, ophthalmology-4.7%, pediatrics-4.6%, and radiology-4.6%. For the future, we expect 10.0% psychiatrists, and 5.0% to each of the other specialties above.

Almost 15.0% of those that returned the survey cards and faculty assignments with medical schools, either on a full time, part-time, or voluntary basis.

ON INTERNSHIPS . . .

Perhaps of more immediate relevance to students was information on hospital ratings of graduates '60-'64 during their year of internship, where they intended, and the salary received.

The majority of UOMS graduates received between \$3,000 and \$4,000 a year, extras not included, ranging from \$1,200 at Hospital of University of Pennsylvania to \$7,311 at George Hospital, Balboa Heights, Canal Zone, 2 Forty-five of the total 316 or 14.25% interned at UOMS, receiving \$200 a month plus room, laundry, malpractice insurance, medical care, and an additional \$50 a month if married. Other Portland hospitals attracted another 50 or 15.8%.

As one indication of geographical distribution, UOMS graduates interned at 83 different hospitals throughout the U. S., the highest concentrations being in Oregon, California, and Washington.

Despite the lack of objective standards and the complexity of the task, the hospital evaluations of UOMS interns is most significant. Of four general categorical ratings, 50% received "good" or satisfactory ratings and about 30% "excellent" ratings, both categories increasing while "fair" and "poor" decreased from highs

THE PULSE

The PULSE, official publication of University of Oregon Medical Students, published periodically throughout the school year by an Editorial Board which is solely responsible for its contents. The views expressed are those of the authors and do not necessarily represent those of the board or the school.

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This newspaper is on campus of, for, and by the students and is therefore a glad recipient of original contributions and responsible opinions, from ALL those inclined. Please contact any of the above persons. All contributions should be typed, double spaced, in good taste and English, and signed.

ON TAP —

- students legal liability
- curriculum discussion
- city-wide preceptorship program
- the value of externships
- teaching methods

SAMA Slates Meet, Election

REGIONAL MEETING . . .

SAMA members interested in attending the West Coast Regional meeting of SAMA on March 19 and 20 in Los Angeles, contact John Tysell. Money is available to defray travel and housing expenses.

ELECTIONS . . .

SAMA elections will be held before the end of winter term, so petitions with the candidates name, office desired, and signatures of five members should be placed in Sam East's mail box before March 4.

FEDERAL SCHOLARSHIPS . . .

A poll of all students will be taken soon to determine the majority opinion of this chapter's members on the subject. The results of the national student poll will be presented to Congress as representing medical student feelings concerning the bill for federal health professions student scholarships. Questions include: 1) are the present Federal Loan funds sufficient? 2) Do scholarships allow for further governmental inroads into the medical profession? What is your opinion?

NEW PHYSICIANS . . .

Members not receiving their N. P. magazines send their name and address to SAMA 2635 Flossmoor Rd., Flossmoor, Illinois. This is your responsibility!

General Practice . . . cont'd

of 20% and 5% to '64 lows of 5% and 0%, respectively. Over 3% of the graduates garnered the special rating of "best intern" in the hospital.

Fanciful prediction: an influx of "excellent" interns converging on South America, especially the Canal Zone and then specializing in psychiatry.

1. For further information, see "Report To The Alumni," May, 1965, pp. 6-7; Jan., 1966, pp. 4-8.
2. Based on 1965 stipends; military and Public Health Service Hospitals excluded as the stipend depends of rank at time of acceptance.

Jim Carpenter, Freshman

**Telecast to Feature
Dr. McKirdie
Tune In 10:35 P.M.
Thursday
See The "Abdominal Pain"**

The Committee on Medical Education of the Oregon Medical Association is currently sponsoring a series of scientific presentations on KOAP-TV, Channel 10, Portland, and KOAC-TV, Channel 7, Corvallis at 10:35 p.m. on Thursday evenings.



DR. MATTHEW MCKIRDIE

Designed for physician viewing throughout the State, students are also invited to tune in. Telecasts begin five minutes following regular channel signoff.

Other presentations on tap include:

- March 3 - "ABDOMINAL PAIN"
Matthew McKirdie, M.D., Portland
- March 10 - "ANEMIA"
Robert D. Koler, M.D., Portland
- March 17 - "MODERN BLOOD TRANSFUSION"
Bernard Pirofsky, M.D., Portland
- March 24 - "ALLERGY - THREE CURRENT PROBLEMS"
George M. Robins, M.D., Portland
- March 31 - "DIAGNOSIS WITHOUT THE LABORATORY - THREE COMMON PROBLEMS"
Wm. Richey Miller, M.D., Eugene
- April 7 - "POISON CONTROL"
David W. Macfarlane, M.D., Salem
- April 14 - "THE FATEFUL FIRST DAYS OF LIFE"
Leroy O. Carlson, M.D., Portland.
- April 21 - "MISCROSCOPIC HEMATURIA" by Ivan Sandoz, M.D. and Jerry Giesy, M.D., Portland.
- April 28 - SPECIAL SESSION
Herman A. Dickel, M.D., Portland

**First Aid Series
Benefits Freshmen**

During winter term, a series of lectures on emergency first-aid has been instigated for the freshmen class. The purpose of these lectures has been to present to the class an introductory course, enabling them to react intelligently in emergency situations, which they as medical students may encounter.

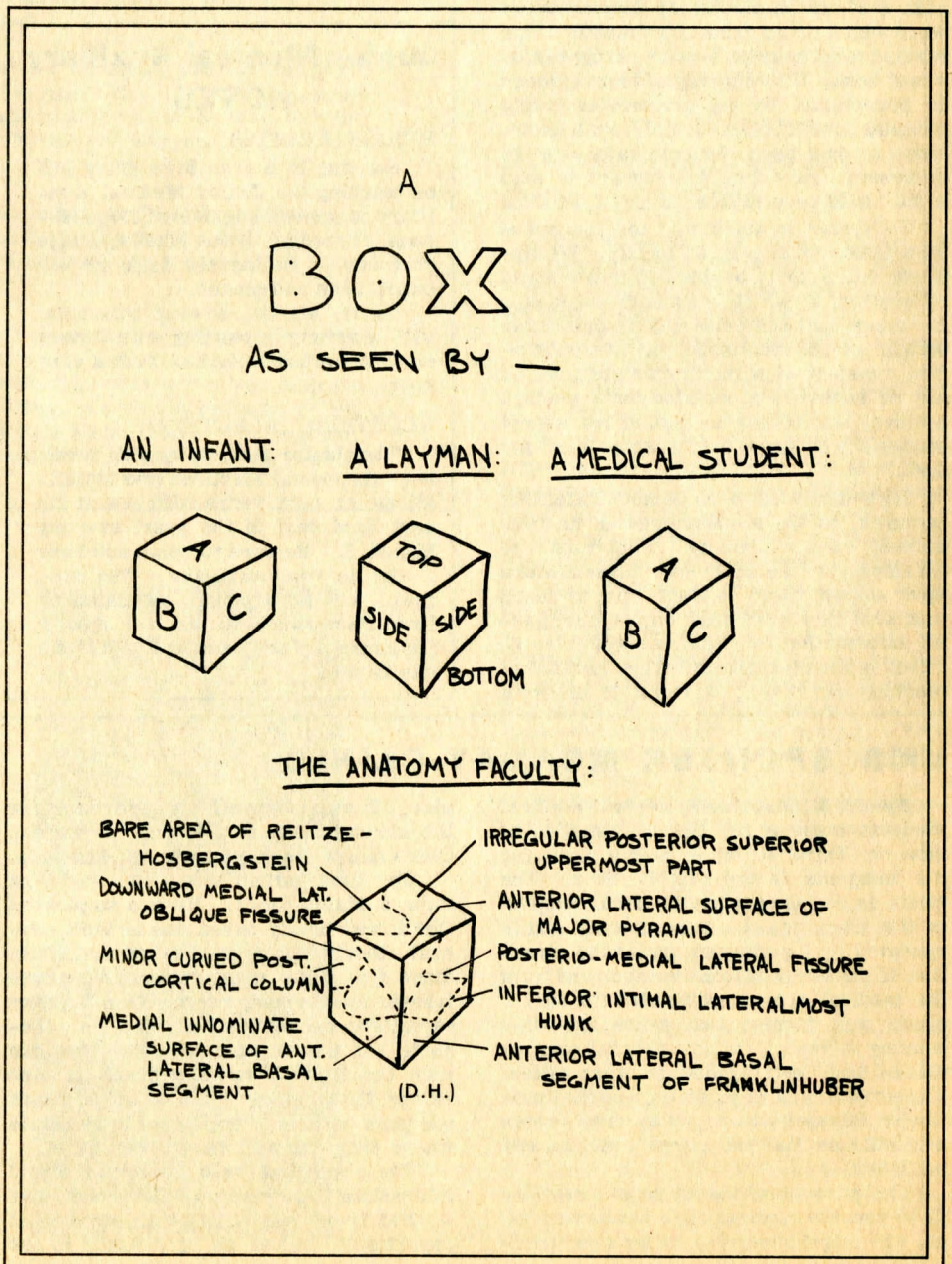
Built around the premise that these lectures were to be merely introductory, instructors from the clinical departments presented material dealing primarily with emergency procedures. Topics of the lectures included: control of bleeding, closed chest cardiac massage, temporary treatment of thermal burns, and injuries of the head.

The lectures were presented on an informal basis with a mixture of discussion, demonstrations, and practice sessions. Fellow students and manikins served as patients. One of the highlights of the series was the opportunity the class had to perform an emergency tracheostomy on their cadavers.

An informal poll of students attending indicated they felt the lectures were informative in presenting techniques for use in emergency situations.

ABOUT THE CARTOONIST . . . D.H.

Sophomore Dennis R. Hill, formerly an OSU math major, is the son of UOMS graduate R. V. Hill, M.D., practicing ophthalmologist of Longview, Washington. Dennis plans regular "super medical student" cartoons throughout the year.



ACTION AND REACTION

Teaching Techniques ?

After having thus far run the gamut of U. S. public education and over eight years of higher education I feel it is a miracle that there are individuals who emerge from this deluge with any interest or initiative whatsoever remaining. Furthermore I have found personally that the most devastating blow to my own natural inquisitiveness has been medical school.

I believe a paradox exists in education viz. that the initiator of massive scientific advance (the educational institution) should be the most latent in the utilization of scientific principles for its own operation. For example the lecture system, founded centuries ago in the absence of text books and printed material, still thrives today with students meticulously copying every word which drops from a professor's lips who, in turn, may be merely paraphrasing a text book. The copying of his utterances is perpetuated by the practice of giving examinations containing only such knowledge as has been communicated via the professor; for which the student is said to be "held responsible".

I shudder to think that the concept of responsibility is used so lightly. We students will shortly be dumped into a world of conflict in which responsibility means far more than remembering the molecular weight of phospholipase, the sedimentation constant of a particular globulin, or any of hundreds of isolated facts which, I believe, few bother to remember except students who are "held responsible" for them.

Recently it has been demonstrated that lectures, in the amount used in medical school, are actually inhibitory to learning. (1) Furthermore investigators have shown their students try to learn just what they are tested on; whether useful information or nonsense syllables. (2) I feel quite discontented when inefficient teaching practices, wasteful of students

time and energy, are continued when better ways exist. It would be encouraging indeed if a joint effort, on the part of the students and faculty here at our medical school, were undertaken to investigate teaching and learning techniques and adapt these to our situation.

- (1) Self Directed Study: Experiment in Higher Education, H. E. Gruber, M. Wietman, U. of Colorado Behavior Research Lab., Report 19, April 1962.
- (2) Thought Processes in Lectures and Discussion, B. S. Bloom, J. Gen. Educ., Vol. 7, p160-169, 1953.
- (3) Boys in White, H. S. Becker, B. Geer, E. C. Hughes, A. L. Straus, U. of Chicago Press, 1961.

Lawrence Dean, Sophomore

Interchange Information

Is it possible that in an institution such as the University of Oregon Medical School and The School of Nursing that there is a lack of communication? In an institution such as this, which stresses patient-doctor and patient-nurse communication, there should be a high degree of communication between the members of these two closely allied professions. It has been brought up at several discussions, that although this communication should exist here, it is seriously lacking in several areas.

Sophomore nursing students and even junior nursing students feel very inadequate in discussing problems with the medical students. Perhaps this stems from the fact that they don't feel equal in technical knowledge. This fact is true, but shouldn't the technical knowledge of the medical students be passed on to the nursing students for the better of the medical profession as a whole?

On the other hand, we as nursing students feel that we have a store of practical knowledge which, in all probability, could be of value to the future physician for use with his patients. Why then do we feel that we aren't allowed or can't share this knowledge with the medical students? Is it that through becoming so concerned with our individual selves and with what we can give to the patient, we lose sight of the fact that if we broaden our knowledge through a few minutes with one who knows more than we, our care and our approach to this care will most certainly become better.

What is it then that prohibits this interchange of information between the students of these two schools? Information is exchanged in the library after class and in the halls on breaks, but when it is needed most, on the ward, in the patient situation, communication breaks down. Why?

Linda Kurtz, Nursing Student

Junior Medical Auxiliary NOTES

BRIDGE LESSONS . . .

Starting in March Mim Obey will be teaching the Junior Medical Auxiliary members beginners bridge lessons, according to Pat Martin, bridge chairman. Be on the look-out for exact dates and places.

Gayle Martin, sewing chairman, will be arranging knitting and milinery classes for interested members very soon.

ELECTIONS! ELECTIONS!

The Junior Medical Auxiliary will hold its annual elections and installations of next years officers at its next (and last of the year) meeting March 3. Be sure to come and have a say in your auxiliary. The program will be a panel discussion by local doctors and their wives about a physician's family and problems (who has those?)

CMS SPONSOR MONDAY CLINIC

Every Monday night, several medical students meet at the Union Gospel Mission on Third street to hold a clinic for the indigents in the neighborhood. The clinic is sponsored by the local chapter of the Christian Medical Society and is operated by the students under the direction of physicians from downtown and from the medical school. The idea for such a clinic was formed two years ago after hearing a report on how several similar clinics had been formed in other cities. The project was undertaken, and the Union Gospel Mission was happy to make a room available so that the clinic could be established.

The purpose of the clinic is threefold: 1) to provide medical care for these people who might otherwise not have such ser-

vice, 2) as an educational opportunity for the students, 3) as a means to spread Christianity when possible in this area.

The first patient was a man suffering from a stasis ulcer. He was so pleased that it was finally cured that he built several closets and cupboards for the clinic. Since that time, many patients have been treated for disease, varying from ingrown toenails to congestive heart failure. Students and physicians treat what they can with the limited supplies available, and refer those patients for which they lack adequate means of treatment to hospitals where they can receive proper care.

The clinic has been a worthwhile and interesting experience for those who have worked there; not only as an educational opportunity, but as an opportunity to see

what the conditions and environment of some areas of Portland are, and the problems that exist there. Anyone who might be interested may contact Dan Roberts, Bob Chapman, or Dave Hagen.

This is your newspaper. . . .
THE PULSE invites you to express yourself in writing. Submit your stories or letters to any one of the staff.

RESPIRATORY SIGNS !!

In our rapid pace society the physician often finds it difficult to keep up on the current diagnostic procedures and newly described syndromes. The purpose of this article is to bring the over-worked juniors, seniors, interns and residents up to date on the easily forgotten but none-the-less important diagnostic signs and symptoms of the respiratory system. These are all signs a well trained ear and a clean stethoscope should recognize.

The Huff of Heffner: a respiratory condition often found in elderly patients who have been subjected to undue exposure to student nurses. This condition is characterized by a long wheezing sigh, recognized as sounding exactly like aerosol ping-pong-ball lacquer being shot through a white nylon stocking.

Brodie's Blurble: a common occupational disorder with the people who cut out the round disks of cork which are found in Pepsi bottle caps. This disorder is found to sound faintly like rain falling on an old ruptured Rose Bowl football bladder. Once you have heard this sound you'll never forget it.

The Ominous Sign of Carver: a condition peculiar to hockey players who skate with their mouths open. This sign, heard through the stethoscope, sounds like someone walking barefoot through warm peanut butter. It has two degrees of severity — smooth or crunchy style.

The Wheeze of Winsor: a raspy sound, noted particularly on inspiration a spicy odor of the breath is also to be noted. A careful history will always disclose a strange habit of inhaling while eating cinnamon toast.

You may have trouble diagnosing these elusive syndromes at first, but we can only suggest you practice and perhaps obtain the assistance of a sophomore, who will be more than happy to help you. If you are still unable to hear these breath sounds, may we suggest you clean the frammus of your stethoscope. The bookstore has a very good kit of assorted frammus cleaners for only \$18.97.



Coming Events

- Feb. 28— Scholarship applications due at Registrar's office
- March 3— 'Abdominal Pain', 10:35 p.m. KOAP-TV Dr. Matthew McKindie
- March 4— Chemistry review by Dr. Jack Fellman
- March 5— Basic Science exam
- March 10— "Anemia", 10:35 p.m., KOAP-TV, Dr. Robert Koler
- March 14— Internship appointments for Seniors
- March 14-21— Spring Vacation
- March 17— "Modern Blood Transfusion", 10:35 p.m., KOAP-TV, Dr. Bernard Pirofsky
- March 19-20— SAMA Conclave in Los Angeles, California
- March 23— Student-Faculty committee meeting
- March 24— "Allery-3 Current Problems", 10:35 p.m. KOAP-TV, Dr. George Robbins
- March 31— "The Fateful First Days of Life", 10:35 p.m. KOAP-TV, Dr. Leroy O. Carlson

Summer Employment Offers at UOMS

Many opportunities exist for students desiring summer work at the medical school. Three general categories make up the bulk of student summer help:

1. Oregon Heart Association fellowship \$900 tax free
2. UOMS Student fellowship \$900 tax free
3. Individual's grants, pay open

Most summer jobs are in research in a particular field of interest, but some jobs are clinically and specialty oriented.

Any student interested in summer work should contact the investigator with whom he wants to work, then with his aid, apply for one of the above opportunities.

To aid the student in selecting his principle investigator, refer to the Research Directory of UOMS which lists information on the current research activities and investigators on campus. This directory is now available at the public affairs office.

In the next issue, medical job opportunities outside UOMS will be explored.

- ON TAP —
- a look at the alumni
 - book reviews
 - incisive satire
 - student profiles
 - draft news

Senior medical students were the guests of the Oregon Medical Association at special banquet in their honor Friday, February 4, 1966. Doctors Max H. Parrott, Portland, and Blair J. Henningsgaard, Astoria, both past presidents of OMA and Oregon delegates to the AMA, spoke on legislative and political concerns of today facing medicine.

SPORTS

Medical-Dental Varsity Basketball record to date is 5-3. Wins have come at the expense of Portland Frosh 80-63, Oregon State Rooks 71-67, Portland Community College 86-80, U of O Law School 87-70, and Cascade College 99-91. Losses were to U of O Frosh twice, 88-80 and 64-61, and Cascade College 92-85.

INTRAMURAL BASKETBALL

Final league standings:

Tuesday League

Med. Jrs.	5-0
Med. Frosh A.	4-1
Med. Frosh B.	3-2
Med. Frosh C.	2-3
Med. Jets	1-4
Dad Mets	0-5

Wednesday League:

Gastrocs	4-1
Dental Jrs	3-2
Med Srs	3-2
Cardiacs	2-3
Nads	2-3
Dental Srs	1-4

Thursday League:

Trolls	4-1
Robbers	4-1
Ridgerunners	2-3
Pluggers	2-3
Interns	2-3
Green Foils	1-4

Tournament, double elimination type, starts Thursday, February 10. Two brackets, the Championship and Class A bracket will be played off. Information posted at the Student Activities building.

Harvard Students Protest Lectures, Allowed To Revise Own Studies

Twenty-five second-year medical students at Harvard — maintaining that lectures lead to dullness — have successfully petitioned to be excused from formal classes for the rest of the year. With the cooperation of faculty advisors, they will work in groups of five or six, devising their methods of study as they go.

The students indicated that they intend to make selective use of various opportunities, such as detailed reading, attendance at some scheduled laboratories, and consultation with faculty members.

The petition stemmed from dissatisfaction with "the state and progress of our medical education," the students

wrote. "We are growing intellectually passive, and now learn more because we are told because we are curious. Much of our time is squandered in academic exercises, from which we gain little. We believe that our adverse reactions have been due, in large part, to the rigidity of Harvard's preclinical curriculum and to its uncritical overuse of formal teaching methods, especially lectures."

In speaking of the students who have set out on their own, Dean Robert H. Ebert said: "We want them to succeed and have assured them of our wish to cooperate in every possible way."

IM Paddleball Doubles Championship:

Team of Woodside and Rody will meet the winner of Small-Carter vs Stark-Van Galder for the championship.

IM Squash Handicap Tournament:

Dr. Schem has gained the finals. Jeff Woodside will play Dr. Foster for the other finals berth. Dr. Foster, incidently, is recovering from a muscle pull sustained in an exhibition match against the US Open champ, Mohibullah Khan.

IM Volleyball:

There has been interest shown in an IM 6 man volleyball program for spring term. Submit team rosters by the end of this term.

Interest:

Oregon State Handball tournament will be February 28-March 5 at MAC. Singles classes A, B, and C on February 14; the Doubles classes A, B, and masters will be held on February 19. Pacific Northwest Handball Association Tournament March 24, 25, 26. Singles (Class A only) and Doubles.

Great Possibility:

On a couple of Friday nights lately married members of the Sophomore class have met at the Activity building for a mixed volleyball game. Bill Dockery will reserve the courts for more such events and the use of the kitchen and eating areas for Potluck dinners or desserts after the game.

THE PULSE

University of Oregon Medical School
Portland, Oregon