

THE

PULSE

Vol. 5, No. 2

University of Oregon Medical School — Portland, Oregon

November, 1968

MALPRACTICE, ABORTION, FEE FOR SERVICE TOPICS FEATURED AT TUESDAY DISCUSSIONS

Mason Smith, MS II

There is a new weekly discussion group on the Hill that promises to stimulate debate on some current issues. The discussions begin at 1:00 PM on Tuesdays in the dining room of the Administration Building Cafeteria.

Topics are chosen to be of current and

Elective 000: Human Ecology Course of Action

Isolation begins for the majority of medical students when they first open their anatomy books. Last week a thimbleful of second year medical students were challenged to swim the seldom crossed moat surrounding our castle on the hill.

The Portland Parent-Child Care Center offered each of us the opportunity to select a family to follow throughout the year. The families are low income, fatherless and consists of a mother with from 1-12 children.

During the year we will be working with the family's health team monitoring their health needs and care. However, the focus of our attention will be to sensitize ourselves to the family and their environment.

Why get tied up with a dragon's tail outside of our Fortress when there is so much science and medicine to absorb? We could remain sequestered in the forests of burgeoning specialties, automated diagnostic devices, and intensive care units watching the science-service gap widen. On the other hand we could help close that gap by approaching the concept of health care as a basic human right rather than a privilege.

This requires an awareness of the environment and of the health care needs of families walled off from adequate medical attention. As future physicians we must recognize and understand each unit of the health team (doctor, dentist, nurse, and social worker) to insure efficiency of care.

Whether or not our efforts will prove fruitful only time will tell. However, I do know that reduction of the science-service gap is not found in biochemical or surgical textbooks.

L. J. Fagnan, MS II

general interest to both students and faculty. Three knowledgeable panelists are invited to handle questions in a fifty minute question-answer period. An attempt is made to invite speakers with differing outlooks, and to invite at least one panel member from off the Hill.

The first discussion was held on the topic of abortion and featured R. B. Durfee, M.D., professor of OB-Gyn., and Dr. Douglas Bottomly, M.D., clinical instructor in psychiatry. About sixty students and faculty attended, and the spirited exchange uncovered some thought-provoking information.

How much does an illegal abortion cost in Oregon? How do you contact the abortionist? What are the dangers? The suggestion was made that, considering the high cost and risk of an illegal abortion, the local Medical Society should advertise the availability of Japanese abortions. They are legal, less expensive, and carry no more risk

than a legal abortion done in the U. S. hospital.

A second discussion on abortion was held November 11 with Marvin Lacy, M.D., Portland surgeon, Alan L. Morgenstern, M.D., assistant professor of psychiatry, and Dr. John Pock, a sociologist from Reed College.

Future panels are already planned to discuss the promotion board, testing, and grading; to examine both the lawyer's and the physician's views on malpractice; to inform students and faculty on the progress of the Curriculum Committee; and to consider the fee-for-service concept in medical practice. Watch the Campusgram for weekly announcements.

If you have some topic suggestions, contact Mason Smith, MS II or Paul Pennington, MS II. If you have some strong opinions or questions that need answers, meet us at 1:00 PM on Tuesdays in the Administration Building Dining Room.

Be Sure To Check Your PULSE For Features and News

- SPECIAL SPREAD: "Opportunities in Learning"
- SAMA Sponsors Popular Movies
- The Population Bomb
- For What 'Ales Ya, Try Pub Hopping
- What Does "Law and Order" Mean
- You're Paying For My Snooker
- What's What and Who's Who On The Hill
- The Doctor Was a Poet

TEACHING versus LEARNING

Feed in a college graduate, whirl the four-year crank, and out staggers a fully-formed bleary-eyed doctor. Merely apply the ischial tuberosity to a horizontal platform in front of either an expounding professor or a thick book. THAT'S LEARNING.

Fortunately, no! Learning is an individual accomplishment; it requires motivation; and it ultimately results in a change in behaviour. (. . . No Virginia, Dr. Paxton can't infuse knowledge with his new high-speed drill. . .) Our curriculum is preparing for major changes. These aspects of the learning process must be of primary importance in the planning.

Presently many courses explicitly recognize that individuals have different learning techniques. Biochemistry offers a two track laboratory; Pathology uses a range of different lab approaches; and the new junior Pediatrics rotation contains elective time.

Some of the basic science courses appeal to the motivation already present in most student with patient presentations, reference to clinical importance, and lectures by clinicians. (. . . Yes Virginia, we must mention the sage old adage, "That's a favorite test question" . . .) The basic sciences presently alter our behaviour with laboratories. However, we must then transfer the behaviour to patients. Thus in the clinical years we work in OPC and on the wards.

Is this all that can be done to improve learning at UOMS? The PULSE presents some additional opportunities in this issue. Why don't the underclassmen go on rounds? Why doesn't an upperclassman invite an underclassman up for some clinical "instruction"? Why don't some upperclassmen attend a basic science seminar?

Most importantly, let's determine which activities have the best effect on our learning. The Curriculum Committee will certainly welcome ideas. We can suggest curricular opportunities which will meet individual needs, increase motivation, and more effectively alter behaviour.

P. P.

The Population Bomb

"Anyone who stands in the way of measures to bring down the birthrate is automatically working for a rise in the death rate" a Stanford population biologist said recently. Author of a recent book, *The Population Bomb*, Dr. Ehrlich said widespread famine is likely within a decade. The following excerpt may provide insight into the problems facing humanity and the medical profession.

"Between four and ten million of our fellow human beings will starve to death this year, and the number who lack proper nourishment today ranges between one and two billion. Widespread malnutrition and rapid transportation could result in an unparalleled world wide epidemic of the plague. If a man-made germ should escape from one of our biological warfare labs, we might see the extinction of man. It is now theoretically possible to develop organisms against which man would have no resistance. One Nobel Laureate was so appalled at the possibility of an accidental escape that he quit research in this field. Thermonuclear war would provide 'an instant death rate solution' to the population problem.

"Nearly a billion people in China are pushing out of their biologically ruined country toward Siberia, India, and the Mekong rice bowl. The suffering millions of Latin America are moving towards revolution and communist governments. . . . The competition to loot the sea of fishes creates international incidents. As more and more people have

less and less, as the rich get richer and the poor poorer, the probability of war increases.

"America already has more people than it can adequately maintain. With just two per cent of the world's population, and yet we use roughly one half of all the raw materials consumed on the face of the earth each year. . . . We can afford to raise beef for our own use in protein-starved Asia. We can afford to take fish from protein-starved South America and feed it to our chickens. We can afford to buy protein-rich peanuts from protein-starved Africans. Even if we are not engulfed in world-wide plague or war we will suffer mightily as the 'other world' slips into famine. . .

"Our desperate attempts to increase food yields are promoting soil deterioration and contributing to the poisoning of the ecological systems on which our very survival depends. . . . The more we strive to obtain increased food yields in the short run, the smaller the yields are likely to be in the long run. . . All the signs point to a reduction of the food yield of the sea in the future — not to a bonanza from the oceans.

"Contrary to popular belief, family planning alone is not sufficient to achieve population control. Family planning promotes the notion that people should have only the number of children they want and can support — people want too many children.

"Family planning has not controlled any population to date, and by itself is not going to control any population."

Stephan Eraker, MS II

PULSE NAMES

EDITORIAL BOARD

HEY! Is anyone alive out there? The PULSE receives much verbal criticism, but very few letters. 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 positions or which add additional information or ideas. To write an article, contact one of the editors or one of the editorial staff.

Editors: Paul Pennington, Peter Peruzzo, John Stoianoff, Diane Williams.

Business Manager: John Meyer

Editorial Staff: Tom Duncan, Bill Galey, Jim Levy, John Meyer, Steve Thomas, Norman Wilder

Cartoons: Bill Hosack

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

SAMA SPONSORS POPULAR MOVIES

"See you at the movies!" First and third Friday of every month in the Library Auditorium at 7:30 PM. No admission charge, but we cheerfully accept donations of two-bits in order to continue satisfying the capitalists who rent the flicks.

Nursing students, graduate students, dental students, med techs, medical students all invited. Faculty welcomed.

Hope you didn't miss "For Whom the Bell Tolls," W.C. Fields in "You Can't Cheat an Honest Man," or "Knife in the Water." If you did, redeem yourself in high class crafty-art circles by coming to see the spectacular attraction planned for December 13th. Watch the Campusgram and posters for details.

Film selection is beginning for 1969. If you have suggestions, contact Frank Lord, MS II.

LEWIS ADDRESSES OMA HOUSE



SAMA President Dan Lewis and PULSE Editor Paul Pennington spoke to the recent annual meeting of OMA House of Delegates at the Memorial Coliseum!

WHAT'S WHERE AND WHO'S WHO ON THE HILL

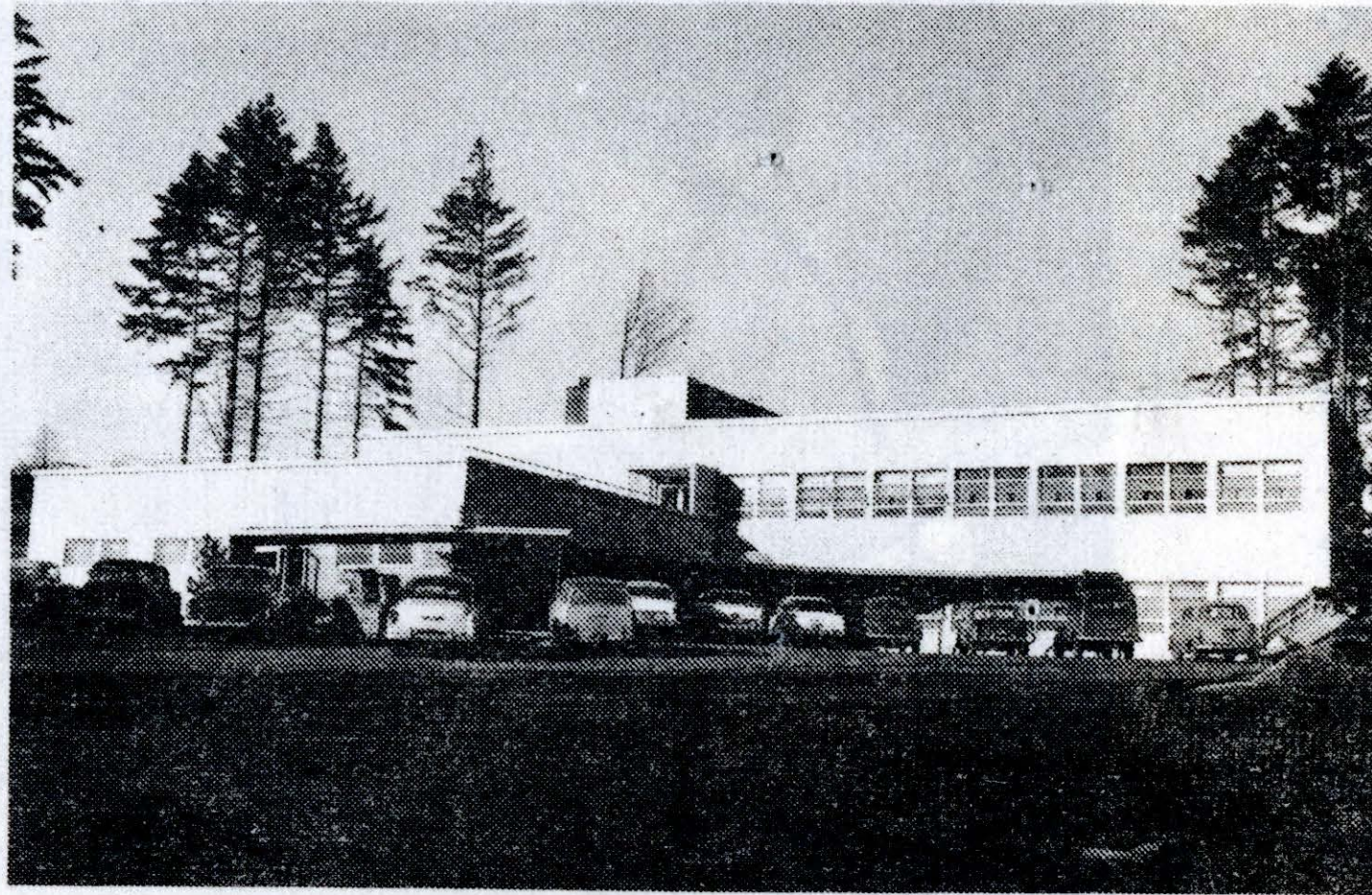
This article is written in response to the Pulse's request for information concerning the function and relationships of the various institutions involved in the University of Oregon Medical School teaching program. I hope the following summary will add to your understanding of the purposes of the facilities on this campus.

The **University of Oregon Medical School Hospitals and Clinics** include the University of Oregon Medical School Hospital, the University State Tuberculosis Hospital, the Multnomah Hospital, and the Out Patient Clinic. Multnomah was the first teaching hospital here. It was constructed in 1923, has a capacity of 295 beds, and is a general hospital providing all but pediatrics services to medically indigent residents of the county. A contractual agreement between the commissioners of Multnomah County and the Oregon State Board of Higher Education allows the Medical School access to the hospital for teaching purposes. Funds to operate the hospital are provided by Multnomah County.

The 268-bed **University of Oregon Medical School Hospital** was completed in the fall of 1955. It is an important teaching facility for the Medical School and provides all general medical services, except obstetrics. Priority for admission is given to patients with diseases which provide a balanced teaching program for students and house staff. The 28-bed psychiatric unit and 113-bed pediatric unit (**Doernbecher Memorial Hospital for Children**) are the only on-campus teaching facilities where students and house staff can learn to manage in-patients with psychiatric or pediatric problems.

The **Outpatient Clinic** was constructed in 1931. Any resident of Oregon is eligible for referral to the Clinic and approximately 200,000 patient visits are recorded annually. The students under supervision of the house staff and faculty receive experience in treating ambulatory patients.

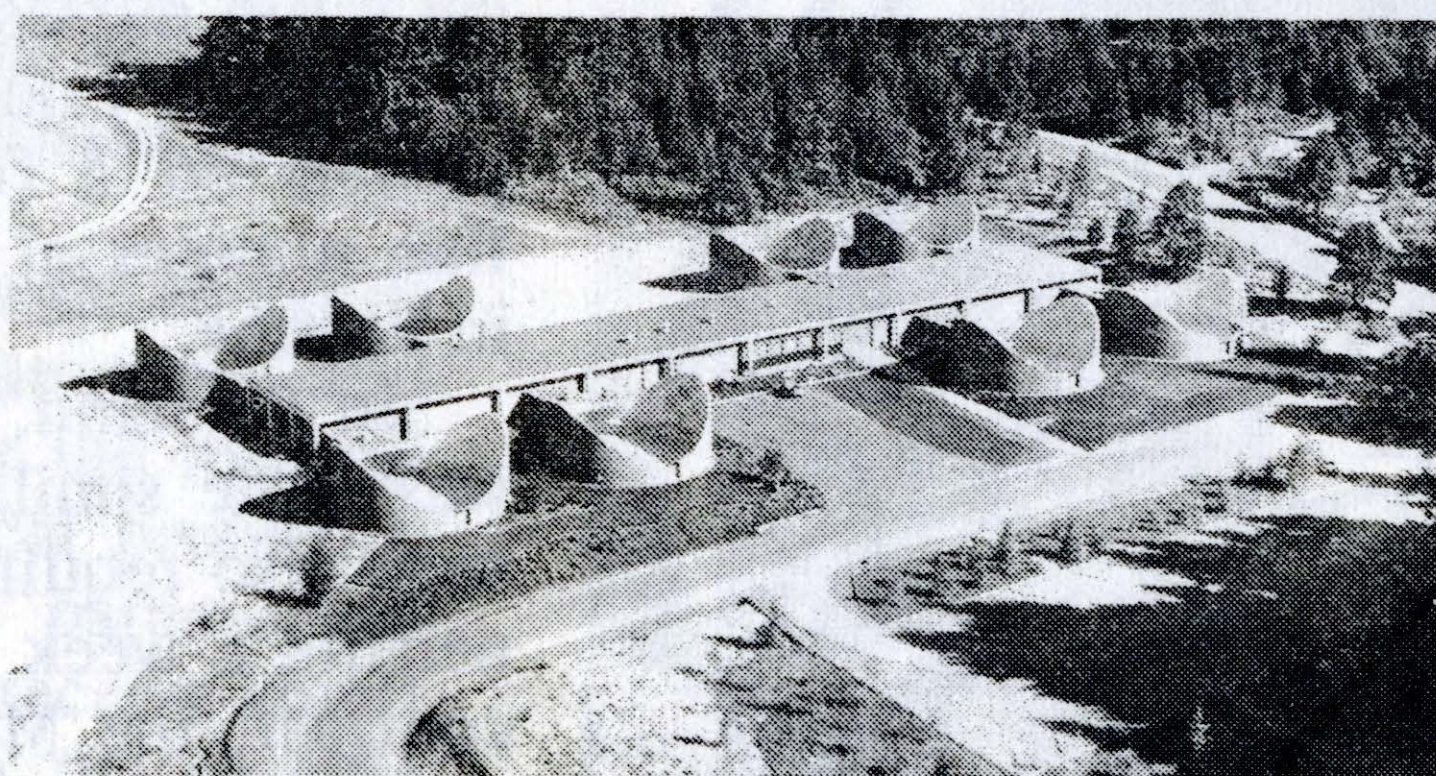
The 70-bed **University State Tuberculosis Hospital**, built in 1939, is the only in-patient institution currently operating in Oregon to treat hospitalized tuberculosis patients. As part of their training in psychiatry, junior medical students interview these patients on the effects of a long-term illness, and residents in thoracic surgery spend one year there. Funds to operate the University State Tuberculosis Hospital are appropriated by the State.



The **Crippled Children's Division** provides a broad spectrum of medical care for handicapped children throughout Oregon. The State Board of Higher Education, acting through the Medical School, is designated as the agency of the State to administer the program. It is the program's primary purpose to improve methods for locating crippled children and for providing medical, surgical, and corrective care for anyone under 21.

Services include diagnosis and treatment of orthopedic problems, congenital heart defects, cerebral palsy, cleft lip and palate, and speech and language disorders. The Division's functions, administered by the Medical School, are financed through State appropriations and federal grants from the U. S. Children's Bureau.

The Crippled Children's Division carries on active and growing educational programs. Instruction for junior medical students is provided during their pediatric rotation, senior medical students participate in the pediatrics and cardiology clinics, and pediatric residents and fellows rotate through the CCD. In addition, instructional programs are provided for nursing students, graduate students, interns, postgraduate dental students, medical social work, and speech pathology.



The **Oregon Regional Primate Research Center**, located west of Portland, was con-

structed in 1961. The Center provides an optimal environment for resident and visiting scientists representing numerous disciplines who pursue research to increase the body of knowledge relating to the biological characteristics of primates and subprimates. The Primate Center is a valuable adjunct to the University of Oregon Medical School's research and graduate student program. Funds for operating this program are provided by a continuing operating grant from the National Institute of Health as well as from various NIH project and program grants.

The **U. S. Veterans Administration Hospital** in Portland is a 555-bed unit defined as a "Dean's Committee Hospital," a designation given to Veterans Administration Hospitals which by law have a medical school affiliation. The Dean of the Medical School chairs this committee which formulates and recommends medical practice policies to the Veterans Administration.

While the Dean's Committee recommends staff and residency appointments and establishes interrelating training programs with the Medical School, it has no authority over the fiscal policies or administration of the Veterans Administration Hospital. This federal facility has been a superb teaching resource for the Medical School and both students and house staff are actively engaged in most of the Veterans Hospital programs.

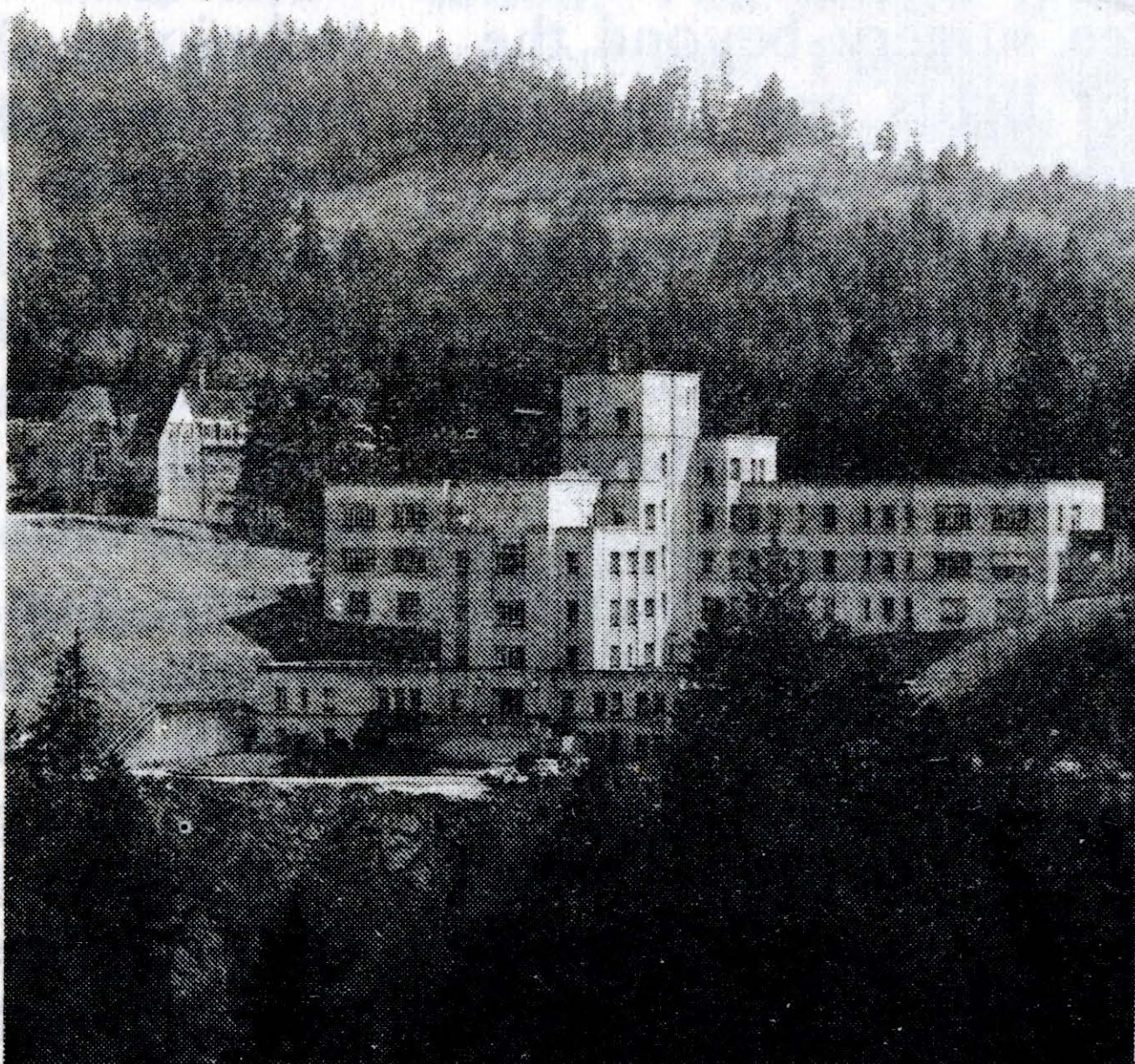
For further information concerning the University of Oregon Medical School Hospital and Clinics, contact Jarvis Gould, M.D., Administrator.

For further information concerning the University of Oregon Medical School Hospital, the Outpatient Clinic, and the University State Tuberculosis Hospital, contact Michael Baird, M.D., Medical Director of the University of Oregon Medical School Hospitals and Clinics, Mr. Gary Rood, Administrator of the Medical School Hospital, or Robert Michel, M.D., Assistant Medical Director of the University State Tuberculosis Hospital.

For more information concerning the Crippled Children's Division, contact Richard Sleeter, M.D., Director.

For more information concerning the Primate Center, contact William Montagna, M.D., Director.

For more information concerning the Veterans Administration Hospital, contact Dr. Joh Kane, M.D., Medical Director or Mr. James Harrison, Administrator.



UOMS ENTERS 20th CENTURY...

A Block Rotation In Psychiatry

The start of the 1968-69 school year at UOMS saw the beginning of a new, block rotation in psychiatry. The third rotation of junior students through this psychiatry clerkship are currently in the "thick of it."

Perhaps it is appropriate at this point to reflect a moment upon this change in the curriculum. Why a block rotation in psychiatry? What are the goals of the clerkship? How have the students responded to it? What does the faculty think about it?

These and other questions were posed to Alan Morgenstern, M.D., assistant professor of psychiatry and coordinator of the new psychiatry clerkship. His answers are the basis of this article.

A 20th century medical school needs a block rotation in psychiatry . . . or so felt most of the medical schools in the country. The need to look for, and treat, the "psychiatric" aspects of a disease is often as important as treating the organic lesion. Medical schools have responded with a block rotation in psychiatry.

Last year UOMS was the only school not to have such a rotation. In mid-July Dr. Morgenstern was given the opportunity to develop a block rotation, and, with backing and assistance of the entire department, started feverishly planning.

The rotation was planned with several goals in mind. Students (and physicians in general) need a better understanding of what constitutes a psychiatric illness and how these illnesses are classified and treated. A doctor must know what he can successfully treat in his office and what must be referred. Also, the student must learn the basic interactional skills of the doctor—skills that can most effectively be taught in psychiatry.

Chronic diseases are becoming more prevalent and how a patient reacts to a chronic illness is an important facet of the illness itself. Finally the student must learn how to treat the emotional aspects of any disease.

The students are divided into teams of 2-3 under the supervision of a resident. The team is the basic unit, whether in drug clinic, screening clinic, or planning a case presentation.

Patients are the responsibility of the team, but each student takes his share of the cases as his own—he sets up return appointments, designs the therapy, handles future interviews or therapy sessions, and follows the patient.

When problems arise in dealing with a patient, the resident and team are available for consultation. The students have their own case presentation seminar, but also attend the weekly case presentations by residents in the OPC.

One afternoon a week is spent at the TB Hospital studying the emotional aspects of a chronic illness on a person. Other ac-

tivities include weekly fieldtrips, interdepartmental conferences, grand rounds, and seminar-lectures. Each student participates in an optimal activity ranging from psychodrama sessions to helping with an alcoholic rehabilitation clinic. Still there is ample time to schedule patients, confer with the residents, staff, etc. or have a cup of coffee.

As Dr. Morgenstern admits, the students are about 20% underworked, but he feels very strongly about giving students enough free time to follow through on their own initiative.

The department is enthusiastic about the new rotation. The faculty, residents, and "downtown men" all seem eager to make the rotation worthy. The students have mixed emotions. Several are frustrated by the chronic nature of the psychiatric problems they are asked to treat. They feel

that no gain is being made, and that the treatment schedule is futile. Others sense that indeed they are helping the patient.

The difference between seeing maybe 2-3 "private" patients per week on psychiatry and 6-8 per day on OB-Gyn is undoubtedly influencing opinions. Psychiatry rotation offers a wider variety of activities, however. Only time will tell how the majority of juniors will react to the new rotation.

The rotation is still very young, being less than four months from its conception. It still has enough "newness" to be capable of change, and indeed changes are foreseen.

Admittedly, "bugs need to be ironed out," never the less, UOMS no longer has the dubious honor of being the only medical school in the country without a block rotation in psychiatry . . . Welcome to the 20th century!

Norman Wilder, MS III

NEW APPROACH... Pediatric Rotation

Talking to a Mrs. Jones who can't remember when Johnny began to walk. Taking a stab in the dark at some kiddie's developmental age when you have no standards in your clinical mind. Doing a fundoscopic on a screaming, wiggling baby and calling it good when you see a red reflex. And then running to the library to look up some zebra of a syndrome, knowing deep inside that you couldn't even tell a horse if you saw one.

These are the frustrations of beginning one's clinical years in Pediatrics, but there are also rewards.

New things are happening in the nine week Pediatric rotation this year. Not the least of which are Steve Bidleman's pink tie, and all night duty spent in some intern's bunk on the 4th floor.

Seriously, changes have been made. The nine weeks are divided into four rotations of two weeks each with the last week reserved for the individual's choice among the various CCD clinics, Pediatric wards, free study time, (and skiing? and hunting? and sleeping?).

The four rotation blocks are divided thusly:

Two blocks (four weeks) are spent on the pediatric wards. The student is assigned patients for hospital work-up, and participates in their daily care.

Two weeks are spent at CCD. The student attends various clinics (Rubella, heart, Cerebral Palsy, etc.) where he assists in a multidiscipline team that evaluates his patients. The student has the responsibility at these clinics to report his findings to the whole team at a staff conference and then to discuss the conference's recommendations with his patient's family.

The remaining two week block is spent in a new interdepartmental program called "Family Study." The departments of Pediatrics, Public Health, Environmental Medicine, and Social Work are all involved in this part of the curriculum. Thus, the student has the opportunity to view in depth a family he has chosen. He attempts to understand the child's disease and its effect upon the family unit.

Close attention is given family dynamics, family resources, Community programs and resources, and other parameters as they relate to the student's family and its index case.

From what the Juniors have gathered from the Seniors, the experience at CCD is much better organized and of more educational benefit than in previous years. The staff is also encouraging more student responsibility for patients. General feeling indicates that ward block time is perhaps too short and family study time too long. More impressions will come to surface in the future as we irascible Juniors inevitably find something to "bitch" about.

How does the faculty regard the program? Who knows as yet. However, chances are, since the winds of changing times are finally sifting through the halls on the hill, more surprises will be in store for the class of '71. You lucky dogs, you!

Bruck VanZee, MS III

What Does "Law and Order" Mean?

A good slogan is the most powerful political device available for marshalling the emotions of masses of ignorant people. This truism has long been recognized in such places as Russia, China and Latin America, and now it seems that the practice of slogan-making has spread even to the enlightened United States of America.

LAW AND ORDER

Everyone is saying it, practically shouting it from the rooftops. A hundred times a day it spews out of T.V. sets, radios, newspapers and magazines. Everyone is for it, even that vestige of the Democratic party still discernable under the rubble of the shattered Johnson administration. But what is this "Law and Order?"

A slogan is an excuse for not thinking—"Law and Order" as a phrase means uniformity, stagnation and repression. Ant-hills are lawful and orderly. So was India for centuries, and so is Haiti. Order is diametrically opposed to change, but only change will permit the survival of this country: continual change in our science and our medicine, and more importantly, a change

in the quality of our lives and our national philosophy. As a nation we are becoming intolerant of diversity, we are searching for the order that is the antithesis of progress.

Progress does not proceed in an orderly fashion: whole classes of people are uprooted by changes in technology; a disenfranchised class is searching—often violently—for its soul; and students (even some medical students) are questioning, not the knowledge or the experience of their teachers, but the manner in which that knowledge is employed. "Law and Order" is the plaintive wail—by now grown to a massive roar—of the fearful, the complacent and the blind: "Give us back our simple world, you're moving much too fast."

"Law and Order" is an abdication of responsibility. It is an easy enough thing to achieve; all that is necessary is to build bigger jails and hire more troops, but eventually we must discover that in our zeal to defend the law we have left justice out. A doctor who deliberately looks for tax loopholes or who buys off the building inspector so that his slums can remain to foster the disease that destroys first a man's soul, and finally his body is a thief and an assas-

sin. That he did these things legally is not to justify their morality.

And finally, the man who cries for The Government to protect him for his neighbor or his children because he is too busy or too lazy to see where the world is going is dropping out just like the "Hippie" on Corbett Avenue. Our Constitution begins, "We, the People," not "You, the Government," and its implication is clear: ours was to be a nation of aware human beings, each responsible for his own decisions, and not a collection of automatons.

We are becoming paralyzed by the thought of assuming responsibility, afraid of alternatives and unwilling to choose.

As a nation we do not need more "Law and Order" or more of any other slogan, but more vision, understanding and tolerance. The threat to our country is not that of some external pressure like Communism, but of an internal process of decay, involution and necrosis. A community of free individuals must guide itself with ideas; only despots can afford the luxury of mindless slogans.

Tom Duncan, MS II

For what 'ales ya try pub-hopping

You say you stayed up all night cramming for a test, came to class, and couldn't remember which room to go to, and you finally found the last parking space on the hill, and as you pulled up to back in, a Volkswagon snuck in behind and took it, and your physiology experiment dog woke up and bit you, and as you walked down the hall you complained about a certain professor only to turn and see him walking behind you, and as you walked by the fountain a gust of wind comes along and you get a free shower, and you sit down to eat your lunch and find you grabbed the wrong sack and all you have is five onions. Is that what's bother you Bunky . . . well lift your head up high, look at the sky, shout out loud and remember there is always the friendly tavern.

There is no better way to drown your sorrow than in a glass of beer and there are so many different places that are provided for the purpose. Suppose you're the type

that likes to get lost in a crowd. The place for you is Bud Clark's Goose Hollow Inn. This place is always packed with everyone from barefooted hippies to suited sophisticates. The music alternates from classical to hard rock and chess games are easy to find. One of the more entertaining aspects is the graffiti lined walls of the johns. Yelling and shouting is allowed—don't miss the Gypsy Rovers.

Perhaps you feel you're a little above all this and wish to impress someone with your savoir faire. Try the Elephant and Castle—the EC if you're IN. The decor is garish brick-a-brac and the beer bearers run around in nice little red vests. You can play darts or shoot pool and there are rugs on the floor—real class. Oh yes, imported beer is available. If you feel you are still gayer than the likes of the EC, try the Chocolate Moose. I could tell this place was high class because every table has a copy of "The New Yorker" on it.

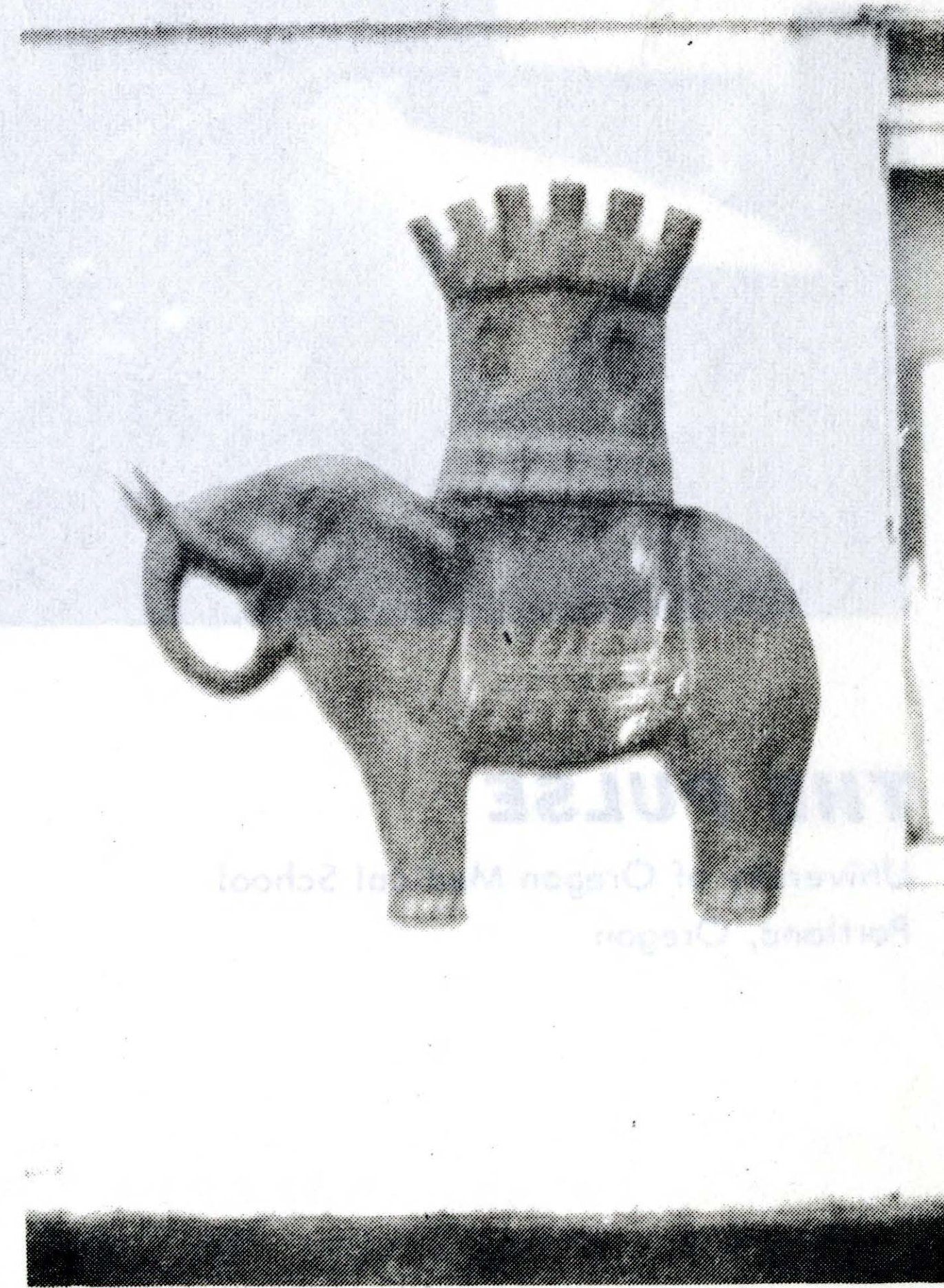
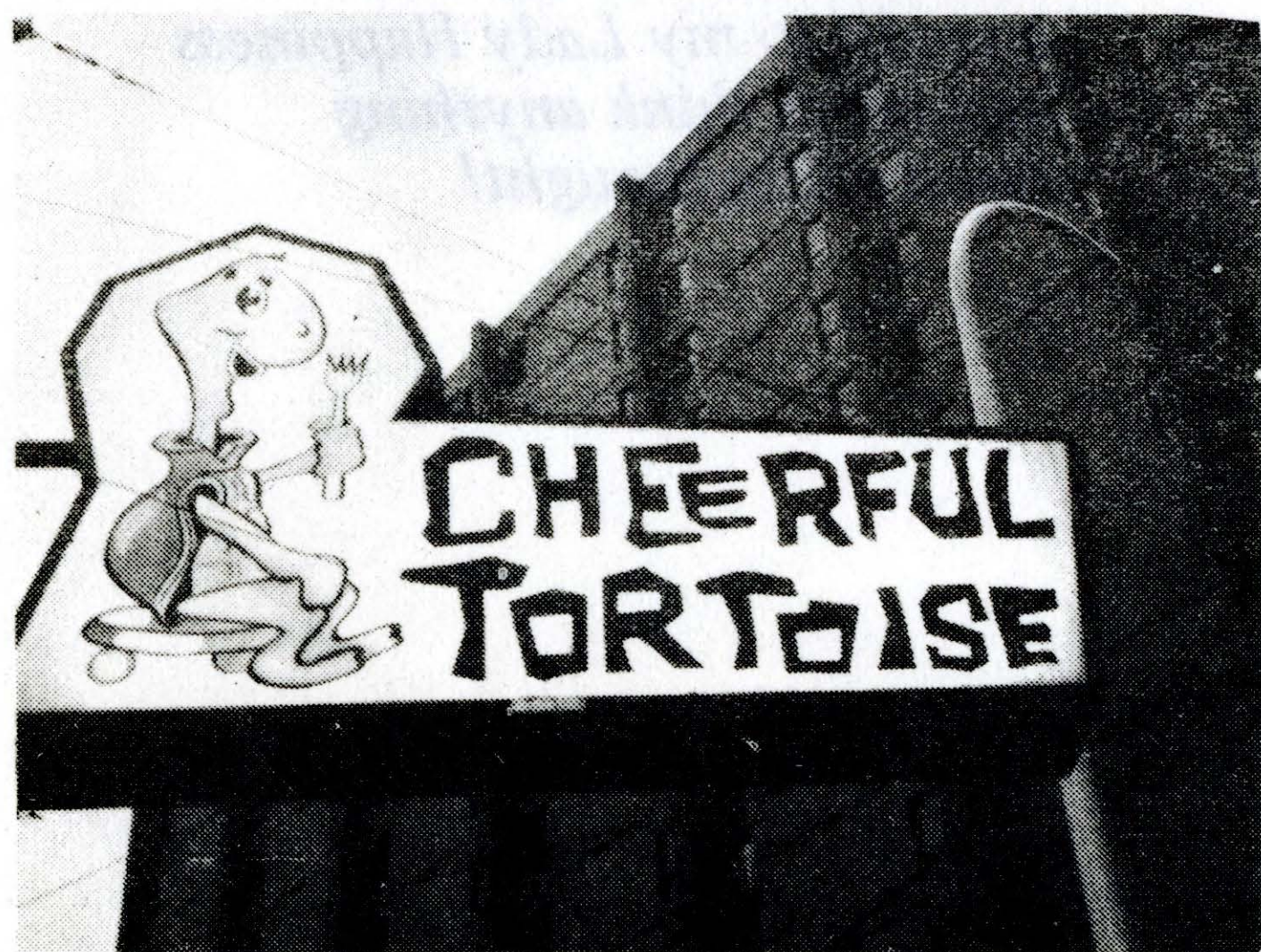
You say you're an old foosball buff from way back and feel more at home with the college set. Try Henry the Eighth, known for Foosball and pool tables, fastidious I.D. checking, college crowd, and sloppy beer handling. Then of course there's The Faucet and The Cheerful Tortoise well known to many model medical students.

If you're tired of the usual Blitz, Bud, Ole, Ranier, Heidleburg route and you'd like to try something new; go out to the "Id" next to the Oregon Theater. Here they serve La Batz beer, Champagne, and

Cold Duck (Sparkling Burgundy). But don't everyone go at once because they only have about 20 seats.

Maybe you're looking for a nice dive. The Gay 90's is it. They have a big pool table complete with smoke filled room and brazen hussies, assorted drunks, and inch thick glass mugs that are hard to lift with the extra weight. You say you're a little short of cash? Take a tour of the Blitz brewery and get all the free beer you can drink. What more could you ask?

Peter Peruzzo, MS II



YOU'RE PAYING FOR MY SNOOKER!

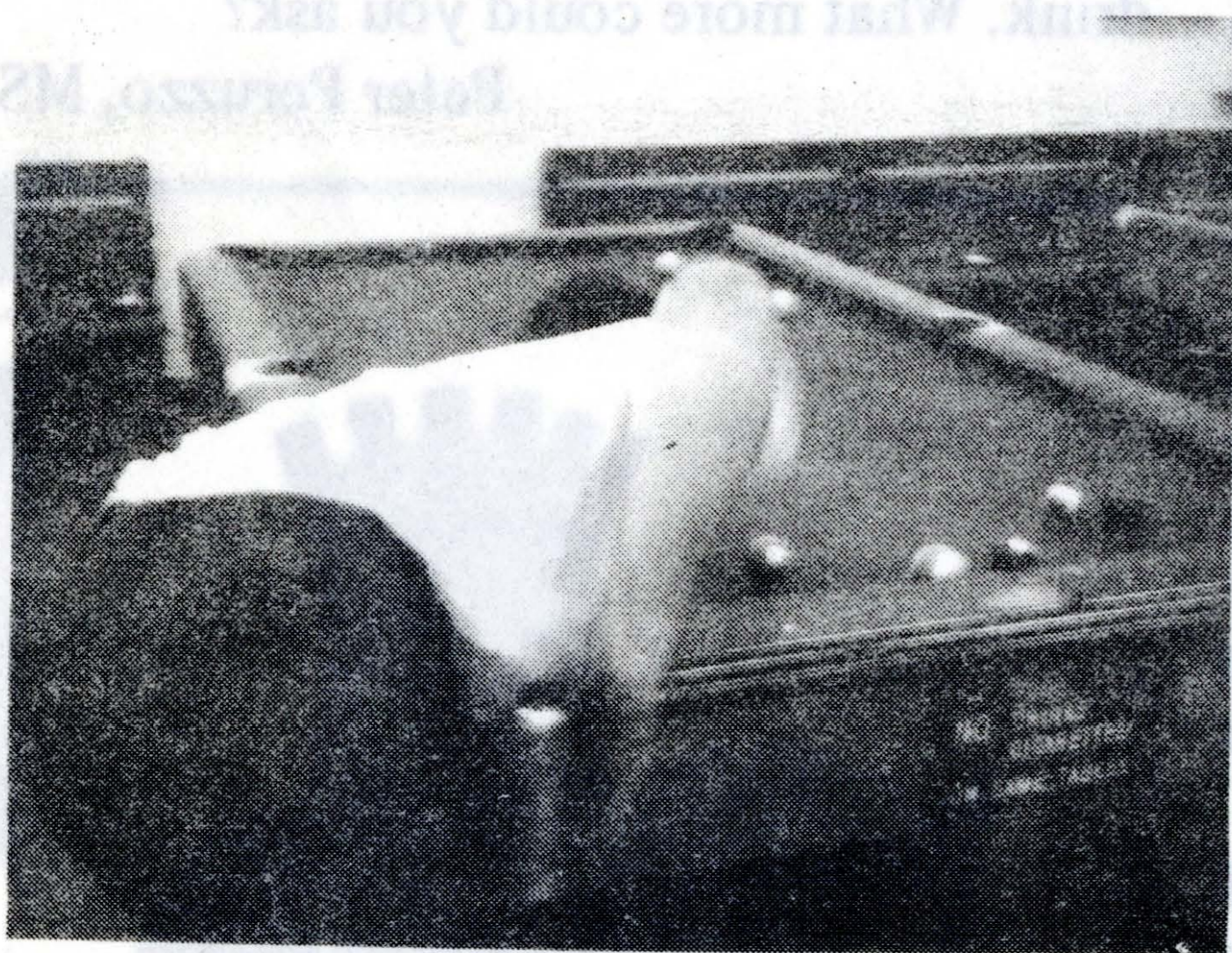
Dave Andrews, MS II

Are you ever bored, frustrated, tired of studying, or just plain fed up with sitting on your what sit in labs and lectures?

If none of those descriptions ever fits you, then my hat's off to you and you might as well skip the rest of this article. But if you're looking for something to take your mind off that test next week, pick up your spirits, and clear some of the cobwebs out of your head — try the activities building.

You've already paid for the right to use it, and you'll find it well equipped. Its facilities include:

1. Men's and women's locker rooms and showers; a clean roll of clothing is issued after every workout.
2. A large gym for basketball and volleyball; balls can be checked out and there are almost always enough people around for a pickup basketball game.
3. A weight room complete with weights, mats, benches, chinning bars, and a punching bag which I'm told can easily assume the identity of any professor.
4. Courts for handball, squash, and tennis; these can be reserved for a 45-minute workout period 24 hours in advance by simply calling the activities building at extension 645. Handballs (and paddles if you prefer paddleball), squash racquets and balls, and tennis racquets are well available.
5. A ping-pong table; paddles and balls can be checked out.
6. Finally, there is a recreation room with pool, snooker, and shuffleboard available at low hourly rates.



If you like a little added competition, there are challenge ladders in tennis, squash, and handball. Also, we have an active IM program with teams from both the medical and dental school participating. Pre-season games have already started in basketball and there will be volleyball later in the year. We also have a basketball team and a tennis team which compete with some of the local colleges.

If you are interested in any of these organized activities, contact Bud Dockery at the activities building for full information.

In other words, the facilities and the people are available; all you have to do is make use of them. So next time you find yourself suffering from that very common form of T.B. which bears no relation to the tubercle bacillus, don't just sit there — do something!

The Doctor was a Poet

John Stoianoff, MS II

Doctor Williams was a poet; poet Williams was a man. Williams was an American phenomenon — the Horatio Alger myth of letters.

Although he was perhaps the most prolific of all modern poets, his work was ignored by the literary world until the late 1950's. His medical practice in Patterson, New Jersey, was largely among the poor, and the struggles and strengths of common men are the basis of many of his poems.

Williams' advice to aspiring poets was to phrase what you see so the reader will see it, not so he must rely on your word. "Forget all rules, forget all restrictions, as to taste, as to what *ought* to be said, write for the pleasure of it . . ." He provides visual expression of the kinetics of his poetry by distinctive spatial typography and organization which reflect his view that our concept of musical time is the only constant in prosody.

These kinetics are founded on the patterns of everyday speech — as are his idioms.

*Doc, I bin lookin' for you
I owe you two bucks.*

how you doin'?

*fine. when I get it
I'll bring it up to you.*

Williams' poetic expression is by exposition of the often unnoticed little things of life — bits of glass, hues, a rusting can in a pile of rusting cans; yet his focus is definitely man.

For Williams, art must be useful both to the artist and the consumer. Williams' art, poetry, was useful to him as an expression

of his uniqueness, to us as a touchstone of our own intrinsic worth.

His words, his images are common experience, tools of the daily struggle of each man to live well in his world. His purpose in writing was to improve the mind, to make it facile in dealing with each man's process of existence — on any level.

The piece above and the one following are from *The Collected Earlier Poems* published by New Directions (1951).

*Oh I suppose I should
wash the walls of my office
polish the rust from
my instruments and keep them
definitely in order
build new shelves in the laboratory
empty out the old stains
clean the bottles
and refill them, buy
another lens, put
my journals on edge instead of
letting them lie flat
in heaps — then begin
ten years back and
gradually
read them to date
cataloguing important
articles for ready reference.
I suppose I should
read the new books.
If to this I added
a bill at the tailor's
and a bill at the cleaner's
grew a decent beard
and cultivated a look
of importance —
Who can tell? I might be
a credit to my Lady Happiness
and never think anything
but a white thought!*

THE PULSE

University of Oregon Medical School
Portland, Oregon