

THE

# PULSE

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University of Oregon Medical School

May, 1968

## "OUTSIDE-IN" TO PROVIDE "HIPPIE-CARE"

As future doctors, dentists and nurses, the students in this institution may think that they have little in common with the "dropped out" generation. Have you ever seen a hippie in a white clinic coat?

However, it is becoming increasingly clear from the widespread unrest in America that no society can long ignore the presence and influence of the subcultures within it. "Dropping out" is now a world-wide phenomenon and our society is just beginning to discover how to relate to it constructively.

### FROSH WELCOME ORGANIZED TOUR

Last Fall the members of the Freshman class were subjected to a series of welcoming speeches and functions, designed to orient and alleviate the various anxieties felt by most. Generally they accomplished neither.

There was, however, one saving grace to the program — the tours of the campus arranged and conducted by the SAMA members.

We all showed up at the student activities building at the time designated in the throwaway we clutched as a symbol of belonging. Upperclassmen appeared and parceled us into smaller flocks to be led away. I was led into an hour and a half of the most useful orientation since being shown the men's room in Grand Central Station. It involved a tour and running comment by a sophomore student on the clinics, Multnomah Hospital, Medical School Hospital, research building, and such prosaic but useful places as the bookstore, laboratories, lavatories and classrooms. Some of these I've never seen since. The tour ended with coffee and questions were answered, anxieties allayed.

This tour plan was entirely our shepherd's we learned later by talking with other freshmen. Too many others stood sweating in the sun while the leader pointed for twenty minutes.

Yet this segment of the orientation for freshmen with a modest amount of planning and interested shepherds could be the most useful hour or two of the entire day.

Why isn't it?

—JOHN STOIANOFF, MS. I

At the combined Ob-Gyn-Psychiatry Conference on Tuesday, March 7, 1968, several faculty members met in a panel discussion with two people who work in the Portland hippie community. This was an attempt to involve the people on the Hill in the situation that exists in Portland.

One member of the panel said that a big problem is the high school kid who goes to S.W. Corbett for a week to "try out" the hippie subculture. He starts out with a trip on LSD or Methedrine, and after three days without sleep he takes STP to calm down. **This alphabet soup of drugs can lead to despair and a chain of events which seems to have no solution. Often it is impossible to return home in such condition and the individual is somewhat unwillingly trapped in a new and unfamiliar environment.**

Drug problems, however, are by no means the only medical problems in the hippie community. Many people involved in the "gentle" way of life never become involved with drugs. But they do have medical problems, and being somewhat different in habit and dress from the rest of our society they encounter obstacles in obtaining adequate medical care.

In a recent survey of 200 people in the Portland hippie community, 132 had medical needs. Of these only 72 had seen physicians. Most of the reasons for the hesitancy to seek medical care are related to the kind of treatment they receive at the existing facilities. Too often there is

a judgemental attitude toward them, and in several cases it was cited an actual unwillingness to give adequate medical service.

One of the members of the panel was Charles Spray, M.D., a Portland internist in private practice. From his contact with hippies and with the community's facilities to meet their needs he has decided that Portland needs a downtown clinic to deal with these problems. With the cooperation of the Portland Council of Churches he is developing a project called *OUTSIDE-IN* which will provide the following:

"(1) Comprehensive health care and rehabilitative facilities for a segment of the population either ineligible or unwilling to approach our established social agencies.

(2) An adolescent clinic for the entire community where teen-agers still living at home can seek out professional guidance and care as an alternative to "dropping out."

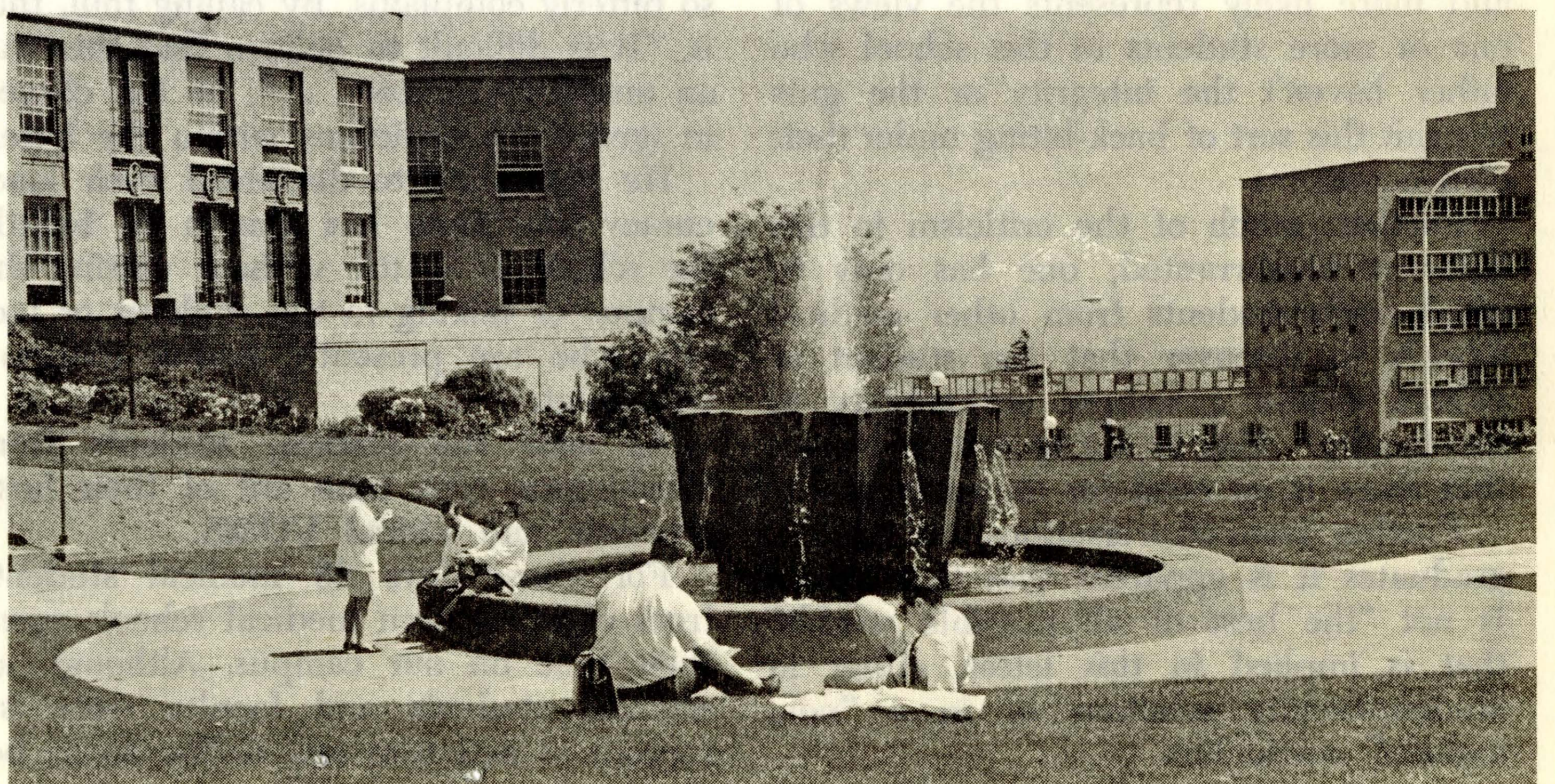
(3) An avenue for research into the medical, sociological, and psychological aspects of the above problems."

*OUTSIDE-IN* is anticipated to become operational by June 1, 1968.

Dr. Spray has said that there are openings in the clinic for third and fourth year medical students to work with the doctors in the clinic itself. First and second year medical students, dental stud-

(cont'd on page 8)

### THE PAUSE THAT REFRESHES





## DO YOU WANT A PULSE?

The *Pulse* costs approximately \$245 for an eight-page issue. Next year ten issues will be published — that's two thousand four hundred fifty dollars.

In the past, the faculty of UOMS, private physicians from Oregon, and the OMA have paid for the paper through contributions of both money and labor.

Who will support the *Pulse* next year?

During the summer a second appeal to faculty, private physicians, and organizations will be mailed. Hopefully, this will provide enough money to publish for the *first* term.

But this is a STUDENT newspaper, and it needs *student* support. In December, the *Pulse* will ask for three dollars from each student. If the paper does not offer the students a worthwhile service the *Pulse* will fold.

The new editor and editorial staff have learned about publishing a newspaper in the last two editions. Next year the paper will benefit from this. The *Pulse* will offer a better balance between editorial and informational articles.

There will be articles by faculty researchers and clinicians, by private physicians, by persons in other-than-medical fields.

However, as first responsibility, the *Pulse* will offer a broad range of student articles. Do YOU have comments or opinions on the type of medical care offered in the Clinics? Are YOU taking an interesting elective course, attending a lecture, working on a project? Would YOU like articles on intramural B-ball and campus activities?

Think about the *Pulse*. It is a student newspaper . . . your newspaper.

What do YOU want next year?

—P.P.

### WE GET LETTERS . . .

#### "GUTLESS WONDERS"

Dear Sir:

During my five years at this institution it has been painfully aware to me that most medical students are "gutless wonders" when it comes to anything that vaguely resembles protest.

All too often we criticize and bitch about the faculty, administration, curriculum, etc. . . . without involving ourselves in any form of constructive criticism. For most of us this same lack of involvement extends into the political and social activities of the nation, as well.

Perhaps many of us are just biding time to be assimilated in the same *status quo* that we criticize, or we fear some unknown repercussions that may jeopardize our positions.

A new low in "non-involved" criticism was reached in the last issue of *The Pulse* with the letter to the editor from the U of W students. It is difficult to believe that this was an unsolicited contribution, and more likely represents the views of one or more students at this school who either haven't the integrity or the guts to print this sort of back-biting under their own names.

Further, much of the criticism in this letter is unwarranted; one has only to speak with students from other medical schools to discover that the student at UOMS enjoys a unique accessibility to the faculty. This is not to say, however, that there is no need for improvement.

Further, from conversations with U of W graduates it is apparent that that school is not "the best of all possible worlds" that is implied in this letter, either in student-faculty relations or in a "non-archaic" curriculum.

I am not implying that no changes are necessary at this school; there are countless areas which must be altered if this institution is to keep pace with the world.

Changes are being made, albeit slowly, largely in response to recognition of both student and faculty dissatisfaction. As students we have a unique position to suggest changes, as we are closest to the problems of the student, and ultimately are the beneficiaries of any change.

Active involvement, rather than empty criticism is the answer. Perhaps if our involvement with our own education can be extended into the life of the community the title Doctor before our names will begin to have its original significance.

Sincerely,

—LYNN WITTWER, MS.

### WE GET LETTERS . . .

#### RESPONSE

Mr. Wittwer has fallen victim to those attitudes and the inactivity of which he so bitterly complains. By calling foul, that is, "It is difficult to believe that this was an unsolicited letter . . .", he has chosen to ignore the criticisms within the letter.

He has failed to document their inaccuracy and then has chosen to belittle the school in Seattle without visiting the campus or talking to the students or faculty who are presently within that environment.

At least the medical students from Washington took time out of their busy schedule and visited UOMS.

For three days 28 medical students from eight western medical schools spent their time on our campus. Although all medical students and faculty were informed of activities and deliberations be-

## PULSE STAFF CALLS FOR NEWS, EXPRESSION

If you have a comment 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 plaudits. To write an article, contact the Editor or one of the editorial staff.

The *Pulse* extends special thanks to Diane Williams, Peter Peruzzo, and John Stoianoff for the time and effort they have given to article editing and general scut work. The *Pulse* also gives great thanks to Mr. Bob Bissell of the OMA executive staff for more hours spent on lay-out and publishing than the editor has spent on content.

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 STOIANOFF, STEVE THOMAS, NORMAN WILDER, DIANE WILLIAMS.

Cartoons: DENNIS HILL, BILL HOSACK

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

ing held regarding aspects of medical education, medical-politics and social action, our student body displayed its usually complacent attitude.

In fact, outside of the Friday noon luncheon, only five UOMS students could find the time or interest to enter into the discussions.

Many of the comments in the letter have been made part of various student and faculty recommendations: (1) Dean for students affairs; (2) Faculty organization; (3) Student body organization; (4) Curriculum reorganization with students on the committee; (5) Increased social, political and cultural activity on the UOMS campus. Just as all of these have been suggested by us, many of these reforms appear imminent.

In conclusion, having been editor of the *Pulse*, I was the one approached by the Washington students, following their time on our campus. They asked if they could write a letter of comment, I encouraged it.

You see, Mr. Wittwer, the letter was not solicited and many of the comments in the letter have been documented by the active students and faculty.

My personal "back-biting" approach is always apparent, and is labeled with my inimitable style. I would hope that your letter is not a projection and may I suggest that you along with the other students get with it . . . this institution must catch up before it can "keep pace."

—JIM LEVY, MS. III



## A SOFT SUMMER NIGHT

... The proposition was offered that the United States of America has gone crazy; there were natural patriotic objections; and then a man finally said: "if this country hasn't gone crazy, then just why in the hell are we sitting in the South Bronx right across from a truck the police have rented just in case they might have to answer a distress call and might get shot before they get there if they were recognized by a fellow citizen?"

Murray Kempton's question in the *New York Post* is this minute being repeated in one form or another by millions of Americans: in their homes, in the bars, on the streets — even at the University of Oregon Medical School. 1968 has become a year of decision, the year the people became aware—or could no longer ignore — the fact that problems which have rankled for years will never dry up and blow away like last summer's weeds.

Seldom have the political issues been so clear cut, even less frequently have the human implications of those issues been so vital.

Peace or war. Logic or demagoguery. Not just in Vietnam, but in the streets, the homes and the minds of the nation.

For many people THE WAR is the common ground for political action; party lines have been erased and candidates will be elected solely because of their stand on this single issue. But important as it is in its own right, Vietnam has also become a symbol to represent all that is wrong in American politics.

Politics cannot be a dirty game played by professional masters, but must be the life process of a democracy, over which the people have absolute control if they will act.

The Oregon primary is over and with it the fun and games and opportunity for immediate participation. But if the urgency for involvement is gone, the need is not. The problems laid bare in the last few months will not scar over this time: the war is not over, race relations are no better, pollution smells just as bad and education is still in critical condition.

No one can stop runaway population or inflation or destruction of the beaches but those who have a stake in the outcome — the people. Students are people.

Look to Albina, to Planned Parenthood, to the beaches, to bigotry and intolerance and hatred if you agree that the world is bigger than Sam Jackson Park, then volunteer to campaign for your candidates — they all need help. If you don't know where to turn, contact your county campaign headquarters. They will tell you why and how students can act. Don't watch your dreams lose to the forces of ignorance — by default.

But help to ensure that America is ruled by reason, not mobs; belie the proposition that we have "gone crazy."

Show yourself, and the world, that America is only waking up from the profound and peaceful slumber of a soft summer night.

—TOM DUNCAN, MS. I

## IN JUST

goat-footed

in Just—  
spring when the world is mud-  
luscious the little  
lame balloonman

whistles far and wee

and eddieandbill come  
running from marbles and  
piracies and it's  
spring

when the world is puddle-wonderful

the queer  
old balloonman whistles  
far and wee  
and bettyandisbel come dancing

from hop-scotch and jump-rope and

it's  
spring  
and

the

balloonMan whistles  
far  
and  
wee

e. e. cummings



—Photo by Peter Peruzzo

## RETROELLIPSIS

terminate year 1 . . . coded in memory patterns e.g. . . . the splendor last September of being *the New* . . . developing parking paranoia in the mornings . . . attaining true individualism by wearing a white lab jacket . . . becoming close to your cadaver . . . trying to believe the exams in tissue - class were for real . . . Bacon's slides of broad anatomy . . . the fallacy; knowledge, more important than grades . . . selling your soul for old exam copies . . . fear of the dirty disconnection during TELPAK calls . . . benefiting from case studies demonstrated . . . the miracle of having any Xmas vacation at all . . . learning how biochemists make a hormone . . . charitable loot from whatever-the-names of the drug companies were . . . the prof at the shindig who seemed more interested in one of our wives than his . . . librarians ignorant of the art of whispering . . . medical psycharazzo . . . seeing, for the first time, life coming out . . . learning the errors of some standard deviations . . . excellent lecturers . . . other lecturers; stick to research . . . when the nursing student said she was already married . . . Thursday's sex hour . . . really caring about neurom pathways . . . Anat 101 Ping Pong (limited to *busy* grad students) . . . grateful to med school for what it does for you regarding Vietnam . . . peers are infallible . . .

low men on the totem pole should be seen, and not heard (herd?)

. . . like, next September

—THE CRYPTORCHID

## —BORROWED—

...and currently doing research in basic medical education. ("Actually, I'm doing research in rather superficial medical education or rather my research is a bit superficial, but obviously all contemporary research must be basic and it must focus on the smallest area possible — cells, good; organelles, better; molecules, wonderful; and invisible forces preferred — in order to qualify as *elegant*."

A Surrealistic Interview  
—Jeff Koplan, MS. II  
Tufts University

Always strive to make a liar out of Voltaire who once said that doctors are "men who prescribe medicine of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing." We must prepare ourselves, teach ourselves, devote our time and effort to learning to keep that statement from becoming true.

—JOHN BERLAND, MS. IV



# MS BOOKSTORE REVIEWS GOAL PICNIC CANDIDS

The Medical School Book Store is the only book store affiliated with an Oregon State institution of higher education which does not give a discount to students.

Uniquely, the Book Store is not owned by students, but operates under the direction of the Oregon State Board of Higher Education and Associate Dean, William A. Zimmerman. Low volume sales and changes in the publisher credit regulations made it necessary for the state to supply the capital for a working inventory.

Previous to June, 1966, the Medical Book Store was owned and operated by three students. The Store was open only three hours a day, two hours at noon, and one hour in the evening. When publishers changed credit policy to cash on sale or short term credit, the student owners could not supply the required capital investment.

Since the low sales volume was not enough to induce private ownership of the store, the state provided 35,000 dollars to purchase a working inventory. Conditions of loan require repayment by July, 1970. Once a working inventory has been paid for, by profit from book sales to the present medical students, the store will rebate all future profit.

Progress toward the goal of \$35,000 is expected to be on schedule at the end of this year.

## FIGURES FOR 1966 - 1967

Total Sales.....	\$154,329
Operating Costs .....	17,366
<hr/>	
Profit .....	\$8,355

Last year the profit margin was 5.3% on total sales. Thus a maximum rebate at this level of total sales would be 5%. If the total volume of the store doubled,

## WOULD YOU BELIEVE A TUG-OF-WAR?

Unlimber your cameras.

Next fall the *Pulse* will organize a photographic contest and exhibition. 8x10 mounted prints of anything except the baby (the *Pulse* refuses to even consider nudes under 16 months . . . State Law). \$15 and space in the *Pulse* to the best of the show. Start clicking, you've only got three months.

The *Pulse* will sponsor numerous projects next year: lectures on topics of student interest, films, the photography exhibition, a Fall intramural football game and student-faculty picnic.

The biggest project — still in the early planning stages — is a triple tug-of-war with the students on the roof of County Hospital, the faculty on top of the Research Building, and the administration stationed on their own building. Casualties will waft gently to the door of the Emergency Room.

only then could a ten percent discount be afforded.

According to Associate Dean Zimmerman, no discount can be afforded until 1970 or such time as the total profit from the store exceeds \$35,000.

Until then the budget-minded student does have alternative. An arrangement has been made with the Reed College Book Store so that students may order any book at a 10% discount from list price, the price in the Medical Book Store.

Associate Dean Zimmerman has been very helpful in supplying some of the information for this article. He has promised to consider discounting certain small items — paper, pens, pencils — and to discuss the possibilities of allowing the students at school today to share in profit from later years.

There has been dissatisfaction this year due to delay in ordering books, poor display of inventory, pricing, and unimaginative purchasing. These or any other complaints should be brought to the attention of Dean Zimmerman. He commented that this was the first inquiry into the operation and the first complaint in two years of operation.

Unless he is aware of poor practices, he cannot take steps to change them.

—MASON SMITH, MS. I

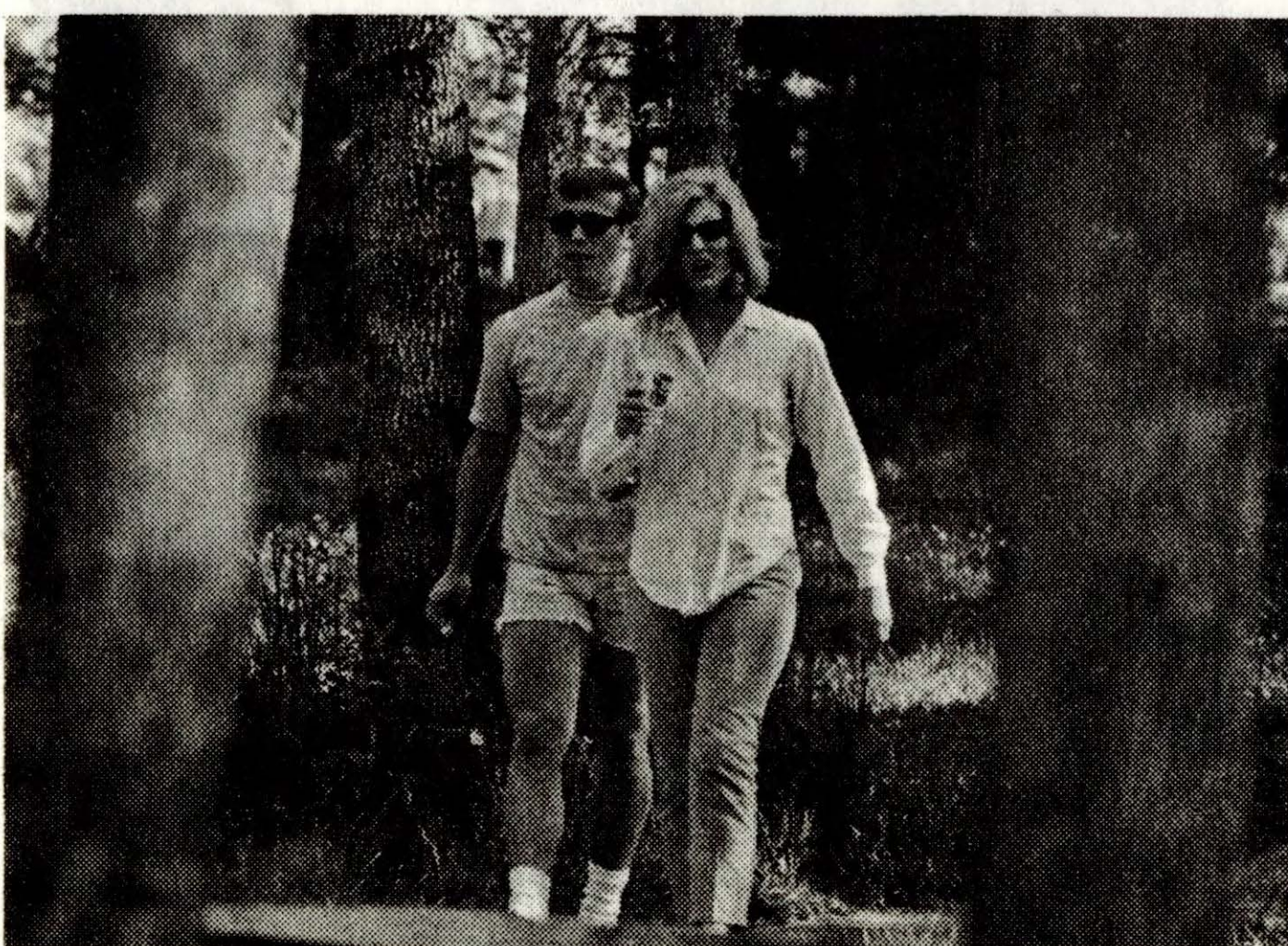


Fred (the Fighter) Hecht, M.D., smashes one to Robert D. Koler, M.D., as awed freshmen take mental notes.

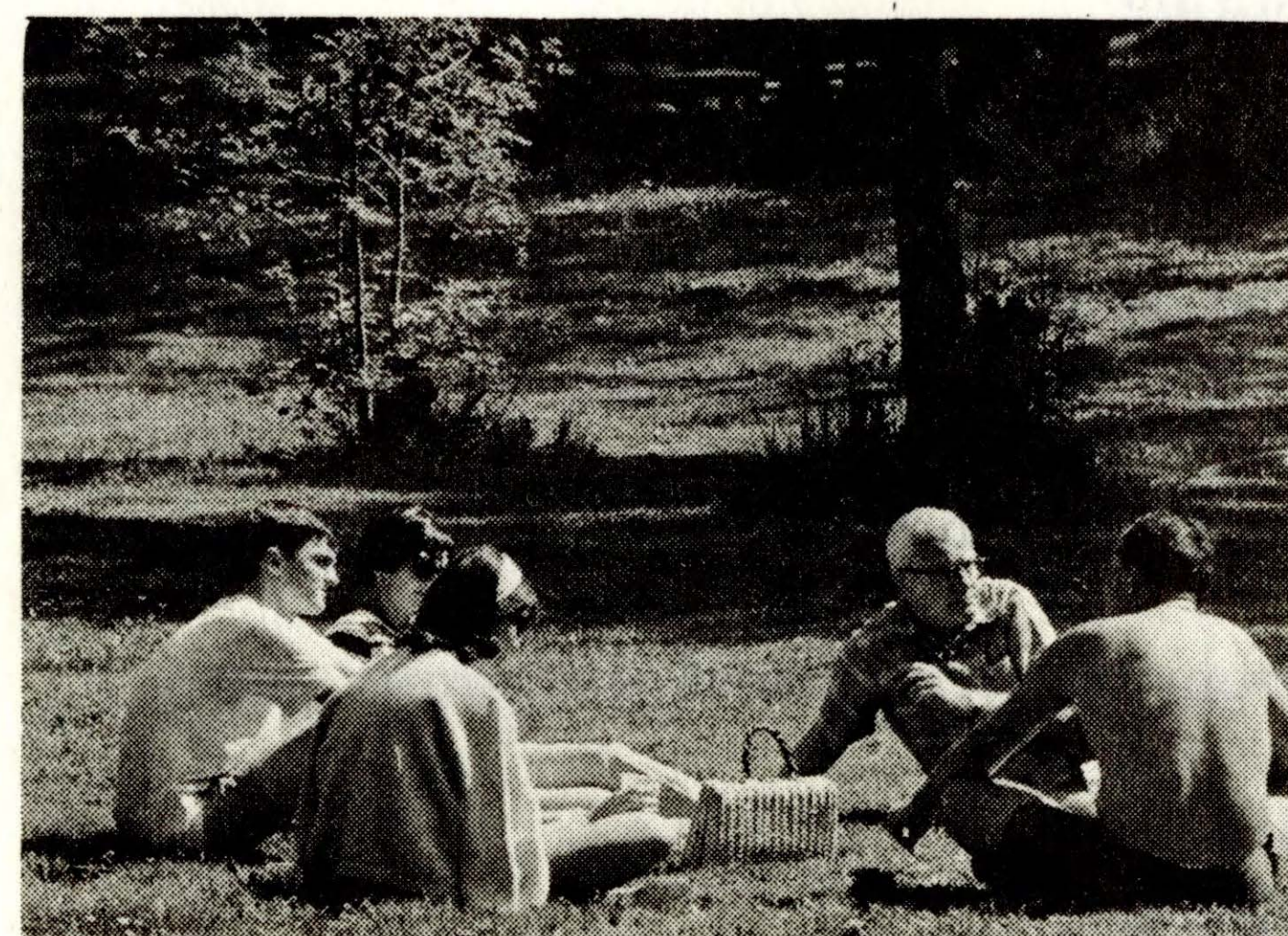
The football players take a "refreshment" break.



A relaxed Physiology conference at Champoeg Park.



Wonder where Jim has been? All's fair at the freshman picnic.





# SALUTATIONS FROM THE SENIORS

I'm sure you remember, as well as I, how anxious we were to be admitted to medical school. No sacrifice was too great — all we needed was the chance to prove ourselves. Starry-eyed, dedicated, we were hell-bent on learning medicine. Maybe our expectations were too high, but we forgot the most important thing — we are *guests* of this institution, and if we don't like it we can leave.

—ROBERT MUSHEN, MS. IV

\* \* \* \*

In looking back over the past four years, the thoughts about UOMS which are important to me at this time are:

1. Things were never as bad as I felt they were going to be.
2. The majority of the faculty while very accessible to the aggressive medical student were not aggressive themselves in involving themselves personally with the student.
3. The best information came from my fellow students, my own reading, 1 on 1 staff-student discussions, and well organized lectures, in that order.
4. The best way to insure your own medical education is to convince yourself that *you* have the responsibility for obtaining it.

—GORDON DOWSETT, MS. IV

\* \* \* \*

It took four years to come to the conclusion that all faculty, regardless of how poor they may have seemed at the time, are sincerely interested in the welfare and education of the student. If I had spent more time learning and less complaining, I would be far ahead at this time.

—DAVID DURFEE, MS. IV

\* \* \* \*

Don't let others hinder your learning by constant complaints — re: "The clinical gap." You need those basic science years (and more). But clinical motivation lies in your own hands. My own offers to underclassmen to go on ward rounds, et cetera, have largely been ignored. Be aggressive. Collar upperclassmen, residents, staff, et cetera, and get what you want out of your medical education. You will be the doctor you train yourself to be.

—DARRELL LOCKWOOD, MS. IV

\* \* \* \*

In retrospect it is quite easy to forget some of the problems that students face during four years with respect to the curriculum, the faculty, and administration. These problems are real and important, but in the long run are quite insignificant when compared to the task of adequate preparation of oneself for medical practice. With the new curriculum, this task will involve even more self-instruction than is necessary now. More involvement by students in their own education by



Hill

extra reading, visiting the wards during the first two years, and consulting the faculty seem to me much more worthwhile than spending the extra time on political-social issues of medical education.

—LARRY VILTMAN, MS. IV

## SAMA NATIONAL CONVENTION HIGHLIGHTS



A late night vote by the House of Delegates. "The United States should take all steps necessary to de-escalate and negotiate an end to the Vietnam war." Representing UOMS were Dan Lewis and Paul Pennington. Also present was Jim Levy, the SAMA regional Vice President.



Swearing in of new national SAMA officers at the convention in Detroit. (left to right) Clement C. Lucas (President), Christian Ramsey (Vice President) and Edward Martin (Secretary-Treasurer, and regional Vice President). Administering the oath is David Kindig (immediate Past-President).

## DEAR DAVE:

Dear Dave:

Your questions about the recent National SAMA convention were well taken, and to answer them may not be easy.

First of all, you asked, "What happens at a national convention?"

### (1) LEGISLATION:

The meeting is structured like our federal legislative body. There is a delegate and an alternate from each medical school in the country. Most of the time is spent in formal meetings of the House of Delegates, or in committee meetings where the resolutions to be voted on by the House take final shape. Seventy resolutions were considered this year. The bills were concerned with topics ranging from a study of medical and ethical problems of organ transplantation to complete reorganization of the New Physician.

### (2) LECTURES, SYMPOSIA, & DISPLAYS:

Over 500 medical students and their wives, interns, residents and practicing physicians attended lectures and symposia ranging from "The Care and Feeding of Hippies" to "The Physician's Life — Suicide, Addiction, Marriage." Among those addressing the delegates were William H. Stewart, MD., Surgeon-General of the USPHS, Quentin Young, MD., immediate past chairman of the Medical Committee for Human Rights, and Milford O. Rouse, MD., President of the AMA. Many drug and medical equipment companies displayed their products in a specially arranged "Medicine Avenue" which occupied an entire wing of the hotel.

Secondly, you asked: "What was accomplished at this convention?" Your feeling seemed to be that the convention was simply the political counterpart of a war game, and of no immediate value. In the past your criticism would have had merit. This year, however, a progressive movement sparked by delegates from the West Coast pushed through several important pieces of legislation. In order to finish all business, the House remained in session until 4:30 A.M. the final day.

A bill requiring the complete revamping of the New Physician set guidelines for specific changes — executive and associate student editors, advertising placement and policy, articles. A bill requires SAMA to establish a research and information service to be available to all individual members and chapters. A committee was appointed to re-write the constitution and to re-define the duties of the executive officers and the purpose of SAMA. Since the executive authority of the national SAMA organization is vested in the House of Delegates, these resolutions will be enacted immediately.

This brings us to your *third* question: "What is the value of National SAMA to us and to our chapter. This question has

(cont'd on page 7)



# FAMILY PRACTICE CONCEPT SOUGHT

Doctor	Concept of Patient	Diagnosis	Treatment	Adjuncts	Outcome
1868	Bullet hole in poor old Sam	Bullet hole	Probe to remove bullet	Time	Return to saloon Bullet hole in Sam
1968	Bullet hole in abdomen	Above plus: damaged lung, liver, aorta	Remove bullet Repair damaged tissues where possible	Above plus Antibiotics, anesthesia, support body processes	Return to job, family, social environment. Same or other hang-ups.
Family Practice	A whole Sam with a bullet hole.	Above plus: too much booze, too many women; frigid wife; poor hearing, sight, reflexes; poor social organization	Above plus diagnose and deal with these	Above plus: knowledge of Sam, his heritage, culture, family, social environment. Understanding of interpersonal and social relationships, job, law enforcement. Training and dedication. Knowing when and where to get expert help.	A whole Sam functioning well in relation to his family, job, and society.

The above outline illustrates where we have been, where we are and where we hope to go. The step from 100 years ago to today has required the development of the biological sciences, of specialties and of new techniques.

While still not complete, these have made tremendous strides in the past 20 years. The step from today to the Family Practice Concept requires a re-orientation of thinking.

The Family Practice Concept requires physicians trained:

- (1) to assist the patient in entering the health care system;
- (2) to assume *responsibility* for the health care and related needs and related needs in the context of the family and social environment;
- (3) to provide care in one or more of the present specialty fields;
- (4) to provide comprehensive and continuing health *supervision* for the patient.

Physicians who would practice this type of medicine would be primarily Internists, Pediatricians, OB-Gyn., and General Practitioners. However, Family Practice is as much an attitude as a subdivision of medicine. Hopefully all physicians would adopt, and benefit from, this orientation.

Physicians who function in this capacity at the present time, albeit imperfectly, have had to learn the attitudes and techniques on their own. Present education is *disease* oriented.

Yet, to be effective, medicine must be oriented towards the *person* who harbors a disease or defect. These attitudes and techniques are definable and teachable.

It is the opinion of the Ad Hoc Committee of the Council on Medical Education of the AMA and of this author that the factor of prime importance in such teaching is a model of family practice in the Medical School — a Family Practice Department. —MERLE PENNINGTON, M.D.  
Sherwood, Oregon

## CRITICISM

When we started the *Pulse* three years ago, it was to be a sounding board for responsible thought, constructive criticism, carefully thought out facts, and clean humor. Deadlines were often postponed to obtain more facts, responsible criticism, and jokes. The April-May issue hammered away with one-sided viewpoints about petty and fancied difficulties at UOMS.

Student-faculty schism, the "archaic" traditions, spurning of the Family Practice curriculum, imagined inequities by fellow students, the inability to decide if a person were dead, unpaid political announcements, excessive competition, and performance of scut work were represented by biased and irresponsible reporting.

Mr. Galey's transparent tirade made me yearn for Lawrence Dean. I'm sorry Mike Gilbert has missed the almost weekly Guest Lectures in the various clinical and basic science departments. If, after attending these, he still needs stimulus, I recommend *any* current issue of *any* medical journal which is delivered to our library.

The symbolic picture of Three-Fingered Jack makes me wonder if the other fingers are possibly in John Meyer's ears. The Student-Faculty committee meetings have *NEVER* been closed and are limited in effectiveness only by the limited scope of the students.

The crowning blow was the inclusion of the destructive letter by the three University of Washington students who casually peeked in at UOMS a few hours one weekend. The fact is that UOMS is unique in the easy ac-

cessibility of its faculty! Ask *anyone* who trained elsewhere.

Dr. Krippæhne and the curriculum committee deserve the cheers of the students for yeoman service and progressive curriculum which were influenced by constructive criticism of students of an entire student body.

Looking back over the four years, I wish I had spent half the time I spent complaining divided equally between study and golf — I would be the only straight-A, scratch golfer at graduation.

True, a physician must be a community and political figure, but *First, HE MUST BE A PHYSICIAN!*

I want to thank the faculty for giving us the skill and knowledge that enables us to compete effectively for good internships and in National Boards. Considering the average substrate admitted to UOMS, they did a HELL of a good job! I also hope the off-hill people who read the April-May Scandal Sheet had the vision to see this blow-off as a typical Sophomoric response to the stress of Medical School life.

—CRAIG MACCLOSKEY, MS. IV

## BORROWED

Path., math., sputum, and feces;  
Auerus, coli, and other species.  
Transduction, phage,  
and auscultation;  
Can't wait until Summer vacation.

—By THOMAS TOTALBOOKER



# WESTERN ART AND INTEREST By J. H. FELLMAN, PH.D.

There is a well-known Titian limerick that in some measure expresses a long held but popular point of view about the intent if not the thrust of the artist.

Words like organic, glandular, generative and others are used by critics and the socially agile in commenting on some of the more abstract and even hard edge non-objective products of today's masters; so that it might be interesting to examine this question of the sexual undercurrents in art and try to outline some generalization.

Those who saw the recent show West Coast Art Today at the Portland Museum may remember some objects which could be characterized as directly pornographic and yet in no way was there any graphic or explicit realism attempted or used in this collection.

For all their uniformly sterile surfaces there remained an insistent rhythm of unmistakable appeal.

Comments which I heard forced an unavoidable conclusion with regard to symbolic content of some of that show. It is perhaps true that the form in which the plastic arts are employed today, to examine this area of art, are novel to our scenery. The subject however, is as old as man's appetite and it appears in every period in every style.

As intensely absorbed and in fact obsessed with puritanical self denial as the 19th century was, its art is still filled with frequently sentimental, often mawkish, almost consistently tasteless erotica. One of the darlings of the 19th century was Joseph Mallord William Turner — designated as a Royal Academician and finally honored as a president of that society; he was an artist who explored in depth the sexual fantasies as well as the accompanying erotica of mankind.

It remains a comment on the 19th century attitude that when John Ruskin the

taste-setter of the English gentry took over the Turner bequest for the Tate gallery, he scrupulously destroyed all of the sketches, paintings and comment of Turner's relating to this area. So effective was his bowdlerization of Turner that except for a single notebook which includes a delicate drawing of the human sexual embrace, all of this work is gone.

The attitude of Ruskin is commonplace and it is not surprising for it to be found in the mentality of a Swiss custom official. A story is told that Corbet was commissioned (by a middle-eastern potentate with a taste for the unusual) to do a series of three large panels which euphemistically might be referred to as the appetizer, the entree, and the dessert and brandy.

Unfortunately only the dessert and brandy remains because Corbet elected to ship his paintings to Istanbul by train and an outraged customs official destroyed what we have been told was the best part of that meal.

Hogarth in England explored the more common qualities of man's appetite and perhaps should be credited as being one of earliest sequence cartoonists. His hilarious and intensely moving illustration of "A Rake's Progress" would be an example of this.

Perhaps the most delicious period was the 18th century with the rich Boucher nudes and the opulent French examination of the classical Idle. Many an apotheosis by Tiepolo are filled with the wondrous sight of these delightfully pneumatic nudes and their charmingly self-indulgent male partners.

The art of the early Baroque was the art of portraiture, or religious illustration and of pamphleteering and through all there was a sensuous delight with the here and now.

Every painter worth his salt, used his draftsmanship, his chiaroscuro, and imagination to fill the church and the guild halls with these tasteful objects. The "Susanna in the Bath," by Rembrandt, the Venus of Botticelli, Veronese sensuous embrace of the classical mood and oh yes, Titian's nude are all succulent examples.

These did not arise in a vacuum and it is not from the Lupina of Pompeii but rather in the biology of mankind that they arise. The traces we have of man have consistently included this delight with that world of feeling and a desire to treat this as a subject of art.

For the appeal of art is that it is generated by a man — the artist and thus it interprets the internal as well as the external milieu.

This in an age — of the isolate — of the second derivative of feeling — makes our concern for art more intense, more direct.

## CRITIQUE OF PURE CRITICISM

The criticism of Craig MacCloskey of the April-May issue of the *Pulse* is disappointing. Unfortunately the article misinterprets both the purpose of the *Pulse* and the content of the criticized articles.

One cannot dismiss Mr. Galey's article as a "transparent tirade." Discuss the pros and cons of the UOMS' policy on political activities. Mike Gilbert is speaking about a "three-day visiting professorship" — not about a guest lecture or a medical journal. Talk to the point Dr. MacCloskey — do you think that *this* is a fruitful program which other departments might utilize? Dr. MacCloskey admits that the Student-Faculty committee is presently "limited in effectiveness." John Meyer offers three new approaches to increase Student-Faculty communication. What are your comments on these new techniques?

Jim Levy has considered elsewhere in this issue the letter from the University of Washington. The editorial on the Curriculum Committee in the last issue does not criticize the efforts of Dr. Krippæhne *et al*, but if offers a suggestion on how to improve our progress in the future. Do you think that a student on the committee would be a helpful addition?

In general, the criticisms ignored the purpose of this paper. The *Pulse* hopes to raise issues of concern to the UOMS community. From the amount of discussion in the last three weeks, the April-May issue seems to have done an adequate job.

As to style, the reporting was responsible enough to stimulate comments

and letters both for and against every major article. Furthermore, the *Pulse* hopes to elicit either constructive criticisms of the *particular ideas presented* or additional ideas stimulated by the articles. Hopefully by this method we can all contribute to the education of a physician who understands the disease, the cure *and the man*. —P.P.

### DEAR DAVE . . .

(cont'd from page 5)

been raised frequently, was asked many times by delegates at the convention, and was the sole reason for the passage of much of the aforementioned legislation. All significant action of the 1968 House of Delegates was aimed at redirecting the national organization to the task of becoming something other than a self-perpetuating debating society — to seek ways of offering particular programs or benefits to local chapters, and especially to individual members.

You must remember, however, that your question is a loaded one. It implies that SAMA has some intrinsic value that sets it apart or raises it above the individuals comprising it. In other words, why should SAMA do something *for you*? Possibly it should only provide an opportunity for you to carry out some project or thought of your own. Hopeful you will consider this.

I have enjoyed answering your questions, old buddy, and should you have more, I would be delighted to disagree with you at greater length.

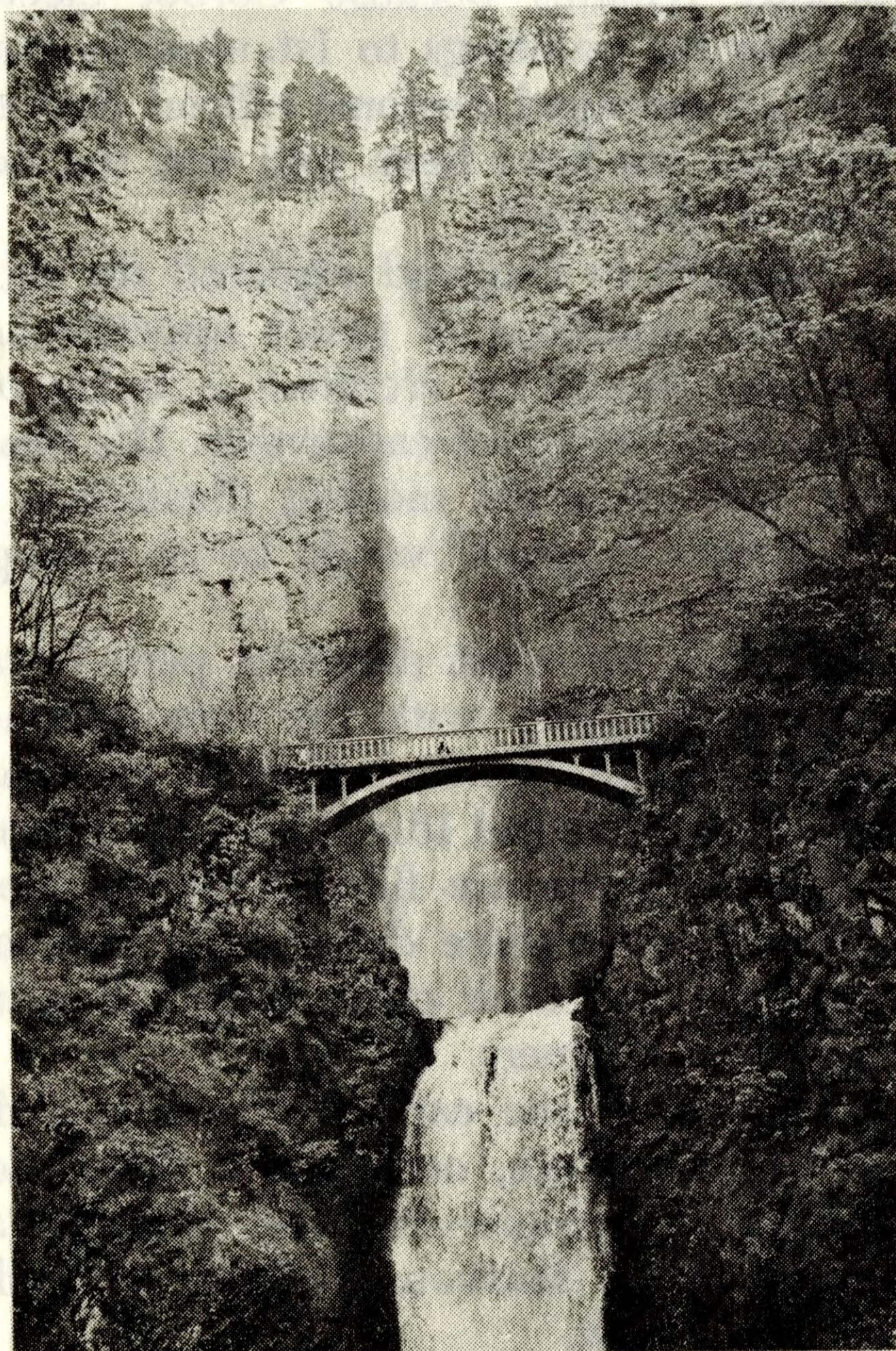
Regards, DAN

Dave McGee is junior class SAMA representative, and Dan Lewis is chapter President. —ED.



# WHEN THE SUMMER GETS HOT

This summer when the thermometer reads 90+ and you want to get the #@&% out of here, may I suggest the mountains? The mountains offer a lot, summer or winter, but I particularly enjoy them when it is hot. Imagine sitting in the shade of a pine tree on the edge of a flower-carpeted meadow high in the Cascades with a bubbling stream at your feet, whose water has not yet learned of chlorination! There are thousands of places to go within an hour of Portland. If you are interested in getting into the forest this summer, I suggest that you obtain the free maps put out by the Forest Service, and get a pamphlet of the trails in Oregon. Most of the mountain shops have such pamphlets and will always be willing to offer suggestions.



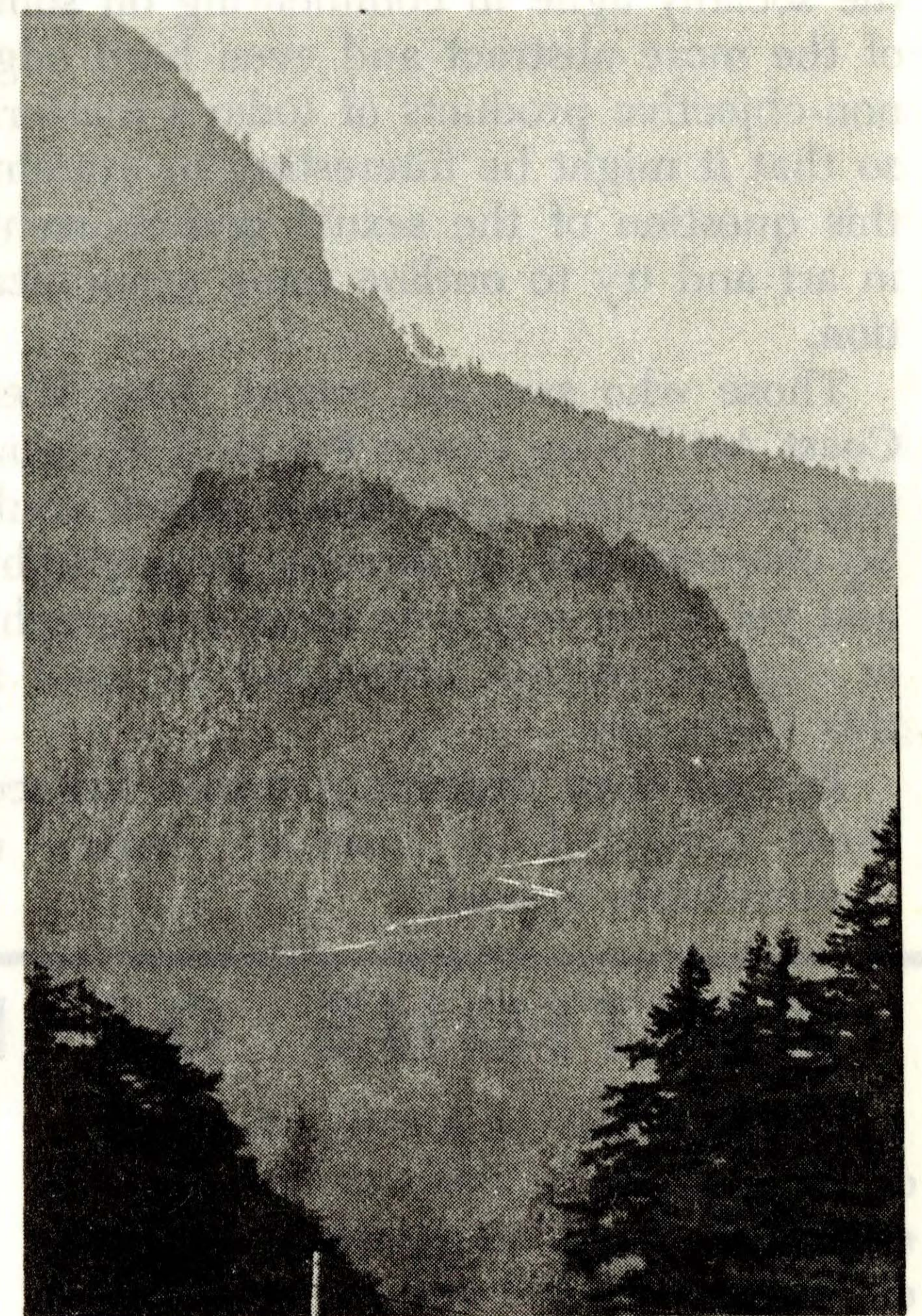
The Columbia Gorge offers several possibilities for short afternoon or day trips. One easy, yet adventuresome, outing is the climb of Beacon Rock. Located on the Washington side of the Columbia, Beacon Rock stands 848 feet above the river. Indian legend has it that the Princess Wahapolitan died on top of the rock, and with blowing of the wind her crying can be heard — the American answer to the German Lorelei. The mile-long trail to the top leaves from Highway 830 about 8-10 miles downriver from the Bridge of the Gods toll bridge. At times the trail clings to the face of the cliff, and though well-built and fenced, it tends to be thrilling. The top offers a tremendous view up and down the Gorge. A nice afternoon trip is to drive up either side of the river, climb Beacon Rock, and return via the other side of the river. At the base of the rock is a small day-park with picnic facilities.

Another fine afternoon trip is also found in the Columbia Gorge. Most Oregonians, and probably every out-of-state visitor, has seen Multnomah Falls. What most have not done is to climb above the falls and hike a short ways back from the Gorge. The trail leaves from the cafe-gift shop, crosses the foot bridge, then winds up the hillside. Follow the trail to Larch Mountain and hike as far as you care to. About two miles from the top of the falls the trail splits into a high trail and a low trail. This would be a good place to turn around, if you haven't done so already, since the trail will soon leave the stream and head more directly for Larch Mountain. There are many quiet, peaceful spots along the trail to stop for a picnic lunch. You will probably enjoy the spots where the trail goes right next to the creek under an overhanging ledge. Just up-stream is a beautiful "punch-bowl" falls.

About one hour out of Portland on Highway 26 is the "blink - and - you're-through-it" community of Zig-Zag, Oregon. Stop in at the Ranger Station and get their maps and instructions on how to reach Ramona Falls. The falls is reached by two parallel trails. Each two-mile trail follows a different fork of the Sandy River; take one trail in, the other out. One gets beautiful glimpses of Mt. Hood, which seems to rise from his feet. The falls is not particularly high, but is quite wide and gives the appearance of a white veil. There are many mossy areas to tempt you to stay awhile, so don't expect to rush in, see the falls, and rush back out! Leave Portland in mid-morning and make it a leisurely day's outing.

While at the Ranger Station in Zig-Zag, you might ask about the following places: (1) Devil's Meadow Campground and hiking up Zig-Zag Mountain, (2) The short cut to Bald Mountain Shelter, and the views from Bald Mountain, (3) The trail to Mirror Lake near Government Camp, (4) The Twin Lakes near Wapinitia Pass, and (5) Hiking on Timberline Trail.

It is hard to predict in advance, whether you will enjoy Beacon Rock, or Ramona Falls, or even the thought of hiking! You might not consider taking these



trips until some hot afternoon this summer. If you have any questions about hiking, feel free to drop by or give me a call. However, when the summer gets hot and the weekend rolls around, don't bother calling me . . . I'll be up in the mountains!

—NORMAN WILDER, MS. II

## "HIPPIE CARE"

(cont'd from page 1)

ents, and nursing students can become involved in counselling and in group therapy sessions. If you are interested in learning more about this project, send a note to John Gordon through the campus mail. This is an excellent opportunity to learn how to relate to the problems of one segment of our society so that as future professionals we will be better able to serve the communities of which we become a part.

—JOHN GORDON, MS. I

## THE PULSE

University of Oregon Medical School  
Portland, Oregon