

THE

# PULSE

Vol. 4, No. 2

University of Oregon Medical School

April/May, 1968

## NO POLITICAL STUMP ON HILL

# UOMS SUFFERS UNDER ARCHAIC POLICY

Recent attempts by both faculty and students to organize political meetings on this campus have brought to light some surprising positions held by the school's administration.

There is an unwritten policy adopted by the executive faculty some twenty years ago which prohibits the use of any Medical School facility for "political activities." Not only are school facilities denied, but

no activity related to politics is allowed. This policy forbids everything from space for tables to handing out political literature in the hallways.

The following arguments have been advanced for continuing the present policies:

- a) The school presently lacks adequate facilities.
- b) What difference does it make? The student-body isn't interested in political activities.
- c) If we were to allow political figures to appear on campus, where could we draw the line as to who would be allowed to speak and who would not. If you let presidential candidates speak you would be throwing the door open to anyone running for elective office.

The PULSE feels that these arguments are nothing more than a convenience!

*First*, is there such a lack of space when the library auditorium is used on the average only 2 or 3 times a week? After school hours, a time period for which at least one recent request for a political meeting space was denied, there is definitely no lack of space.

*Second*, the fact that students want to use school facilities for political activities shows that some are not apathetic and are sincerely interested in government. These students realize that if the medical professions are to constructively influence the health care legislation of this nation, they must acquire the knowledge and skill necessary for effective participation in our political system.

*Third*; the question raised as to whom should be allowed to speak on this campus is the weakest of all. *Anyone* who has been invited by any student or faculty group should be allowed to express his ideas. No one is forced to attend such a meeting.

Could it be that the administration is afraid that some invited speaker might not share the views of some powerful state legislator? This could start the boat rocking in Salem and result in the loss of a "good thing" or two.

Not only are the objections weak, but there is an inconsistency in their definition

[Continued on Page 5]

## TO SAVE OR NOT TO SAVE, THAT IS THE QUESTION

By ROBERT L. BACON, PH.D.

As you read the next paragraph in this article, the chances are good that your first reaction will be "Here we go on Bacon's current hang-up! What is this doing in a paper by and for medical students?" However, if you have patience, perhaps you will find before I finish that what I am saying may possibly have some meaning for student readers.

When did you last take a long clean walk on one of Oregon's beautiful beaches? Have you ever seen the broad bright rolling beaches of the northern Oregon coast, or the thin, shining strips of southern and central coast where the ocean is hungrily eating away at the land, year by year tumbling the sea cliffs down and encroaching on man's feeble attempts to block the forces of nature? It's surprising how many native Oregonians have not enjoyed this tremendous resource.

Our shore vies with the forested mountains, with their trails and streams and lakes as a source of renewal for the tired mind and spirit. In the last issue of this paper, Dr. Metcalfe discussed Rene Dubos' concept of the interdependence of health and environment. Dr. Dubos' philosophy suggests that normal, healthy function of any animal requires that it remain in contact with those forces which have guided its evolution.

Emotional and physiological problems are produced in experimental animals by boxing them up with great numbers of their kind in anomalous artificial environments — just as humans have done with themselves in our cities. Indeed, animals in such experiments are better housed and



better cared for than many persons in our urban population. I believe that here in Oregon, with our unequaled natural recreational facilities, we have the opportunity to develop an extraordinarily fine ecological system for human beings.

As massive urbanization fills the Willamette Valley to its brim and Interstate 5 becomes the "old highway" through the industrial areas, there must be recreational resources, in the true sense of the word *re-creation*.

This is the point of view which I have taken as the basis for my involvement in the current political turmoil over the fate of our beaches. I know that this involvement has been viewed by some of the students and some of my colleagues with mild amusement, but whether my specific proposal succeed or fail in the coming month, I shall always have the feeling that I have made a contribution to the health and welfare of future generations. If my program fails, it will have cost me much in finances and spent epinephrine.

It has led to threats, vilification (the initials of our organization to "Save Oregon Beaches" have been bandied around much in Salem), but

[Continued on Page 4]

# —WILL THE STUDENTS HAVE A VOICE?—

Is there anything missing from this charge to the curriculum committee of the UOMS?

During the last two years, this committee has been working on a tentative curriculum. The committee, headed by W. W. Krippæhne, M.D., has met with departmental heads. Members have travelled to other schools and talked with their administrators, professors, and students. Dr. Krippæhne has informally discussed curriculum changes with seniors on his surgery rotation. On April 27, the committee met with the entire faculty to ask for approval of the proposed plan. Dr. Krippæhne also has tentative plans to meet with the student-faculty committee and with the students, and to request written feedback from these meetings.

Still, is there something missing? Students are not mentioned once in the charge to the committee. Students are formally consulted only *ex post facto*. The proposals are aimed directly at the medical student, and yet there is presently no direct line of communication with him. Thus, the committee is attempting to diagnose and treat an illness without talking or working with the patient. Perhaps a *tour de force*, but more likely a poor farce.

Why not students on the committee? Dr. Krippæhne suggests some draw-

backs. First, the undergraduate is not familiar with either the practice of medicine or with the courses he has yet to take. True; but students do have one area of necessary knowledge — other students.

Secondly, students do not have the time for either long meetings or the background work necessary from a participating member. A valid point. Most students now active in extra-curricular projects are quite harried. Also, the background work would require discussions with other students in order to ascertain the general student views. However, hopefully there are presently uninvolved students who would feel

*The Curriculum Committee is charged with the responsibility for all matters concerning the undergraduate curriculum in medicine, and schedule arrangements for the classes of the four undergraduate years. This committee receives from the faculty requests for new and deletion of old courses, revision in orientation of the established courses, changes in class hours, grade values and course titles. The committee studies these requests and recommendations concerning them are made to the Dean. In addition, the committee continuously reviews the effectiveness of the current curriculum and the teaching program, and keeps abreast of and studies new ideas about medical education, with the idea of ascertaining their value and usefulness for this institution.*

this responsibility and opportunity significant enough to devote the time necessary to make the idea work.

The third objection is the most serious and the most difficult to counter. Tactfully phrased as a question: Are students mature and responsible enough to assume such a post? Faculty members of the committee must keep certain information confidential until it is possible to obtain constructive criticism rather than destructive agitation from the affected departments. Perhaps the PULSE is not best suited to comment on student maturity and responsibility, but the fact that all students have been selected to attend this medical school is sufficient answer to the objection.

There are concrete advantages from a student on the committee. He could represent the students in a *dialog* with the faculty. He could convey to the students the ideas and intent of the faculty, leading to better understanding. Finally, both Dr. Krippæhne and the PULSE feel that by his youthful imagination and flexibility a student might suggest very worthwhile ideas for curriculum change.

Now is the time to act. The new curriculum is a beginning, not an end. Its problems will suggest new experiments and changes.

P.P.

## —AN OUTSIDE OBSERVATION—

Dear Sir:

We would like to thank SAMA and the UOMS for your excellent job of hosting the regional meeting of the Student American Medical Association. The gathering proved to be productive and stimulating in several ways, but it was particularly interesting to observe the various approaches to medical education now in practice in this area.

In this respect we would like to comment on the appreciable gulf between the faculty, the administration, and the students at UOMS that was so apparent from the outset of our visit at your school. First, we fail to see how a medical school, whose primary function is the teaching of student doctors, can exist without a dean whose job is to provide for student welfare and be available as a knowledgeable advisor to students with valid concerns.

Second, the faculty at UOMS seems to do their best to maintain a safe distance from medical students. Why, we don't know, but this was most apparent at the Friday noon luncheon (which, by the way, was well done). We are reminded of a facetious remark made by one of our professors that "Medical education is the device by which the old prevent the too

early competition of the young." We feel that at UOMS this is possibly all too applicable.

Third, we cannot believe that the faculty does not really want to get to know the students. The more likely case is that just as your curriculum is rapidly becoming archaic, so are your traditions. Usually, the students have been known as the ones to break old ties, but it is apparent that they are rather stifled, perhaps even intimidated, at UOMS. Keeping the young silent may be an achievement in child-raising, but not when the future practice of medicine in this country is at stake.

We humbly suggest that all of you let your hair down (and that does *not* mean let it grow long) and make an attempt at getting to know each other. Your first ventures into this field *must* be initiated by the faculty if they are to be significant — there must be one forward-looking professor or department at UOMS. Education, based on the free exchange of ideas, becomes much more enjoyable. Yes, even medical education.

Sincerely yours,

Charles A. Pilcher, Darrell R. Halverson,  
John Dilworth — U. of Washington, Med. III

## THE PULSE NAMES STAFF

The PULSE has re-organized. A new staff has been selected. Accepting editorial and publishing responsibilities are:

*Editor:* PAUL PENNINGTON

*Business Manager:* JOHN MEYER

*Editorial Staff:* TOM DUNCAN, BILL GALEY, JOHN GORDON, JIM LEVY, CRAIG MACCLOSKEY, BRUCE MACHAFFIE, JOHN MEYER, PETER PERUZZO, JOHN STOISNOFF, STEVE THOMAS, NORMAN WILDER, DIANNE WILLIAMS

*Cartoons:* BILL HOSACK

*Contributors:* All Medical Students, Graduate Students, Faculty Members, Administrators, and Oregon Physicians.

If you have a comment, gripe or criticism please drop a 50-150 word letter into the P-Q box in the mailroom. The PULSE will print all letters which disagree with its position, and will print no pæans. To write an article, contact the Editor or one of the editorial staff.

This is a student newspaper. It represents the ideas of all the students who care enough, feel enough, or think enough to have an opinion or comment. If you don't agree, please write. All constructive contributions will be considered and welcomed.

## A FABLE

Once upon a time there was a grand castle that stood upon a green and lofty hill. It commanded a fine view of the Land of Wet whose people would look up to the mighty structure and marvel. They knew that within those hallowed halls healers of sick, righters of wrongs, and savers of the Oregon beaches were to be found.

Deep within the mighty castle a small but determined group of white coated peasants scurried from room to room seeking to gain bits of magical knowledge from the well known lords who would occasionally speak to them. Unfortunately the bits of knowledge given out by the lords were at times confusing and vague to the unwitting peasants. Such was the sad case in the Hall of Neuroanatomy.

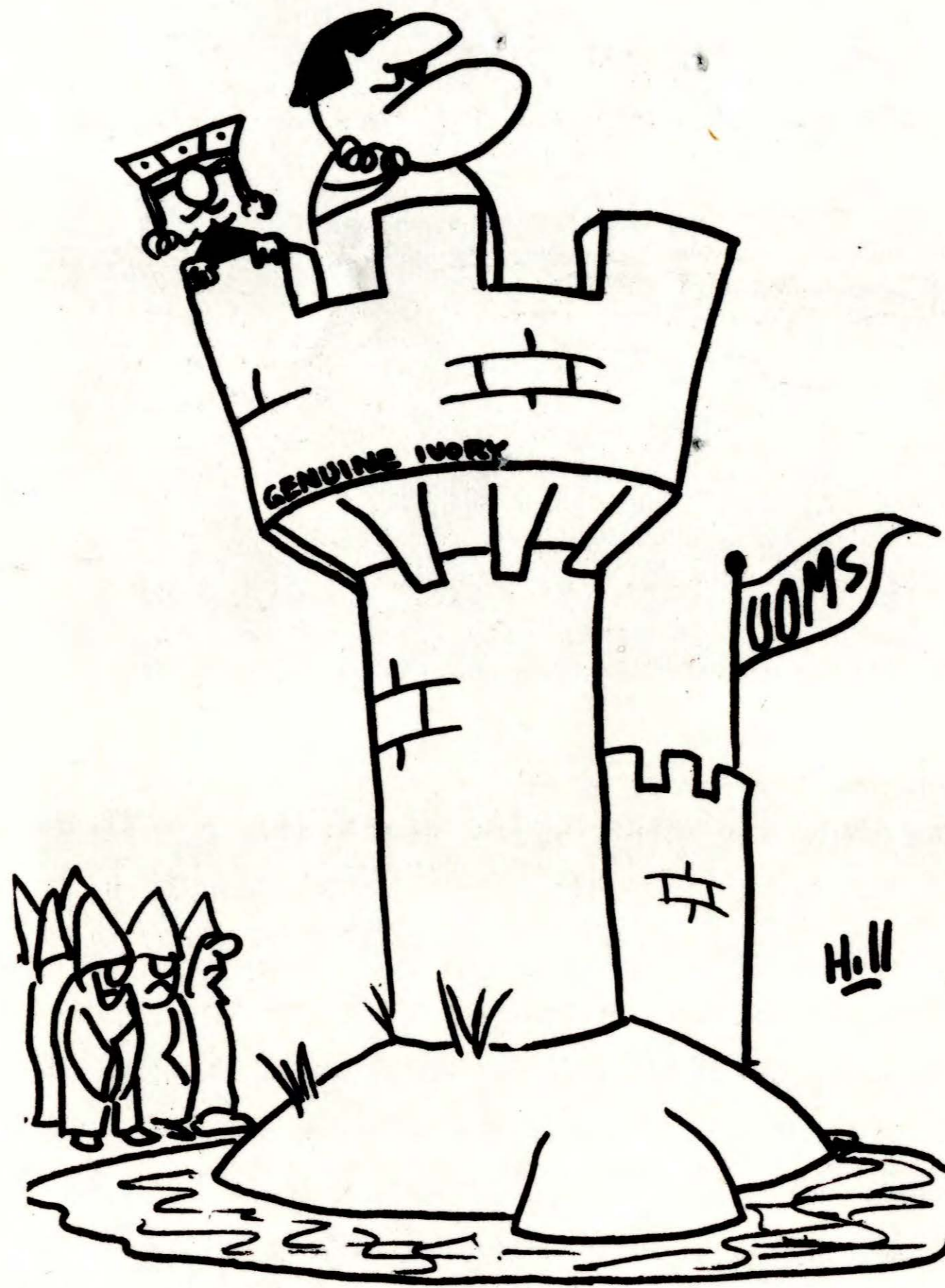
One fine day a group of enterprising peasants had an idea. They would gather all the magical bits of knowledge which the lord of neuroanatomy gave out and decipher them as best they could. Then they could make their very own magical book and sell it to the next generation of fresh peasants for a nominal fee. This was indeed done. The following generation of fresh peasants were very pleased to have a guide through the mazes of sulci and gyri.

It was the custom for peasants to seek refuge in the grand castle for four years only. The right of selling the magical book was, therefore, bequeathed to the freshest peasants for the next four years.

It came to pass that one generation of outgoing peasants needed many ducats for financing their great ball. They decided to try to squeeze a few more ducats from the freshest peasants. The old peasant known as Slick was chosen to carry out the transaction. Slick called together the fresh peasants from all corners of the realm, and then rose to speak. "Dearly Beloved, we are gathered here to discuss money and magical books. The words of wisdom shall cost thee merely 5 ducats, but the Right to Copy shall cost thee 2½ ducats." There was much grumbling, mumbling, and general dissatisfaction.

However, if the fresh peasants wanted to understand the many words of the lord of neuroanatomy, they had better accept the price. This indeed was a grave threat. The fresh peasants acquiesced at once. Slick smiled and chuckled inwardly. He knew that the Right of Copy was not registered with the Lord of Lords.

To the rescue came a gallant knight from the ranks of the Lords to save the poor unknowing fresh peasants from poverty and humiliation. The untarnished hero waylaid the leader of the fresh peasants and informed him of the ruse, of how this was a serious break in tradition, and of



how it was rumored that the Hall of Neuroanatomy would close down in the future anyway.

As it happened Slick, beaming with overconfidence, had given the magical books to the leader of the fresh peasants to distribute. Slick told him to collect the ducats and then hand over the full amount. Thus, the fresh peasants had both the books and the gold. The tables were indeed turned and the fresh peasants decided to name their own price. Slick and his generation of peasants must now dip into their own money bags to provide nectars for their ball.

—PETER PETRUZZO, MS. 1

## STUDENTS CHALLENGED TO COMMUNITY ACTION

A group of medical, nursing, and dental students has been making plans to involve the students of UOMS in community social action.

The group, brought together by Jim Levy, has spotlighted student dissatisfaction with the present curriculum and with the Portland community. The curriculum offers very little opportunity for the student to learn about the personal, family, and social context of medicine.

In the pre-clinical years, there is no contact with the people who will be patients in the clinical years. In the last two years, the clinical experience is disease oriented. The student never sees comprehensive, preventative or continuous medicine. Many students have only superficial knowledge of the ecology of their patients. Serious social problems exist in Portland, but the student all too often insulates himself from these "health" problems.

Working with faculty members from UOMS and with persons from the Portland community, the group has found numerous projects for the interested student during either the summer or the academic year. Students can take histories and counsel at the Planned Parenthood Association. Students can become involved in sex education programs in Portland high schools.

**The Child Development Center in Albina and the Neighborhood Service Centers need persons to work with children and with teenagers. There are tentative plans for setting up an emergency health care clinic for hippies to handle counseling, routine medical problems, and crises due to drug abuse.**

There are possibilities for originating "storefront clinics" in Albina similar to the Student Health Organization project in California. Health teams of medical and para-medical students would assist people in taking full advantage of all the facilities available for medical care.

The group is now attempting to involve other students in these programs — both voluntarily and as an integral part of the curriculum. In particular, a Parent-Child Center is being established by the Departments of Pediatrics and of Medicine. The plan by next fall will attempt to give comprehensive family care to approximately 90 families from poverty areas. Medical students might be assigned families when they arrive as freshmen, and maintain the relationship for the next four years. During the clinical years, they would serve as the family's "private physician."

Merwin Park will host the annual Sophomore picnic on May 11th. All the faculty are invited.

### ANNOUNCEMENTS

The Freshman class has scheduled a picnic on May 11th, 1:00 p.m., at Champøg State Park. Freshman instructors and their wives will be guests of the class.

The business office wishes to remind students that the application deadline date for next year's long-term loans must be paid before the end of the school year. All records will be withheld pending their payment.

### "PUT HUBBY THROUGH"

The Women's Auxiliary of SAMA have scheduled their traditional Senior luncheon for May 25th at the Ramada Inn. Presented in honor of the graduating seniors' wives, the program will include conferment of the "PHT" diplomas, "Put Hubby Through." Recently decided at a board meeting of our local chapter was the resolution not to affiliate with the national organization.

## TO SAVE OR NOT . . .

it has also brought me new friends and deep satisfactions. It has also incidentally, given me superb political education and tremendous reassurance in our form of democratic government.

The major concern of most of the students reading this paper is medicine and the day-to-day problems of acquiring the knowledge and skill necessary to be an effective physician. However, most of them also have other interests to keep them from getting in a rut (painting, basketball, guitar, insect collecting, sex) and to provide relief from the daily routine of medical school.

Over the past 25 years in which I have been involved in teaching medical students, I have noted a gradual and now more sudden shift in the sorts of things that attract the extracurricular interests of such students. The sorts of items listed as examples above, particularly the last, continue to play a very important part.

However, more and more students are becoming involved in activities which are less self-oriented and more other-oriented. Concern with the changing patterns of social and cultural structure, involvement in such activities as student operated clinics for the indigent, concern with and participation in important functions of medical school and hospital have become more and more commonplace. Thoughtful concern with one's intellectual, physical and social environment is widespread and long overdue.

The ferment which is so characteristic of medical education as well as other aspects of life in this country today is largely the result of the feeling that the student can and should take part, when he has reached the appropriate stage of maturity, in molding the world in which he will live and function.

Perhaps now "Bacon's cause" is not entirely irrelevant to this paper. Involvement can be harrowing, but also rewarding. And it is not by any means solely a prerogative of the student; the "Birds on the Hill" described by Steve Ebert in the last issue of the PULSE also have their moments.

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In recognition and memory of the late Dr. Lena Kenin, the Oregon Junior branch of the American Medical Women's Association wishes to announce the change of its name to the Lena Kenin Branch. This group is composed of all the present women medical students attending UOMS and claims as advisors Dr. Melicia Buchan and Dr. Marian Krippæhne.

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## CHARLES HOLMAN TO SUCCEED DEAN BAIRD

Charles N. Holman, M.D., has been named Dean of the University of Oregon Medical School.

Dr. Holman, who has been Associate Dean for the past 11 years, will succeed David W. E. Baird, M.D., in the position.



CHARLES N. HOLMAN

effective October 21, the date of Dean Baird's retirement. He was selected by the State Board of Higher Education from a group of four finalists seeking the post.

Chancellor of the State Board of Higher Education, Roy E. Lieuallen, had high praise for Dr. Baird who has been Dean for 25 years. During this time, the Chancellor said, Dr. Baird "has built the school into one of the nation's outstanding institutions for medical education.

His leadership in his professional field will be missed at both the state and na-

tional levels. Oregon, Dr. Baird's native state, is deeply indebted to him."

Dr. Holman has been with UOMS for 35 years, beginning as a medical student and progressing through various levels of teaching and administration to his present post. He also serves as medical director and administrator of hospitals and clinics.

Dr. Holman is a native of Molalla and took his pre-medical studies at Oregon State University and the University of Oregon. He was awarded the M.D. degree in 1936.

Upon completion of his internship and residency at UOMS in 1939, Dr. Holman was named instructor, assistant professor and associate professor over the next several years. He became Professor of Medicine in 1955, and Associate Dean in 1957.

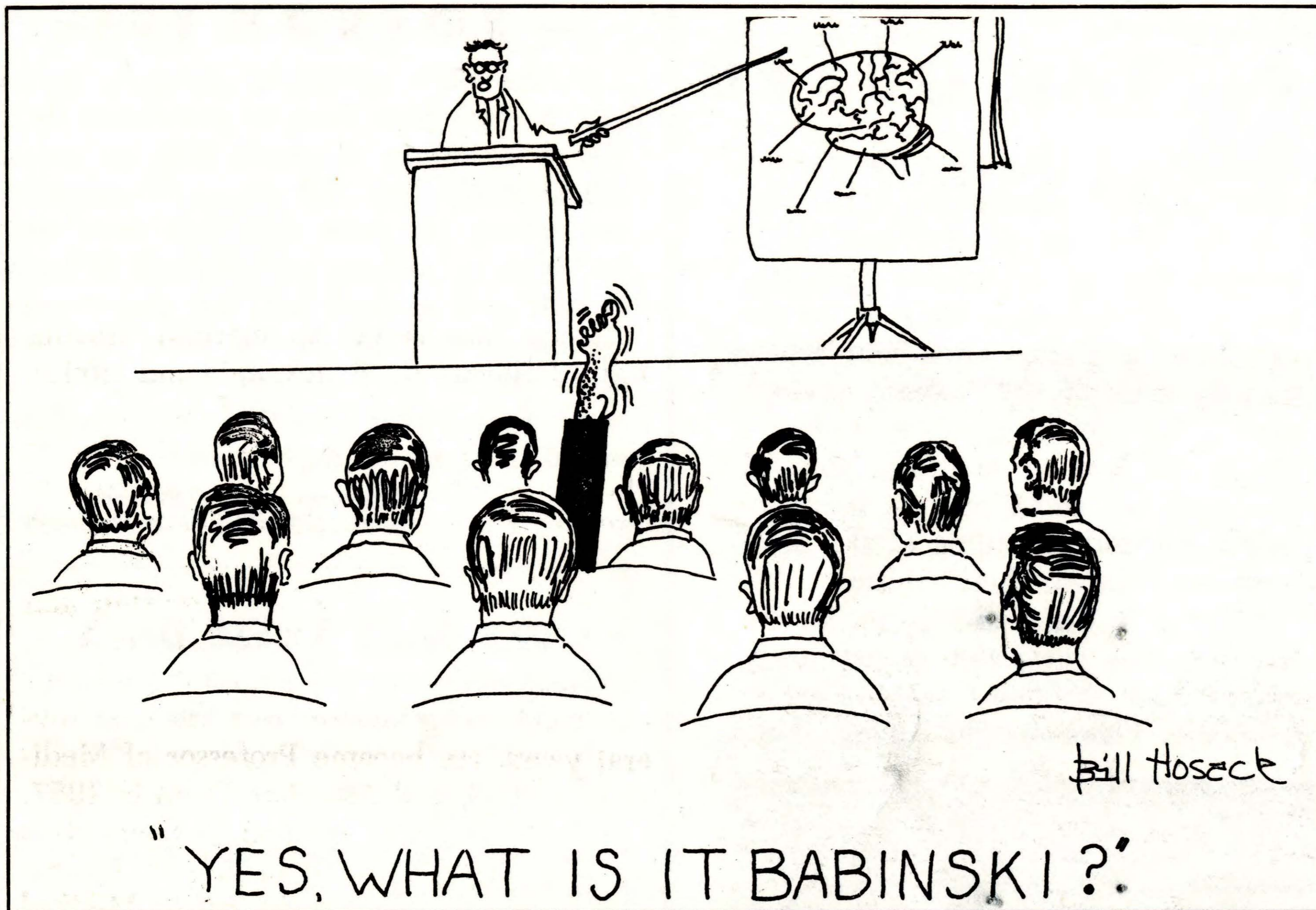
Dr. Holman is a member of many state and national health organizations, including the Association of American Medical Colleges, Oregon Medical Association, American Medical Association, and North Pacific Society of Internal Medicine. He is past president of the Oregon Association of Hospitals, and the Oregon Tuberculosis and Health Association. He has been on the executive committee of the latter organization since 1942.

David D. DeWeese, M.D., Chairman of the Department of Otolaryngology, was chairman of the faculty search committee which recommended the four nominees to the State Board. Other committee members were Kenneth C. Swan, M.D.; Robert L. Bacon, Ph.D.; John Brookhart, M.D.; Herman A. Dickel, M.D.; Charles T. Dotter, M.D.; William W. Krippæhne, M.D.; and W. A. Zimmerman, B.S.

## SAMA SPEAKS TO OMA HOUSE



Dan Lewis, SAMA President, Oregon Chapter, stressed the importance of greater student involvement in matters involving the future of medicine when he addressed the Midyear Meeting of the OMA's House of Delegates. Likewise, Jim Levy, Vice President, Region VII, SAMA, spoke to the delegates at their April 19-21 meeting at Gearhart on the Oregon Coast.



## STUDENT-FACULTY COMMITTEE COULD TRY NEW APPROACH

It is time that we realize that the Student-Faculty Committee is not achieving its purpose — to promote better communication between students and faculty, and to provide a forum where student suggestions may be discussed.

The Student-Faculty Committee has not provided an effective means of getting the majority of student views out into the open. The major reason for this ineffectiveness is that the people from which the ideas originate are unable to present the ideas to the committee.

As the situation now stands, the committee members are made aware of suggestions through a representative, usually the class president, who may or may not agree with the suggestion, a factor which will naturally affect his presentation. Many worthwhile ideas are thus lost.

Person-to-person communication has always been the best communication and the only effective way for individual ideas to be heard. The following suggestions provide a positive approach to student-faculty communication.

1) Each student should talk with a few of his professors frequently during the course of the term. Establish a communication other than and along with the student-teacher relationship. Let him know your thoughts and suggestions about his course and *how* you think it could be improved not just that it *should* be improved.

2) Invite faculty participation in every student discussion, group meeting, and student activity. Include faculty who are positively and negatively oriented toward your ideas. Let them know that you are truly interested in

having them become involved in your activities and programs and you might find that they become involved on your behalf in other areas as well.

3) The Student-Faculty Committee should encourage ideas by inviting those students who have suggestions to their meetings. These students should then be involved in the action taken on the suggestion.

Our instructors must be made to realize that every student is interested in how material is presented. If each professor knows that students will personally praise or criticize him, he will feel more concerned about the content and method of his presentation. I would be the first to agree that it is difficult to approach the man who believes that students are to be seen and not heard; however, this is exactly the type of man with whom person to person communication must become most effective. If eighty people he considers friends as well as students tell him something is missing in his course, that man is going to start reevaluating the situation.

—JOHN G. MEYER

## NO POLITICAL STUMP

[Continued from Page 1]

of political activity. *The Campusgram* (a facility unavailable for political announcements) has on at least two occasions run quotations garnered from newspapers throughout the state calling for a yes vote on ballot measure #3. This measure deals with funding of higher education in Oregon. While we have no quarrel with mea-

## CRAFTY ART HAVEN EXISTS ON THE HILL

Hidden in the center of our science-saturated institution, an "underwater" painting class has been conspiring to upgrade art and culture on the hill. Leading the movement is Mr. Charles Mulvey, a prominent artist specializing in water colors.

Three different painting classes are currently being conducted on Tuesday, Wednesday, and Thursday evenings from 5:00 to 8:00. The six-weeks program encompasses over forty members of UOMS staff and student body. Classes, open to anyone interested, will again be offered next October.

In addition to his classes on the hill, artist Mulvey operates an art studio in Sea View, Washington, and holds classes at several other Universities. The artist received most of his training at art schools in Portland and Los Angeles. However, fifteen years were to elapse before he was able to begin painting seriously. Specializing in sea- and landscapes, Mr. Mulvey opened his studio, the Sea Chest, in 1955. His paintings are now distributed throughout the Northwest.

For those who are novices in water color painting, a brief explanation of Mr. Mulvey's techniques is perhaps in order. Employing the "wet-in-wet" (underwater!) style, the artist first wets his entire paper with water. By using varying brush sizes, strokes, and scraping instruments, he is able to create many different effects and textures. He paints from background to detail and from light to dark colors. By wetting the paper first, a softening and paint-diffusing effect is obtained. However, the "wet-in-wet" technique also means that the painting must be done in about twenty minutes.

Bubbling with enthusiasm, fifteen of the more experienced members of his classes have banded together and dubbed themselves the Sam Jackson Crafty Art and Buffalo Grass Society (no kidding!). The group is currently engaged in a painting project to operate a booth during the coming Rose Festival. A list of their other activities include the establishment of the Mary Enloe Memorial Fund for student loans and participation in the Zoomsi auction.

Here's to the crafty arts!

—DIANNE WILLIAMS, MS. I

sure #3, this is clearly a "political activity."

It is our understanding that present policies concerning political activity on campus are to be reviewed at the next executive faculty meeting on May 2.

The PULSE calls for a change in those policies!

—WILLIAM GALEY  
Graduate Student

## NEW VISTA AHEAD ON THE HILL THE CHANGING OF THE GUARD

After twenty-five years as the Dean of the Medical School, Dr. David W. E. Baird is retiring. The growth of the Medical School during this time can be appreciated if one looks at the pictures in the hallway at the entrance to the Dean's office.

Under his deanship, the faculty has grown from 14 full-time and 180 volunteer members to the present 260 full-time and 600 part-time and volunteer members. Although much could be said of the Dean, his considering with each innovation "Will this help the student?" communicates more than a lengthy summation.

people live is necessary for a complete medical education. The best way to view an environment is to become part of it, thus our curriculum should include a time, or at the minimum a class, when one would become part of the "other" environment. This would give the student a chance to look at medicine through the eyes of those whom medicine helps. An understanding of the problems can lead to their solution.

Also with the increase in knowledge and the perfection of new techniques, new problems are coming to medicine. There are the philosophical



A NEW VISTA FROM THE HILL?

The change of an administration brings the opportunity not only to look back but also to look forward to future alterations. The voice of the student could be of much constructive assistance in determining plans of change. Although lacking in experience, the idealism and enthusiasm of the student could bring forth new lines of thought not patterned by previous encounter. Thus to all future committees working on problems of development should be added the voice of the student.

The education of the student being the main function of the school, an evaluation of the system by the students could help the faculty in evaluating itself. Many methods are available for this, the most common being form sheets that give the student opportunity for objective and subjective judgment. Thus teachers could re-evaluate not only the information presented to the students but also their method of presentation.

A look at and an understanding of the environment in which various

questions which require the help of many other disciplines to answer, and which should be brought forth and discussed as a part of a medical education. For example, the answer to the question — When is a person dead? — is taking on a new meaning with the advent of successful transplant techniques. Various people, not only doctors but also members of the clergy, lawyers, sociologists, and others should be brought to the school to present their opinions on such topics. This would enable the student either to determine his position on such a subject or at least to build a foundation upon which he could construct his position in the future.

These are just a few of the problems that face the new Dean who was selected from the four candidates whom a committee of faculty members chose from over 80 recommendations.

The PULSE hopes that the new Dean will seriously consider these problems and proposals.

—S. THOMAS, MS.I

## —BORROWED—

Unlike other graduate students, medical students have little to say about their course of study. Students rely on cram memorization and fall victim to excessive competition in their first two years and end with unthinking performance of hours of scut work in their final two years. They are intimidated by lack of time, frequent examinations and distant faculty. As a result they remain isolated from a meaningful educational experience.

—Reprinted from CURRENT  
Albert Einstein College of Medicine

### MY FACE THESE DAYS

These days

My face is more peaceful in winter,  
It doesn't strain and disintegrate as it did,  
It seems more relaxed,  
More resigned.  
It is comfortable, working well, in stride.  
Is that good?  
Is that better than its awkward ambitious days?  
Who knows?

—By Fitzhugh Mullan,  
U. of Chicago,  
Med. IV

### FAMILY PRACTICE DEPT.

"The University of Oregon Medical School has been notably deficient in training and inducing students to enter general practice," charged a resolution which was introduced and passed at the midyear meeting of the OMA House of Delegates at Gearhart, April 21, 1967. Pointing out that the need for medical service is overwhelming in Oregon in the area of family physician, the resolution asks the medical school to consider the establishment of a Department of Family Practice.

—Reprinted from the Oregon Journal  
April 19, 1968

A proposal for a Department of Family Practice was presented to the Curriculum Committee in late 1967, but was summarily rejected. —Ed.

A dinner meeting has been scheduled by the Christian Medical Society on Friday evening, May 10th. The speaker will be Dr. Walter Spitzer, National Director of the Christian Medical Society.

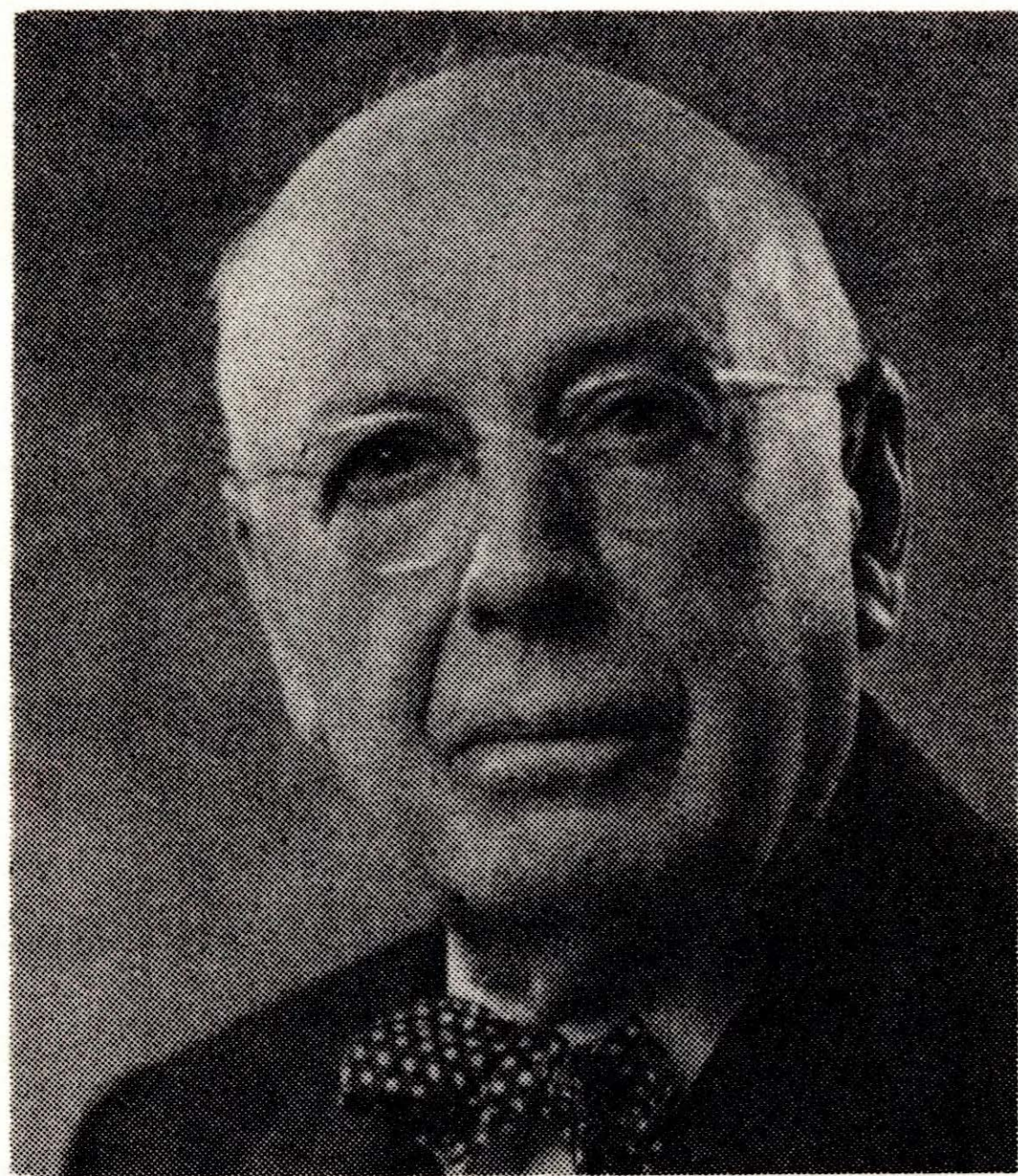
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New SAMA President Dan Lewis has scheduled regular monthly executive council meetings in which all students are welcome and encouraged to attend. This should infuse new life into a dying society. May 20 is the date of the next meeting.

Seniors are reminded that their banquet is to be held on June 4th at the Homebuilder's Hall.

# BILDERBACK LECTURES STIRS STUDENTS, PHYSICIANS ALIKE

J. B. Bilderback, M.D., is a familiar name to everyone in Oregon medicine except perhaps the students. A stalwart of the profession, Dr. Bilderback was the first pediatrician in the Northwest. He was instrumental in founding Dørnbecher Children's Hospital and served as its first Professor of Pediatrics. He founded the Bilderback Children's Clinic in downtown Portland, one of the first of its kind in the United States. It has since served as a model throughout the country for extending pediatric care to all children.



DR. BILDERBACK

Dr. Bilderback has been a central figure in a progressive and expanding attack on the total health care of the pediatric population, and his open and dynamic spirit are best captured and retained in the form of the Honorary Visiting Professorship.

For the past six years the Pediatrics Department of UOMS, in conjunction with the Portland Academy of Pediatrics and the Oregon Chapter of the American Academy of Pediatrics, has annually sponsored the three-day visiting professorship. During this time, a guest professor attends a series of case presentations, special talks and/or programs put on by local pediatricians and is then invited to make comments, offer insights and exchange ideas. In addition, the visiting professor presents a formal Bilderback Lecture on the second evening. This series of meetings is attended by the pediatric staff and interested pediatricians from Oregon. The Visiting Professorship thus serves not only as a source of intellectual exchange, but also as a meeting ground for Oregon pediatricians to familiarize themselves with their referral center (UOMS) and to acquaint themselves with the members of the staff.

This year Dr. Henry Kempe, head of Department of Pediatrics at the University of Colorado served as the Visiting Professor. Although Colorado is not far away, the Rocky Mountains or perhaps

Marquam Hill has served as an effective barrier to the free transport of ideas. In many ways Dr. Kempe's comments on clinical matters differed significantly from the local consensus (or disconsensus). It was interesting to observe the interjection of counter-current, watch it stir the waters and frequently alter the stream somewhat. So much seemed to be gained by this "foreign-body reaction" that one wonders why other departments do not invite such built-in challenges to their self-perpetuating points-of-view? One wonders why UOMS students do not spend some time at other institutions during their four-year training period?

But, Dr. Kempe's contribution was not limited merely to a fresh point-of-view. For despite one's tendency to visualize Colorado as a snowed-in extension of Nevada, the visiting professor's ideas and his activities, seemed much in advance of existing structures in this city and in this country. On Tuesday night at the Bilderback Lecture, he spoke of the creation of rural outpatient clinics in areas without doctors run weekly by University of Colorado staff and students in conjunction with a full-time public health nurse. He spoke of neighborhood health clinics in poverty pockets in Denver staffed by the Medical School residents and students. He reviewed the involvement of students in summer clinics in rural agricultural areas for the purposes of health prevention, health education and referral.

Dr. Kempe emphasized the need for the expansion of para-medical personnel, specifically outlining the possibilities of creating a position to bridge the gap between doctor and nurse. Such a person could, with a shortened training period function in the first line of defense in rural areas without M.D.s. In short, Dr. Kempe asked for a continuing reform in medicine's structure to allow medicine to meet the challenges of total health care. For this, he asks imagination and industry from all the members of the medical community.

Dr. Kempe's intrusion into the private world of UOMS served as a stimulus to both staff and students. Hence, the format of the Bilderback Visiting Professorship, which promotes such intrusion, is worthy of commendation, and perhaps duplication.

—MIKE GILBERT, MS. III

## STUDENTS CAN BE GOOD CITIZENS, TOO

Should medical students be good citizens also? OMPAC thinks so!

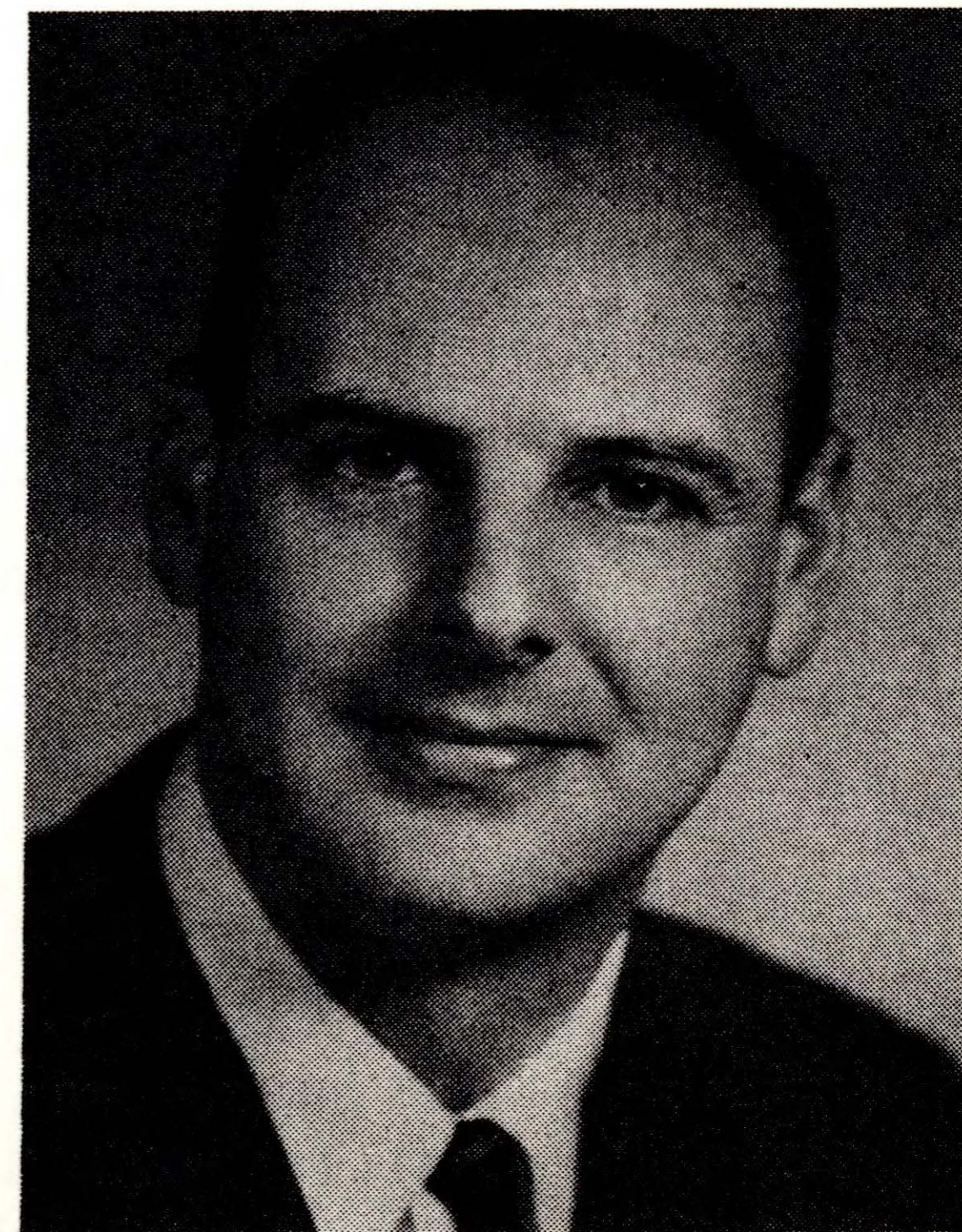
OMPAC is a voluntary, non-profit, unincorporated, bi-partisan organization.

Your help is needed in this crucial election year. You CAN help by joining

## DR. GRAHAM NEEDS YOUR VOTE MAY 28

Have you seen the signs: DOUG GRAHAM, Representative?

You may not be aware of it, but Dr. Graham is a recent graduate of UOMS. Dr. Graham is a candidate for Representative to the State Legislature from West Portland. His wife, Marva, held that position while he was a Senior Medical Student at UOMS.



Dr. Graham

Doug Graham came to the Hill at the age of 30 after serving as a destroyer officer in the Navy and having had a business career in investments and income property. Following graduation in 1967, Dr. Graham took an internship at Good Samaritan Hospital which he is now completing.

During college, Dr. Graham became a participant in political affairs. As a supporter of Mark Hatfield, who was then Dean of Students at Willamette University, and as an active Young Republican, his involvement increased. Since that time Dr. Graham has remained active in political and civic affairs. Most recently he has been involved in the Draft Rockefeller Campaign as Co-Chairman for the First Congressional District.

Dr. Graham has strong feelings concerning the problems of Oregon. He states "the solutions to many of our difficulties lies within the grasp of our State Legislature." As an advocate of the "citizen-legislator" rather than the professional politician, Dr. Graham feels it is necessary for persons from all walks of life to become actively involved in legislating answers to Oregon's problems.

OMPAC! Just send your \$5.00 check to: OMPAC, P.O. Box 394, Beaverton.

Plato once said: "The punishment of wise men who refuse to take part in the affairs of government is to live under the government of unwise men."

## "PHILOSOPHY OF PHARMACOLOGY"

Noontime, Friday, April 5 . . . regular meeting time for the sophomore pharmacology lecture. Chauncey D. Leake, M.D., Dean of the Graduate and Postgraduate Studies, University of California School of Medicine at San Francisco, was on the hill to talk on the subject of "Chemical Warfare Agents." Dr. Leake did not spend more than ten minutes of the next hour on this topic, but the audience didn't mind.

From the very beginning he established rapport with the students. Embarrassing our Pharmacology Department, who had just introduced him via Dr. McCawley, Dr. Leake pointed out the major contributions that many members of the department had made to medicine. Norman David, M.D., made a few motions to indicate that perhaps Dr. Leake was overdoing it, and to the delight of the sophomores Dr. Leake scolded, "Stop that! I've got wide-angled vision!"

His talk that afternoon would more accurately have been titled, "Philosophy of Pharmacology." He used both the blackboard and wit effectively. However, audience participation was his primary tool. Demonstrating how pharmacology played a significant role in many of the fields of science, and how it helped to unite a wide range of medical interests. It would take several columns to give the reader the gist of his lecture, so here are his most memorable quotes:

*Concerning Veterinarians:* "When you fellows get out into the practice you should get to know your local veterinarians better. Most vets find that they must treat the owners of the pets, too — most of them have some kind of psychiatric disorder or they wouldn't have a pet to begin with." As the laughter subsided, he continued, turning to Dr. David, "What kind of a pet do you have?" (Howls of laughter) "Invite your local vet to your medical meetings and banquets — You'll get a lot more consulting work thrown your way."

*Concerning drug action:* "A drug can do one of two things. It can only make the tissue do more or less than it normally does." Bringing his voice down to a gentle roar, he quizzed the group, "Come on now. What does atropine do?" The audience said "More". Dr. Leake screamed back at them, "More of what?" With the reply of "Heart rate", he grinned and added, All right, all right! Why didn't you say so when I first asked you?"

*Concerning the answering of questions:* "Well, talk up. Yell! I do!"

*Concerning bureaucracy in medicine:* "It is the judgment of the members of the health profession that should determine whether or not a drug should be used . . . not some beaureaucrat sitting behind

## INTERESTING SUMMER JOBS

Summer job opportunities for medical students seem to be limited only by the imagination of the students. A small survey of who is doing what has uncovered a number of interesting summer occupations.

John Meyer, a sophomore, is trying to find out how many "shotgun" marriages took place during four selected years: 1940, '50, '60, '66. The project started with studies by Harold Osterud, M.D., which showed, despite careful statistical treatment of the data, that the illegitimate birth rate has nearly tripled since 1940. He postulated that perhaps there is presently less pressure from society for an unmarried pregnant woman to get married before the birth of her child — a so-called shotgun marriage. Meyer's method is to compare hospital birth records with marriage license applications. This is not a foolproof technique; but if the baby is born seven months after the woman marries and weighs nine pounds, there can't be much question! John has already started the study, but has no definitive information yet. "What surprises me," he said, "is the number of older women involved, and the number of women who didn't learn the first time around."

The possibility of a criminal-type genotype will be investigated by Truman Sasaki, a third-year student. Preliminary studies in other parts of the country have indicated there may be some correlation between an XYY genotype (i.e., one extra male chromosome) and such characteristics as increased stature, above normal aggressive tendencies and "criminal behavior." Working with Dr. Frederick Hecht of the Dept. of Experimental Medicine, Truman will conduct cytogenetic

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a desk in Washington."

*Concerning pesticides:* "There are many ramifications to the notion of pesticides. You can think if you wish of chemical warfare as an aspect of pesticidal control. The pests may be human, but they are still pests!"

—NORMAN WILDER, MS. II

studies on a number of Oregon prisoners, interview them, and compare the results with a control group from the normal population.

What's your attitude toward sex? John Gordon, a freshman, will be working with Ira Pauly, M.D., on an attempt to find out. They will be developing a test for incoming freshmen medical students to determine the attitudes towards sex. They will also survey the literature in order to compile a bibliography for a possible future course in this area.

Students still looking for summer jobs are becoming somewhat tense. However, many of the public and private hospitals employ medical students as scrub technicians, laboratory technicians, externs, and even orderlies. Some, like the State Hospital, will train a few students each summer. A few medical students may work with the State Department of Public Health as sanitarians or nurses' aides in migrant labor camps. A few of these positions are still unfilled according to Ralph Sullivan, M.D., of the State Health Department.

Those doing research on the Hill might forget that medicine involves people as well as test tubes. Fortunately the opportunities for volunteer work are highly varied, and the possibility of doing something worthwhile is as great as the need. Among the choices are working with the Planned Parenthood Association, with the Head Start program, and with a small group of people interested in the "hippy" population (conservatively projected to increase by 15,000 this summer). Medical students who are aware that something needs doing out in "the world" but who are not sure how to go about it are urged to contact Jim Levy (junior) or Paul Pennington (freshman).

Those who only want to vacation this summer might drop in at the Golden Nugget in Las Vegas — where Steve Lazarus (a freshman) will be a croupier. Steve refuses to guarantee that you will win, but he can at least be counted on to smile pleasantly as you lose.

—TOM DUNCAN, MS. I

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### THE PULSE

University of Oregon Medical School  
Portland, Oregon