

### What Faces Freshmen

To my mind, the most serious problem facing the entering freshman medical student is the need to personally define his role in the medical school and in the process of medical education. Traditionally this role has been passive, the student being the recipient of the curriculum. Today, however, medical education is in a period of active change, and there is a need and an opportunity for student participation.

By virtue of its unique position and responsibilities in society, medicine is not susceptible of the violent social, moral and ethical changes which have characterized other areas of society during your undergraduate years; yet medicine must effect parallel changes in order to remain contemporary and meaningful.

Above and beyond mere scholarship, your challenge is to find acceptable and effective ways of interacting with the faculty and administration in decision making, in order that you might bring to bear your commitment to and experience with the forces which currently act to alter our society.

If you accept the challenge of finding effective means of participating in the shaping of medical education and practice, your ideals, hopes and aspirations will necessarily become part of the fabric of your profession in the future.

-Robert A. Cooper, M.D.

## STUDENTS INVITED TO O.M.A. MEET

### Scientific/Social Issues

Youth, Conformity, Rebellion; Marijuana and the Physician; the Abortion Problem; Chronic Renal Failure; and the Treatment of Pulmonary Emphysema will be among the 35 scientific papers of the three-day scientific program of the Oregon Medical Association's 94th Annual Session, October 2, 3, 4, 1968, Memorial Coliseum, Portland.

According to Huldrick Kammer, M.D., OMA Vice President and the Chairman of the Annual Session, the scientific program

will feature three Sommer Memorial Lecturers:

*Richard V. Ebert, M.D.*, Professor and Head of the Department of Medicine, University of Minnesota, Minneapolis; *Victor Richards, M.D.*, Chief of Surgery, Presbyterian Medical Center, San Francisco; and *Louis Jolyon West, M.D.*, Professor and Head of Department of Psychiatry, University of Oklahoma Medical Center, Oklahoma City.

Other national speakers include: Benjamin M. Kagan, M.D., Los Angeles and John C. Ballin, Ph. D., Chicago.



RICHARD V. EBERT, M.D.  
Minneapolis, Minnesota



VICTOR RICHARDS, M.D.  
San Francisco, California



LOUIS JOLYON WEST, M.D.  
Oklahoma City, Oklahoma

### L. DEAN WRITES AGAIN

#### DISSENT STILL EXISTS

Dear Editors,

I received two recent issues of the Pulse from a friend and was gladdened to find dissent still exists.

Once one separates oneself from Academie he may wonder how he endured enforced adolescence so long. The petty requirements and restrictions of the Learned are truly maddening and tend to suppress the learning process by stifling curiosity.

Furthermore, individuals who suffer through an arduous academic experience tend to lose, or never develop, a personal sense of priorities which has any relation to our ultimate survival. For example: "Academic Interest" may prompt the educational establishment to stress the *diagnosis* of diseases which are actually incurable or ones which effect a minute percentage of the worlds population.

Meanwhile masses die of curable maladies such a worms.

I believe that few educators possess any significant sense of priority and the senseless environment they create breeds the kind of medical student who allows his class budget, accumulated over four years of time, to be spent on a class party. These Healers can become good and affluent AMA members whose most militant ideas will be strictly Country Club and humanity can go to hell.

Respectfully Submitted

Lawrence Dean, Former M.S. III

August, 1968

The OMA Convention will also feature the latest in technical and pharmaceutical exhibits, scientific exhibits, a medical-art exhibit, and a little scientific theatre.

Robert Packwood, candidate for U.S. Senator will keynote the OMPAC Luncheon on Wednesday noon, October 2.

J. Richard Raines, M.D., a Portland radiologist will be installed as President succeeding Glenn M. Gordon, M.D., Eugene surgeon, on Friday Noon, October 4.

The entire meeting is dedicated in honor of Roscoe K. Miller, dedicated executive secretary of the OMA, who has faithfully served the profession for 21 years. An "Appreciation Night" and banquet is planned in Mr. Miller's honor on Thursday evening, October 3.

The 143 member policy forming body, representing the 2,260 member Association, will hold its meetings on October 1 and 4 hearing reports and resolutions from some 42 standing committees and 26 county medical societies.

Students are invited and encouraged to attend.



To Arthur McNair,  
From His Dissector

I.

*I didn't like your teeth.  
I didn't like the hairy clotted  
plugs that stuffed your nose,  
And when I greased  
your flesh  
only my glib companions and  
the functional fluorescents  
kept me similarly glib,  
similarly functional.*

*Oh you were all right –  
not too much fat  
and structure fairly typical –  
But too many adhesions Arthur –  
they mocked my probe;  
jostled my schedule.  
You, after all, have all  
the time you want  
But I have little –  
And there is much to do.*

*Yes, yes you think me  
harsh and  
something less than delicate  
But let us pick our spots –  
I cannot be  
both sentimental  
and effectual  
at once.*

*And there is much to learn  
Do not however  
think me – unappreciative.  
Without you,  
I could not have grasped Anatomy.*

II.

*That night – sleeping  
waking dumbly  
drifting I know not  
where  
it seemed that were some  
simple physical force  
to shuttle heat into your limbs  
and were my own to cool . . .  
it happened there –  
there in my bed . . .*

*. . . but then, laid out upon  
the stainless steel.  
myself!*

*A fist of fear into my gut  
And sweat up to my  
surface – chilling it.*

*But this is nonsense –  
How came I here where air admits  
No time – no time  
the curtain the blinds  
the shadowed walls –  
Breathe.  
Retch.  
Reach. Reach fool!  
REACH . . .*

III.

*And now I smile.  
McNair, I do not ken that moment;  
I have no knowledge of it.  
I cannot test, reproduce, communicate  
or quantitate that night.  
I am alive McNair and  
You are dead  
To this I cling.  
Sing me another tune –  
Soon  
Forgotten as will this one be.  
See –  
Even now it lies in retrospect.*

*Yet do I nurture it.  
I – embalm it if you will –  
upon my soul, for  
Other moments, similarly vexed  
Arrive more often now – sudden seedlings  
Nourished by that buried night . . .*

# HOW WAS YOUR SUMMER?

By Jim Novak, MS III

Summer vacation for the medical student raises the question, what will it be this year? Money? Experience? A fun job? Construction, pathology, anesthesiology, Europe, or Las Vegas? Venereal Disease??

With our minds hurting from the last exam, not many students desired to go back to the same grind; and yet most wished to use the knowledge they have acquired.

Chuck Owen and myself were able to have a summer job that used our talents yet offered decent monetary advancement, experience, and enjoyment. We worked under a grant from the U.S. Dept. of H.E.W., Public Health Service. The project was in conjunction with the Multnomah County Bureau of Health's V.D. clinic, and the object was to determine the effectiveness of tracing and treating the contacts of male gonorrhea patients reported by private physicians.

To gain an understanding of V.D. control and facilities in Portland, we worked in, and by the end of the summer, ran the clinics. This included examining, diagnosing, treating, and interviewing the patients. A student never really knows how much knowledge he has acquired until he is faced with the clinical situation. This was indeed learning by trauma.

On our first day, I followed the clinic physician into the examining room to "observe" and was totally unprepared by previous training for the order as he left the room, "OK Doctor, put your gloves on and tell me what you find". Under these circumstances a person learns fast. As the summer continued and our limited knowledge increased we were able to conduct the clinic with only rare assistance from the physician present.

Our clinic population was made up mainly of patients with either gonorrhea or a guilty conscience, but we were also called upon to diagnose the gamut of V.D.

from *PUBIS PEDICULIS* (Crabs) to herpes to secondary syphilis. Once a male patient was diagnosed as having gonorrhea, it became our chore to obtain an honest and accurate sexual history useful in finding the contacts. The main problems were hippies who don't use last names or soap and water and repentant men who met the wrong person at the wrong bar at the wrong time.

Yet the medical experience was only a small part of the total insights gained. How many students take the time or have the opportunity to stand on the corner of Third and Salmon looking for a prostitute called Mary, Last name unknown, or look for a patient in a forty cent room off Burnside? How many medical students have reason to go into the bars around Russell and Williams Streets or go through the Albina district knocking on doors looking for people you don't know? Our contact tracing enabled us to see and talk with people who live lives alien to our own and see in a small part the manner by which they are confined to their surroundings.

V.D. has no socio-economic barriers. We thus learned to use tact and mental reservation (after a few threats). When a woman wanted to know why we wished to see her husband, we suddenly became insurance investigators, or legal secretaries, or in one instance an old army buddy.

Thus was a profitable summer, and next year if the money is available, Public Health grants, through Doctors Morton and Osterud, will be open to student ideas and interests. This year, not only were students working in V.D. epidemiology, but also in T.B., strep infections in Oregon, congenital heart disease, pregnant brides, pseudocholinesterase levels in the Papago Indian tribe and other projects. How was your summer?

*Sometimes at morning –  
from the hill  
Full of November and the waking tenements;  
Passing this way often I must now have been here  
(McNair. McNair, what do you ask?).*

*Or a failure. A time I fail my wife.  
And my shame and fear  
let loose to forage on my strength  
while I, elsewhere,  
forage for light and change  
and growth. (What do you ask  
McNair?).*

*Called for an answer  
By an urgent, muffled voice. Sometimes.  
Sometimes . . .  
Times when I exult  
Or anger  
And then enter things –*

*Perhaps you ask – from what do you defend  
yourself?  
What do you preserve?  
What do I preserve inviolate  
and fresh  
by a thousand acts of competence,  
the thousand acts of cowardice.*

*What do I preserve . . .  
What do I defend . . .*

\*\*\*\*\*

*No no  
McNair  
You are no kin of mine  
In life you were obscure.  
In death your body was unclaimed.  
Seeing you I would not want  
your lungs  
your liver  
or the color of your skin  
And as I complete my manual  
I leave your putrid, shredded  
remnants  
testimony to the  
power of my knife . . .  
Poor, passive, bum.  
I bid farewell . . .  
I bear your mark.*

Arthur Sherman, MS IV  
Albert Einstein College of Medicine  
(Reprinted from Current Magazine, May 31, 1968)



## TO BE OR NOT TO BE?

### *Are You A Man of Action?*

All the action is at *other* medical schools?? Student involvement in medical education. Community health projects. International health activities. Service projects for the school's own students.

The University of Oklahoma has a student sitting as a voting member on *every* faculty-administrative committee — including the admissions committee and curriculum committee.

Students are actively involved in planning their own and future medical education. Good show, but . . . The faculty here at UOMS is receptive to student-originated course evaluations and curriculum suggestions. There are presently sophomores working on meaningful course evaluations for each term of freshman year. There is a student-sponsored two-day symposium on problem solving and clinical judgement planned for late February.

The University of Kansas has a \$30,000 privately-funded community health project. The students designed the project and secured the grant. Students are involved in developing and delivering a new health care system to the Kansas City medically indigent. More power to the mid-western "conservatives", but . . . Here on the Hill there are students involved in Planned Parenthood Clinics and others working at the Hippie Clinic. There is a group developing a plan for assigning families to incoming freshmen.

Syracuse Medical School students have designed a comprehensive group health insurance policy for about half the cost of ours' at UOMS. They have arranged round-trip flights to London for less than \$200, and have organized weekly movies and social functions. Impressive, but . . . There will be entertainment movies every other Friday evening in our library auditorium. There are plans for a series of medical ethics films and speakers for the freshmen and sophomores.

*There is action on the Hill — concrete, well-designed programs. But the fire is still small, and scarcely seems to be spreading.*

*The problem is the 95% of US — students — who are not involved, or who do not follow through when we begin a project. I won't devote as much time to one of these projects as to anatomy . . . or pathology . . . or medicine rotation . . . or OB-Gyn. But, by Hippocrates, can't I spare two or three honest hours a week? What are our priorities in medical School? Do they include the improvement of our school and of our education? Contact your local activist. Better yet, become one.*

## Drug User Studied At Hippie Outside-In

In June 1968, Charles Spray, M.D., obtained a demonstration grant from the Public Health Service to study patterns of drug useage in Portland. He and volunteers constructed the Outside-In clinic at 13th and S.W. Salmon.

The clinic had three objectives: one, to study the social background of the drug user, *two*, to study the frequency, and variety of drugs consumed and *three*, to treat the psychiatric and medical needs of the patients.

Dr. Spray sought volunteer physicians, medical students, nurses, and social workers to meet these objectives. All of the groups responded with enthusiasm and the clinic opened in mid-June. Dr. Spray and the social workers established lively communications with the Hippie community via the new underground newspaper, "The Willamette Bridge", the Church Community Action Program, The Merchants of Warm, and other influential groups. The patient load soon averaged 8-10 per evening.

*(cont'd on page 4)*

### *"You Prefer A Defer?"*

Because of a change in Selective Service Rules, a medical student must annually *request* his own deferment. Write a short letter to your local board requesting a 2S deferment as a medical student at UOMS.

## WELCOME FRESHMEN

Let's extend a welcome to the entering freshman. Ninety-two new students are starting their quest for an *M.D.* There are eight women in the class of 1972, and Mark and Nancy Adams are the first husband-wife team to enter UOMS. Sixty-eight of the students come from Oregon, and the remainder have their home in either the WICHI states or in Washington, California, or Arizona. Two are even refugees from New York. The PULSE hopes that their coming four years in the student community are enjoyable and fruitful.

At the same time, let's not forget the 260 other medical students and 94 graduate students. UOMS is becoming a large academic community where interaction with other students in all health fields can be a very rewarding experience. Say hello to your new neighbor today.

IN A FEW years there may be confusion on the phone when a patient calls the Mark Adams' home and asks for Dr. Adams. Which one? Mark and wife, Nancy, are first year students at University of Oregon Medical School. Graduates of Reed College.

Mark is the son of Dr. and Mrs. Thomas W. Adams, Bend; and Nancy, is the daughter of Mr. and Mrs. Jack E. Day, Portland.

## Take YOUR "Pulse"

The PULSE is a "community" newspaper. It represents the ideas of all members of the medical community who care enough or think enough to have an opinion or comment. We want ideas from medical, nursing, and dental students, from faculty members and administrators, and from practicing physicians. If you have a comment or criticism, please drop a 50 - 150 word letter to the P-Q box in the mailroom.

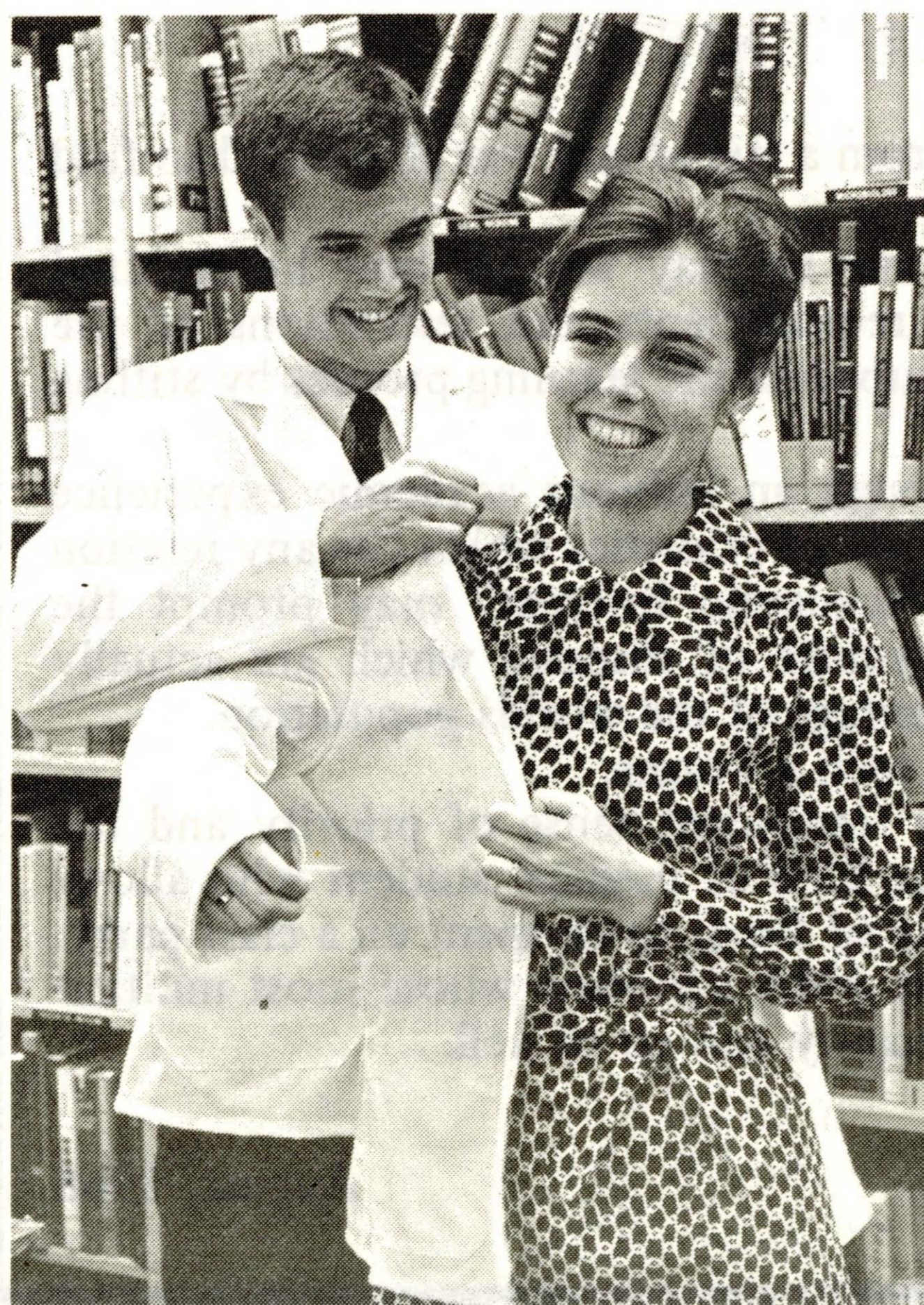
To write an article contact the Editor or one of the editorial staff!

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# A SUNDAY IN SEPTEMBER

September is a great month. Summer is not yet gone (though it left temporarily in August!), but fall is already here. The excitement of a new year of school is with us, possibly because the midterm exams have not yet arrived. The trees are beginning to take on the fiery hues of fall and the air is crisp and clean. Hopefully some of the few remaining nice days will fall on a weekend providing just the needed temptation for you to leave behind the books for an afternoon drive and picnic.

The Mt. Hood Loop must be at its best in the fall. It is a drive of color and contrast—the green and brown fields against the foothills; the mixture of brilliant colored leaves and stately green fir; the crisp blue sky punctuated by Mt. Hood in all its glory with an early season snow. The entire trip can be made in 3-4 hours or 3-4 days!

The things to do are as varied as the many sights to be seen. To please anyone: (1) A game of golf in the mountain setting of Bowman's Golf Course at Welches, Oregon, (2) A short hike to the beautiful Mirror Lake, just short of Government Camp, (3) A detour to Timberline Lodge, (4) Picnicing at any one of a dozen or more campgrounds and picnic sites, (5) A sidetrip to Cloud Cap Inn for a different perspective of Mt. Hood, (6) Stops at all the falls along the old gorge highway.

If you are not yet satisfied, why not drive to the top of 4,000 ft. Larch Mountain for one of the nicest views Oregon reachable by car? Pick up the Larch Mountain

Road on the old gorge highway a few miles west of Crown Point (directly above Rooster Rock State Park.) If you are short on time (e.g. Monday morning anatomy quiz) take just a leg of the entire roundtrip.

## Drug User (cont'd from page 2)

Each patient completes questionnaires about his family background, relationships with his parents, his past achievements, future plans and his drug habits. Specific questions about marijuana, LSD, Speed, Heroin are included.

Most patients come in with medical problems, but a few seek psychiatric help for drug dependency. About 1/4 of the patients are indigent students who are not drug users but desire medical help. Senior medical students see patients, decide on the diagnosis and treatment, then confer with the volunteer physician who is also seeing a patient. The atmosphere is relaxed; the patients are cooperative and very appreciative of the help.

About 20 medical students volunteered to work in the clinic this summer; most feel they have gained a worthwhile exposure to current drug useage, and to an effective community approach to the social problems associated with drugs. Perhaps one of the most valuable outcomes of this experience is a relationship of mutual trust between the student and the volunteer physician. Most students develop a rapport with the doctor quite unlike the doctor-student relationship of medical school.

Interested Juniors and Seniors may contact Barbara Anderson at 228-4213 if they would like to enjoy an evening at Outside-In. — Pat Temple, M.S. IV

Most of the major oil companies include a map of the Mt. Hood Loop in their Oregon maps—the added detail is very handy, though the full Oregon map is quite adequate.

For a trip with a little more walking try Saddle Mountain State Park. Saddle Mountain is located approximately 60 miles from Portland off the Sunset Highway. When you reach the small wide spot in the road, "Elsie", start watching for the turnoff to Saddle Mountain which is 8-10 miles down the road.

The park is located several miles off the Sunset Highway on a paved road which winds through groves of alder. There are several picnic tables and a nice view up to some of the cliffs of Saddle Mountain. For the adventuresome there is a trail to the summit, which I believe is posted at 3 miles. My only time at Saddle Mountain was with a group of climbers and we went straight up! When we came down (via the trail) it was already dark and so I didn't see the sign.

If you do decide to hike to the summit, which has a beautiful view, you should plan on at least two hours up. Several herds of elk inhabit the area, and with some luck they will be grazing on the higher slopes of the mountain in plain view of the parking area.

The weather at best is variable, so be sure to pick a nice day for your trip and then take along some warm, wet-weather gear! — Norman Wilder, M.S. III

## THE PULSE

University of Oregon Medical School  
Portland, Oregon