

THE

PULSE

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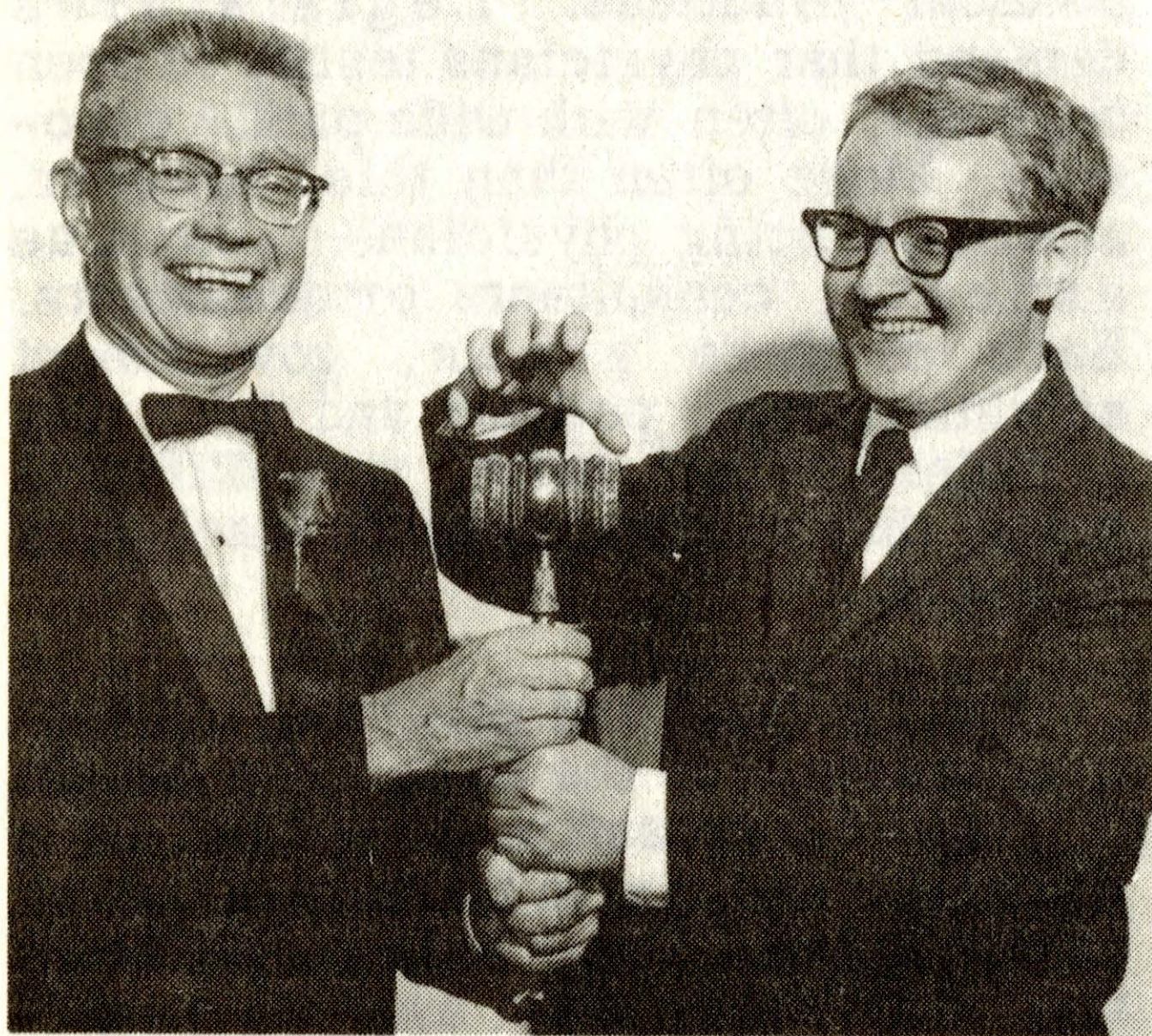
University of Oregon Medical School - Portland, Oregon

November 1966

FATHER - SON HEAD MEDICAL ASSOCIATIONS

Like Father, like son, like Father.

It is not unlikely or unusual for a son to pursue the same profession of his father's. This has happened, is happening and will happen again.



Presidents both..... grasping for position and presidential power are John E. Tysell, M.D., Eugene internist, President of the Oregon Medical Association, and his son, John E. Tysell, Jr., Portland, fourth year medical student, President, Oregon Chapter SAMA.

However, in the case of the John E. Tysell's, the coincidence or similarities are more unusual.

Not only is John E. Tysell, Jr. seeking an M.D. degree which his father received some 31 years ago, but father John E. Tysell is now following his son's presidential prowess. Some months back John Jr. was elected to the presidency of the Oregon Chapter of SAMA. Like his president-son, Dr. Tysell took the presidential oath on September 29, 1966 to lead the Oregon Medical Association and its 2,165 members.

Activities in medical organizations are many for the two presidents. On more than one occasion the Tysell's have met at an out-of-state meeting while representing their respective organizations.

Both John's share other interests,

too. Among their many diversions is one particularly popular hobby -- sailing. Ardent enthusiasts, the Tysell's have garnered several trophies and medals.

THE TEST

Multiple choice questions
like flocks of fat birds
fluttering up
from an overly wordy under-
growth;
I select the stragglers seem-
ingly.
But there is a lone flyer, dark
and unfamiliar,
circling through a narrowing
arc outside the
classroom window. I can't get
my mind off him.

Filling in the blanks
with words so bogged down with
importance
they almost fell off their page
racks.
Words too heavy for me to
carry around forever
so I'm tucking them into the
blanks to be sent back to
their books.
I've got other words I'm ship-
ping to other worlds
to be gently unwrapped in
a future memory.

True or false
--last as usual. The false
statements:
I scorn their eager salesman-
ship.
The true ones are puny, hardly
worthy of confidence.

I make a wish:

for a question so singular
the answer is silence
for a blank planted with
geraniums

and for a truth so stream-
bed clear
it will blind the eye of the
IBM.

Bob Sack
Fourth Year Med Student

MEDICINE'S SUCCESS IS YOU, DOCTOR

You are working hard, very hard, to earn the title of "doctor". Why? What is the title worth? Well, in the eyes of many it will give you great authority. It will increase your commercial power and your social attractiveness. It will give you standing in your community, esteem from your neighbors. This sudden great increase in authority which comes with your medical degree is based upon the performance of many doctors, most of them nameless to you (Laurence Selling was one whose name you know), who have acted with dignity and humility and who added worth to our profession.

But the title opens doors that are far more interesting than those of banks or cocktail parties or paneled rooms where powerful administrative decisions are made. People will expect you, as a doctor, to be able to think, and after the years that seem too filled with memorization and cramming, thinking turns out to be great fun. Even more fascinating, you will be able to think perceptively, on the basis of evidence. For people will answer any question you ask (and many that you don't think of asking). They will do so because your antecedents, like Laurence Selling, have used the answers well and wisely. People will trust you and honor your curiosity because the curiosity of other doctors was not idle, but compassionate.

"When consulted by some patient who was a man of parts he, if the state of the case allowed, liked to get some talk with him; if it were a philosopher on philosophy, if a mathematician on mathematics, if a commander or a soldier on the site of towns, the rivers on which they were, and on engines of war and their inventors, if a seaman on navigation and newly discovered lands, if a theologian on God."¹

(Cont. page 3, col. 3)

¹ Sherrington, C.: Man on His Nature. Doubleday and Co., Inc., Garden City, N.Y., 1953.

PRESSURE and PROFESSION

Medicine is a jealous profession. Being admitted to a school of medicine, an accomplishment in itself, requires a dedication and grade consciousness during the undergraduate years required by no other field. When one becomes a medical student again there is the intensified pointing to the acquisition of goals often set by competition and tradition. After graduation there is emphasis on experience, and finally practice which requires a fountain of knowledge ranging from inflammatory response to adjustive techniques. Medicine is an area separated from pure science by the human factor and from the arts and literature by the scientific method.

During the early years of medical training it is easy and almost necessary to ignore extra curricular interests in order to learn the language of medicine.

Problems arise when an individual is so tied to his primary goal that all other interests are pushed aside. This results in a person who is able to communicate only with those of his profession and makes the practice of medicine an inane endeavor.

It is therefore important that the medical student be aware of attitudes and prejudices which he can only perceive by experience through contact with people, places, and events from a variety of areas. This can be done in many ways: reading, group discussion, squash. The complete man is one who is active both mentally and physically giving to himself the opportunity to display his intellect and physical prowess in areas outside his domain.

We as medical students have too little time for these endeavors. This may be due to a variety of factors including curriculum overload and grade emphasis; however, it is important that what little time is available be used to make each of us more inquisitive of our environment. Hopefully this will result in a better understanding of man and his problems. That is the axiomatic basis of our profession, is it not?

Editor

DIVERSION DEVELOPS DOCTORS WITH DIMENSION

"Someday when I have a little money and a lot of time," junior medical student Loxi Allen was speaking wistfully, "I'm going to get some wood, and tools and a big garage and build myself a sailing boat. I've always wanted to. I wonder if I ever will." Loxi, like most medical students, is forced to postpone her dream because of the immediate demands of her studies. But a unique kind of danger lurks in the postponement of satisfaction until a later time. In the intense words of Robert Penn Warren, "If something takes too long, something happens to you. You become all and only the thing you want and nothing else; for you have paid too much for it, too much in wanting and too much in waiting and too much in getting. In the end they just ask you these crappy little questions."

(All the King's Men)

Most medical students realize suddenly, as did one first year student, "There's never going to be a time all the rest of my life when I can really be free again. I'm forever responsible for what I know and what I ought to be learning about medicine." But intense study and a sense of responsibility will not, by themselves, make a good physician. A little fun, some creativity and an interesting hobby really help.

So on the weekend you're apt to find medical students taking in Dr. Zhivago or throwing darts down at the Elephant

Castle. Depending on the season, they may be at the coast or on the slopes of Mt. Hood. They manage to make time for fun.

"I went to choir rehearsal at the First Unitarian last week and think maybe I'll start singing with them." Chuck Hanie, red-haired sophomore class representative, was active in choral work as an undergraduate at Whitman. "They're singing good stuff, baroque pieces, stuff in Latin and German . . . It's going to be great to be with a good choir again."

If you were to walk into an ordinary pathology lab on an ordinary Wednesday afternoon you would see students bending over their microscopes and squinting intently at prepared slides. Very diligent students. However, if you continue to watch and listen you are just as apt to discover the subject of discussion is the perfect spot to hunt pheasants rather than acute coccidiodomycosis!

Medical students, in spite of a sense of responsibility to their studies, have learned to follow the advice given them by Dr. Bacon as he began a lecture in anatomy on Leonardo da Vinci. "There is a fine distinction between being in a groove and being in a rut. In the profession you are entering it is very easy to get into a rut. Because of that, be sure to keep your special interests and your hobbies."

Jerilynn Smith

DOCTOR and LAW

by William J. Brady, M.D.
Multnomah County Coroner
UOMS '58

Scientists, particularly physicians, today are called increasingly often from laboratories and hospitals into areas foreign to their training. No longer can the graduating medical student anticipate forever remaining sterile and isolated from government, politics and affairs of the law.

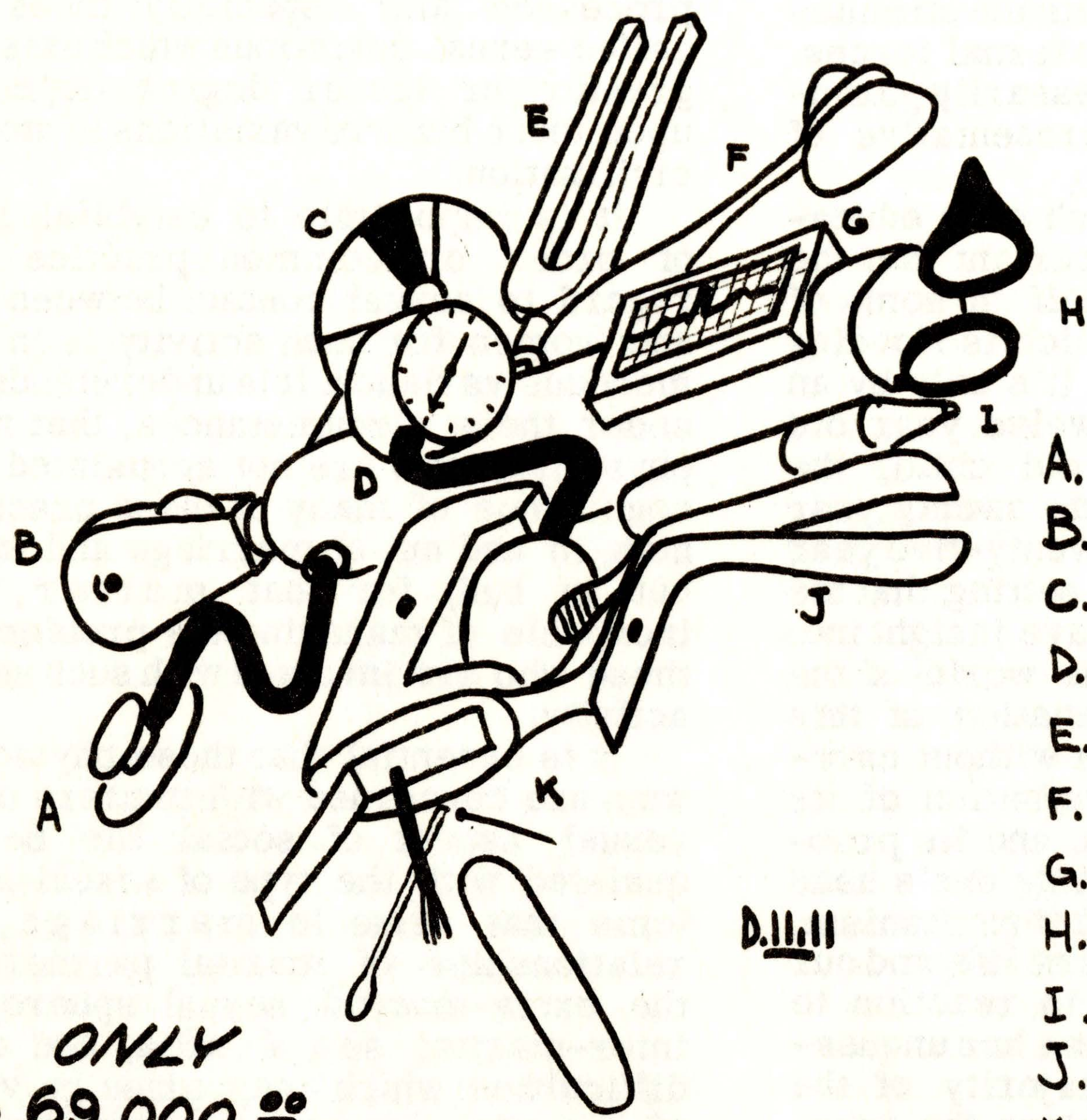
For decades medicine has stayed in its own ball park, using its own comfortable ground rules. Those who came for discourse played our game or were sent away. We didn't need them. Often we didn't want them. Today, however, Federal Agencies regulate many medical practices. Legislatures demand that physicians testify in open hearings, often with wide public exposure. More often than this, however, attorneys bring physicians to court as experts, consultants or defendants. Each of these areas, government administration, politics and law, play a different ball game, with different rules, than medical schools teach their students.

The frequent and generally instinctive reaction of the M.D., first caught in political crossfire or grilled on a witness stand, is to be critical, bitter or vindictive. "Their ways are different than our ways; they are wrong." "Scientific facts are ignored, suppressed, twisted or slanted." "Truth is not sought but rather obscured." So crying, the physician retreats from the field, scarred, morose and beaten. He crawls home and vows never again to play abroad. All of this often because often he doesn't understand the rules of a game he has been forced into but never told about.

Must this always be so? Can the medical student be prepared to meet the challenges of the legislature or particularly the court room? I think he can. Physician-law courses could scarcely be fit into the curricula and probably would benefit the student little if they were. One always learns better by playing than by listening. Why not, rather, plan with law students from Oregon University Law School or Lewis & Clark Law School for joint evening mock court sessions? One or two of these each year I think might be a worthwhile experience for the medical student as well as the new lawyer. Prepare the trials with experienced lawyers, judges and physician consultants. The ball games would be under the lights after a busy day but coaching from the Bar Association, Medical Association and individuals is available. Ask for it. Make your plans and seek the help. Go abroad now to practice in the other fellow's ball park and you'll find the counting games more fun, particularly if you can win on the road.

MEDICINE'S (Cont'd.)

THE SMS ALL PURPOSE MEDICAL INSTRUMENT



- A. STETHOSCOPE
- B. OPHTHALMOSCOPE
- C. HEAD MIRROR
- D. SPHYGMOMETER
- E. TUNING FORK
- F. REFLEX HAMMER
- G. EKG
- H. OTOSCOPE
- I. FLASHLIGHT
- J. SPECULUM
- K. GLOVE COMPARTMENT

It has been accepted for centuries that "the proper study of mankind is man", and the physician is the teacher's pet -- the favored confidant of his fellow man. It has also become clear that man is only one of many proper objects of the doctor's study; all life is pertinent to the physician. Indeed, medicine is an applied branch of biology and doctors are found not only at the bedsides of the sick but making measurements on the elephant's heart² and, more recently, of blood pressure in giraffes³. Recent studies of the gas exchange of diving seals (made by a professor of medicine) raise fundamental questions about human metabolism in shock⁴. Conversely, observations made on severely ill patients have clarified our understanding of cellular energy exchange in mice -- and mitochondria. In a very real sense, the proper scope of the physician's interest encompasses all of life.

You need to be warned that you will be tempted to hide behind the title you are now working so hard to obtain. A bearing of dogmatic authority can silence an intelligent question from a patient or from a medical student. You can imply that you simply haven't time to explain your decision, and often you can get away with it. A professor of pathology is alleged to have silenced a young courtroom lawyer who was questioning his sources by stating imperiously, "Young man, I don't read pathology books, I write pathology books!" Know that his books weren't worth reading (or writing) and know, too, that in the still small hours of sleeplessness that come with advancing age he knew he had, at least that once, failed as a teacher and as a physician. Never let your title destroy your honesty. You know (don't you?) when your teachers are bluffing, and many patients are as perceptive as medical students. Most of them will accept your decisions without question (and you should let them), but if they ask, answer them with respect. If you once deny your ignorance to another you will find it harder to admit it to yourself -- and once you stop admitting ignorance you are a liability to our profession. In medicine success is a journey, not a destination. Godspeed!

² King, R.L., Burwell, C.S., and White, P.D.: Some notes on the anatomy of the elephant's heart. *Am. Heart J.* 16:734-743, 1938.

³ Goetz, R.H., Warren, J.V., Gauer, O.H., Patterson, J.L., Doyle, J.T., Keen, E.N., and McGregor, M.: Circulation of the giraffe. *Circ. Res.* 8:1049-1058, 1960.

⁴ Robin, E. D.: Of seals and mitochondria. *New Eng. J. Med.* 275: 646-652, 1966.

WE GET LETTERS

I am gratefully impressed this year by the drastic changes which some of our professors have made in their approach to education in an attempt to find better ways of teaching through experimentation. However it is my impression that the onus of negative feedback is widely employed as a teaching tool and excessive use of punitiveness, ridicule and embarrassment still haunts our classrooms and clinics. For example the so-called "chewing out" is felt by some to be an effective means of imprinting some important concept into a student's memory. This is adhered to in spite of the well known phenomenon of rapid forgetting of painful experience.

Our system continues to utilize fear as its primary motivator. It seems incredible to me that a collection of scientists could accept, without question, time worn educational principles; ones which perpetuate submissive followers rather than scholars and creative thinkers. Why can't medical educators be as concerned about evaluating their teaching techniques as they are in evaluating their patients? We are on the verge of an educational revolution; why not be part of the avant-garde at our school rather than waiting to follow the advances of others?

Respectfully submitted
Lawrence Dean, Junior
October 8, 1966

I have just completed a cover-to-cover reading of your September issue of PULSE and want to congratulate you and your colleagues on the excellence of your production. It is clear I have

subscribed to another publication which I will thoroughly enjoy. Best wishes to Editor Jim Levy and the rest of your colleagues.

Sincerely yours,
Joseph D. Matarazzo
October 4, 1966

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.

SEX AND SOCIAL CHANGES CREATE NEW DEMANDS ON DOCTORS

Unfortunately, most physicians are neither equipped nor interested in serving as a counselor to those persons who are sexually liberated, frustrated, or unsatisfied, in the general public. The present day interest in discussions of sex, utilization of sex, responsibility of sex, and freedom of sex, encompasses all of sex as though it were going out of style.

Most physicians have difficulty establishing their particular positions in relation to themselves, their wives, and their patients. The role of marital counselor must be carried out by a physician who is oriented toward the understanding of sexual problems. But more important is his interest in helping his fellow man and woman in an area which often leads to his personal embarrassment and reveals his abysmal ignorance of such matters.

There is no reason why every practicing physician should be an expert in sexual knowledge. There are physicians, by virtue of their specialty or their inclination, who avail themselves of the existent information which enables them to cope with what we term our changing morals. Such attempts lead to an effort to be a liaison representative between the more way-out groups of adolescents and young adults whose sense of "freedom" in sexual relationships is all encompassing preoccupation and those groups who adhere to the ultra-puritanical and obviously totally out-dated morality in our American past.

Somewhere in the maelstrom of this social-sexual upheaval is a reasonable region of common sense which provides an imaginative approach to realistic understanding of these totally divergent points of view.

I believe it is the role of the physician who is interested in these matters to strive in every respect to not only attempt to ameliorate such divergences of opinion but to bring, as well, information of a practical quality to those persons who are unable to rationalize

their own moral sense with the stimulation of their libido by external forces. Such forces are not necessarily pornographic but are representative of sociologic change.

In order to accomplish such education, therefore, it is important that the physician interest himself in some of the better literature which is flooding the market these days. It's only by an understanding of the twelve year old and the fifteen year old child, the eighteen year old and the twenty year old adolescent, and the twenty-five year old adult in our modern setting that the physician can begin to have insight into what is happening in the world of the nation's youth. Condemnation of this social-sexual revolution without careful observation and evaluation of its etiology, its inclinations, and its probable culmination, is to hide one's head ostrich-like in the sands of puritanism.

The invasion of modern life and our self-imposed stresses in reaction to that life in our civilization has unquestionably brought the majority of the emotional outbursts against the frustrations and the inhibitions of ancient and outmoded practices. Unwarranted criticism of extra-marital, pre-marital, and post-marital sexual experience merely negates the necessity for healthy investigation into the psychologic and physiologic aspects of those sexual relationships between men and women which have been in existence ever since mankind evidenced itself upon the earth. That these relationships have been obviously successful is realized by our apparent inability to control the overwhelming increase in the population of all people of the world.

Sex is not a new subject for discussion, but the manner in which such discussion is managed or presented to those in our population who seek counsel regarding their activities in the psycho-sexual sphere should be improved and enlightened. It behooves all physicians who are in these circumstances to have deep knowledge of the normal sexual

processes and especially those so-called sexual deviations which exist in a greater or lesser degree depending upon their bizarre variations in modern civilization.

It is impossible to establish rules of order or common practice with regard to sexual contact between men and women for such activity is in tremendous variance. It is understandable, under these circumstances, that many physicians who are not acquainted with cognizance of many of these practices both in and out of marriage and in and out of bed, for that matter, are incapable of managing the problems of those who are involved with such sexual activity.

It is essential that those physicians who are concerned with matters of the sexual aspect of social life be acquainted with the type of sexual problems that arise in marriage, the relationships of marital partners, in the extra-marital sexual sphere, the inter-marital sexual area, and those difficulties which may arise by virtue of external pressures as well as the personal emotional conflicts which lead to exasperating and frustrating difficulties that are termed "frigidity", "impotence", "premature ejaculation", "loss of libido", "boredom", etc. As the physician acquaints himself with knowledge of sexual aspects of modern life with the establishment of a balance within himself which depends upon understanding with minimal emotion and without prejudice, he becomes a true contributor in helping to solve sexual difficulties.

The physician then brings a reasonable opinion to bear upon those problems in the sexual sphere which arise in practice or in a particular community, especially one in which a greater degree of so-called sexual revolution is in evidence. Ultimately, a true medically trowed, psycho-sexually experienced specialist may develop to meet the demands of these fascinating social changes.

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