

THE

# PULSE

Vol. 6, No. 1

September, 1969

## Sir Oracle

You have all become brothers in a great society, not apprentices, since that implies a master, and nothing should be further from the attitude of the teacher than much that is meant in that word. The successful teacher is no longer on a height, pumping knowledge at high pressure into passive receptacles. The new methods have changed all this. He is no longer *Sir Oracle*, perhaps unconsciously by his very manner antagonizing minds to whose level he cannot possibly descend, but he is a senior student anxious to help his juniors. When a simple, earnest spirit animates a college, there is no appreciable interval between the teacher and the taught — both are in the same class, the one a little more advanced than the other. So animated, the student feels that he has joined a family whose honour is his honour, whose welfare is his own, and whose interests should be his first consideration.

—William Osler, M.D., F.R.S., F.R.C.P.  
July 1906

## OMA Annual Meeting Includes Top Speakers

The 95th annual session of the Oregon Medical Association will be held in Portland at the Memorial Coliseum, September 24-26. There will be a large display of technical and scientific exhibits. The House of Delegates, the governing body of the OMA, will meet to consider numerous resolutions and committee reports. Most importantly to you as students, there will be a broad spectrum of scientific papers presented by both local and national speakers.

The Sommer Memorial Lecturers will be: Dr. Irving M. London, from Albert Einstein College of Medicine, who will speak on hemoglobin metabolism and on porphyria; Dr. Rene Menguy, from University of Chicago Medical School, who will speak on ulcerogenesis, hemorrhagic gastritis, and the surgery of inflammatory bowel disease; and Dr. Rudolf J. Noer,

(Continued next page)

## September 16 Workshop Provides Sequel to Conference on Decision-Making



On September 16, 1969, a day long workshop on medical record-keeping will be held at the Medical School for Juniors, Seniors, and clinical faculty. This conference is designed to explain the method of problem-oriented medical record-keeping and also to give practice in putting the method to use. A sequel to the conference on "Medical Decision Making" which students, led by Jim Levy, put on in February, this workshop hopes to translate the student and faculty enthusiasm of last spring into some concrete advances in student learning and patient care.

Dr. Larry Weed, a participant in the February conference, has written a book, *Medical Records, Medical Education, and Patient Care*, in which he describes the problem-oriented medical record. He states in the Introduction:

"The education of a physician for specialized and for total care should be based on his own clinical experience and should be reflected in the records he maintains on his patients. An educational institution should set the pattern for the physician's professional development, and the pattern should be based not on grand rounds, conferences, and journal clubs but on a detailed scrutiny of the clinical experience of students, house officers, and staff, *as the clinical records reveal it.*

"Problem-oriented medical records can become a vehicle for converting a broad philosophy of education into specific, attainable goals. Through the creation of a proper record and the proper

management of that record, the physician's actual performance in given areas can be exposed to critical evaluation in the same way that the scientist's work is evaluated by journal editors; the physician can be assisted to demonstrate thoroughness and reliability in the formulation of all of the patient's problems; and he can be guided in the exercise of sound analytical thought, coupled with good clinical judgement, in establishing patient-care plans and in following up patient progress in each problem area."

The book can be read in an evening, and it is strongly recommended that all who attend the upcoming conference read this book prior to September 16.

Hard at work since last spring, the committee, composed of Frank Lord, Doug Campbell, Howard Henjyoji, John Custis, Dr. James Metcalfe, and Dr. Roberts Grover, has completed a program of three summer workshops and is now finalizing its plans for the fall session. The purpose of the summer program was: 1) to introduce the problem-oriented approach to a corps of individuals who will serve as group leaders in the fall conference, and 2) to gain some experience in the best way to teach this material in the time allotted for the fall workshop.

The agenda for the fall program includes a presentation by Dr. Harold Cross from Bangor, Maine, who has been using this form for medical records for several years. A large part of the time will be spent in workshops where small groups of students and faculty members will discuss the medical record, using an example which will be presented. A panel of faculty members, with Dr. Cross, will conclude the program with a discussion of the actual use of this method of medical record-keeping, and its application at the U.O.M.S.

At present there is no specific emphasis on the medical record in the curriculum at the U.O.M.S. It is hoped that this conference will generate new interest in the medical record as a tool for providing optimal medical care.

—John Custis, MS III

## Dear Freshmen . . .

The catalogs of this school glowingly describe the desired characteristics of a successful applicant as "well rounded, well grounded, and well". Many of you are studying medicine for the first time in your lives: the 15 or 16 years of schooling already behind you viewed as only entrance requirements for medical school. To a great extent you will find this to be true — regrettably you will rarely call upon the facts and theories you arduously absorbed in the past.

An anthropologist once observed that to really know a culture you must not examine what it had written, painted, sculpted or handed down, but what it had not. The mark of a successful medical student is written on exams and grade reports. The qualities that placed him there are too often a storage vault mind, an acceptance of the status quo, and an overwhelming drive to compete against his fellows and please his instructors. Please consider carefully the statistics of educators which show very low correlation of success in medical school with eventual professional success.

You will learn *how* to think medically, not what to think — learning what to think records the past, learning how to think prepares you for the future. Albert Szent-Gyorgy, the Nobel Laureate, said that the half-life of facts in his mind was at most two weeks, but books infinitely prolonged their decay time. Thus, facts are for books to store leaving the mind free for more important things — thinking, or going fishing.

It is entirely possible that one day one of you will be my physician. I hope that you have attempted to please yourself more than others with your learning, that you are wise enough to see your ignorance, and conscientious enough to remedy this deficit. I trust your humanity to show you the rest.

—John Stoianoff, MS III

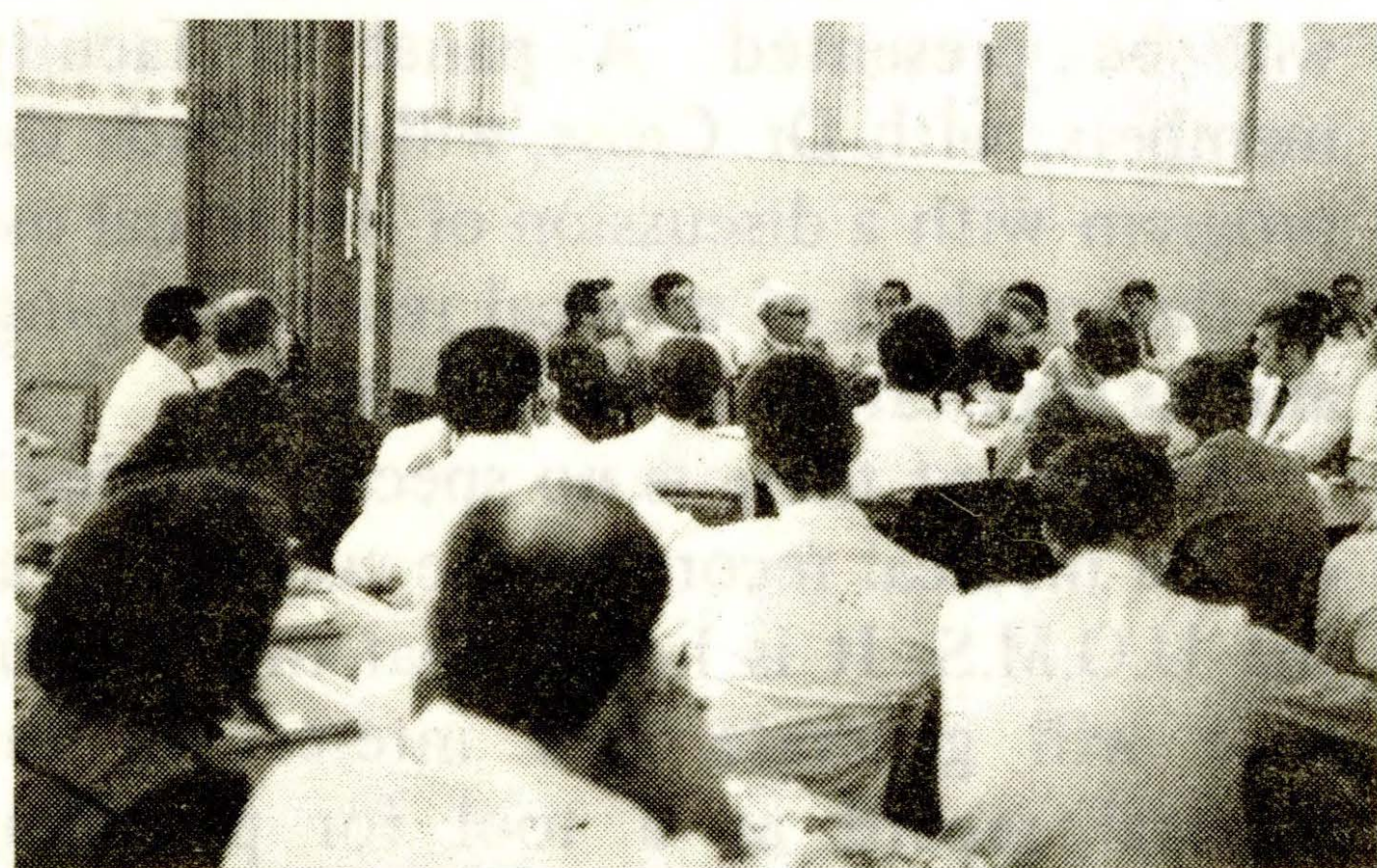
### OMA ANNUAL MEETING

(Continued from previous page)

from University of Louisville, who will speak on blunt abdominal trauma, colonic diverticular disease, and colonic hemorrhage. Schedules of times and places are posted at the Medical School. The OMA is presently trying to arrange a shuttle bus service between the Hill and the Coliseum for the three days.

You might be particularly interested in the committee report of the OMA's Council on Medical Education and the Sommer Address by Dr. London on "Medical Education for the Future". These will be held on Wednesday at 1:30-3:00 P.M. One of your classmates, Thomas Duncan, MS III, is participating in the Great Medical Decisions Program from 9:00-12:00 noon on Wednesday. The topics are "Quality and Distribution of Medical Care" and "Organized Medicine and Politics".

Medical Students are cordially invited by the physicians of Oregon and by the staff of the OMA office to attend as many of the convention activities as might interest them.



### Tuesday Forum

The Tuesday Forum is a discussion meeting held during lunch on Tuesdays. It began last year on student initiative because time had cut short a sophomore psychiatry class discussion on abortion. The first forum was organized to continue this discussion. Three faculty members were invited to provide different opinions and answer questions. The enthusiasm which followed this initial session led to continuing the program on many subjects.

The format for the Forum remains unchanged, three people who are knowledgeable, but differ in opinion about the topic for the day, are invited to join in the discussion. Each of the guests is asked to give a short explanation about his position and the reasons for his stand. Discussion is then opened and continues as long as people want to stay, although the formal meeting ends at 2:00 p.m. This is the opportunity for students and faculty to gather and talk about issues which interest them both.

This year the Forum will be held every other week in the cafeteria of Medical Science Building. Tuesday, September 23 will be the first meeting with the topic as "AMA, Benefactor or Tyrant." Everyone is invited and urged to bring their lunch.

—George Cameron, MS II

### Pulse Names New Editorial Board

Please don't lambast our one-sided,

reactionary-communist, egotistical, picayunish-generalized, platitudinous rag in the solitude of your room. Place 50-150 choice words in 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 staff.

**Coordinating Editor:** Diane Williams

**Issue Editor:** Paul Pennington and John Stoianoff

**Staff:** Tom Duncan, Mike Herring, Richard Mollica, Paul Pennington, Pete Peruzzo, Tom Ray, John Stoianoff, Norman Wilder, Diane Williams

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

### New Tempo . . .

During the 1969-70 school year, THE PULSE plans to beat at a new tempo. In this case the shot of epinephrine to repair last years bradycardia with regard to scheduled issues comes in the form of a new organization plan. Instead of one editor taking on the entire responsibility for the PULSE, each new issue will be edited by a different person in cooperation with an editorial board. The benefits from this multiple editorship are three-fold. First, a single person will not find it necessary to drop out of school the year he assumes editorship duties. Secondly, the PULSE will be able to come out on a more regular and frequent basis, tentatively planned at once a month. And lastly, the new plan offers the opportunity for several different medical students from all four classes to voice their opinions, making it better representative of student thought. It enables a range of topics and emphases to be presented, such as photography, politics, curriculum, literary interests, class activities, and artistic endeavors.

Mike Herring, Richard Mollica, Paul Pennington, Pete Peruzzo, Tom Ray, John Stoianoff, and Diane Williams have all expressed interest in editing an issue. Anyone else who is interested, particularly from the Senior and Freshman classes, are please asked to contact Diane Williams, MS III, who is serving as Coordinating Editor.

Finances to operate the PULSE last year were gracious donations from numerous Oregon physicians. This year the PULSE will seek contributions from faculty and students for the first few issues, attempting to live up to all the preceding "promises" before soliciting additional funds to complete the school year.

—Diane C. Williams, MS III

## UOMS Constitution Goals Outlined

On May 9, 1969, a steering committee comprised of class officers, S.A.M.A. officers, and other interested students, invited all students at the U.O.M.S. to a meeting which concerned the establishment of a formal student organization. Following a discussion of some relevant issues, a majority of the students in attendance decided that all students should be allowed to vote for or against the establishment of a student organization. Thus ballots were distributed to allow all students to voice favor or disfavor with the steering committee's proposal. Of those students that cast ballots, 83% favored the formation of a student organization, and 90% felt that such an organization should include graduate students. In response to the suggestion that each class send three representatives to a committee which would draft a workable constitution, the following group was selected: Graduate students — Larry Bitte, Lynne Manaugh, Frank Roberts; MS IV — Clyde Hunt, Jack Lovern, Larry Rich; MS III — Bill Chapman, Lyle Fagman, Howard Henjyoji; MS II — Mark Adams, Leslie Dillow, Ron McGee.

The Constitution Committee has been meeting every week since mid-July to formulate a workable system of student representation. The goals of the Committee are to draft a constitution which is:

- a. Flexible enough to be relevant in the future,
- b. Specific enough to delegate certain responsibilities to those students who represent the student body, and at the same time to define the limits of delegate power, and
- c. All-inclusive such that all major areas of student concern would have the potential to be regarded as issues important to the general student body.

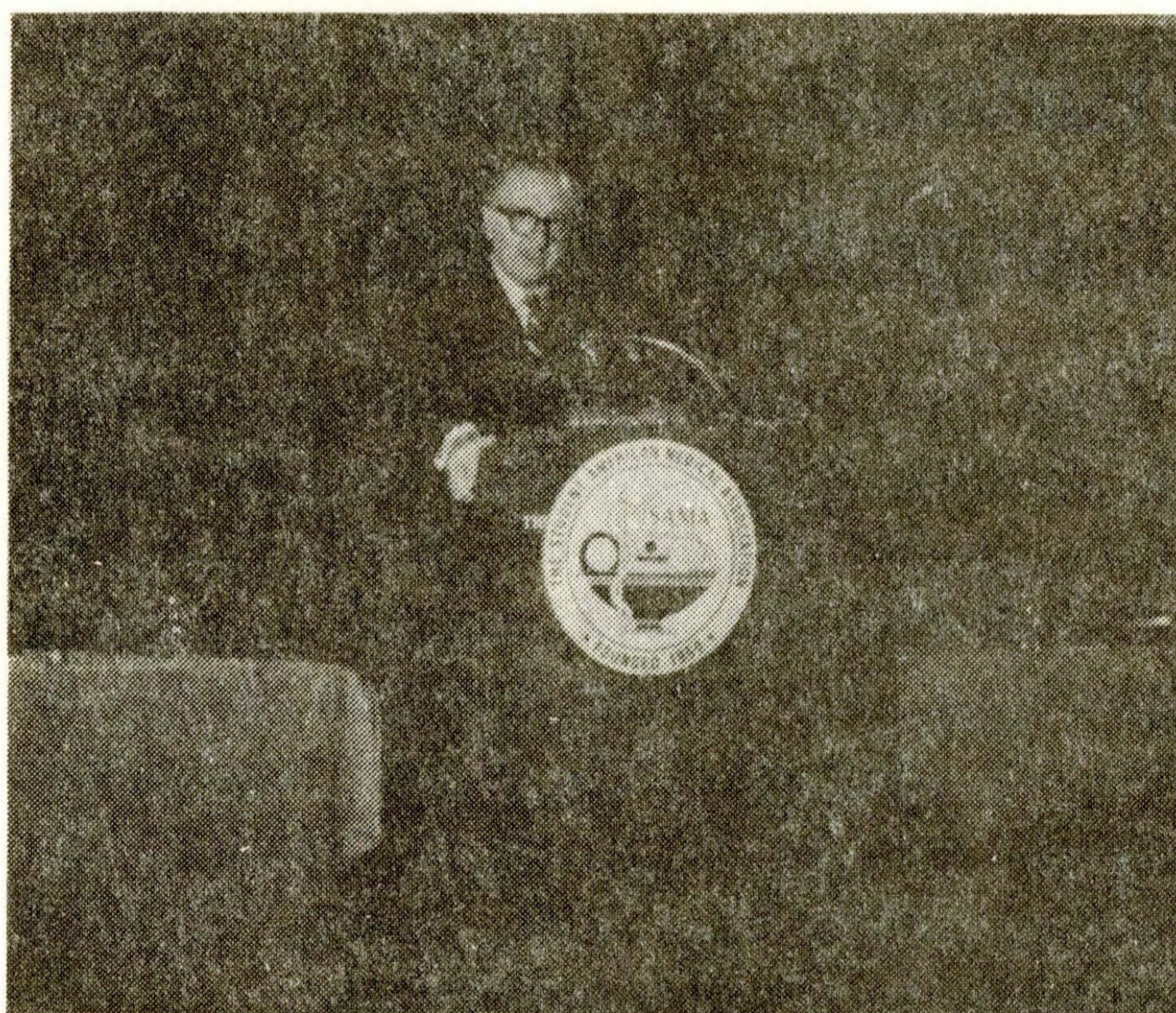
Much work remains for the Committee, but it is hoped that the proposed constitution will be ready for presentation to the students in October. Upon ratification, the mechanism of representation proposed in the constitution will be implemented as soon as possible.

The Committee envisions the formation of a student senate comprised of three delegates from each class. This 15-member group would express student opinion; at times relying on polls to determine student sentiment on controversial issues. The constitution will specify areas of senate responsibility and require that senate representatives communicate their activities to

## SAMA President Discusses National-Local Organization

The Student American Medical Association, founded in 1950, has chapters at 70 medical schools. It is an independent organization which strives to represent the views of its member students to the individuals and organizations who affect medical care in America. Through joining together, the views of students can be effectively communicated and forcefully stated to best advantage. "The New Physician" is the journal of the SAMA and serves to communicate information relevant to medical students. The journal offers many teaching articles and much commentary on health care in America. Through the journal and personal contact, the national SAMA forms an important communication link between students of all schools.

The friendly relationship with the



**Walter Cronkite delivers an address to SAMA delegates as part of the Institute for the Study of Health and Society. If YOU are interested in participating in this year's national SAMA activities, contact Mason Smith.**

their constituents and that they present to the senate suggestions from their electorate. Where mechanisms need student approval, the Committee is attempting to specify them. However, to preserve the representative function of a responsible student senate, this small body of students will be delegated the responsibility of drafting by-laws by which it will function.

The task of drafting a constitution is quite difficult. The Constitution Committee realizes that it cannot formulate a perfect document, but we hope that students will also be aware of this. Our attempt is to offer a plan for student organization which can be widely accepted and which will pursue areas of greatest student concern.

—Howard Henjyoji, MS III



**Wilbur J. Cohen, former Secretary of Health, Education and Welfare, discusses aspects of Health Care Delivery Systems with a SAMA delegate**

American Medical Association has allowed SAMA to interact with the leaders of the larger group in the most effective fashion. At this time the influence the student organization has is the most liberal force acting on the AMA. The push for improvement of medical health care delivery to poor has been a major object of the SAMA.

Increasing the number of minority group students admitted to medical school, restricting pharmaceutical promotions to those which serve an educational function, liberalizing the abortion laws, expansion of the Public Health Service, and shortening the time requirement for M.D. training for those capable of faster work are some of the policies of the national organization.

Locally, the Oregon chapter is working to develop a framework through which students can work more effectively. Through this organization progress has been made at increasing communication between classes and coordination of efforts toward a common goal. The active members are working to improve quality medical education and the atmosphere in the medical community at the University of Oregon. Efforts in the area of student advising, freshman orientation, a big brother program, a discussion forum and summer preceptorships for sophomores have already been begun and some completed. There are other things being developed and many untouched problems left. Any student who wishes to become involved may do so by contacting Mason Smith MS III, George Cameron, MS II, Karen Krebs MS II, or their class representative. There is much room to enrich our medical school environment and no one is more responsible for improving it than all of us.

—Mason Smith, MS III

# OPPORTUNITIES TO LEARN

Last year the PULSE published a group of articles on "Opportunities to Learn". They suggested that if a student would expend a minimal amount of effort in learning to know the routines of the wards, ER, OR, or OB he would be richly rewarded with interesting and morale-building clinical experience. That's right, Virginia — REAL PEOPLE in the pre-clinical years!

There are some basic rules which apply to all the opportunities described below.

1) Two students is the maximum group size. In fact, the optimal size is a single student. Groups of six are inconsiderate of the patients, doctor, and staff. Furthermore, you will learn very little in the back row.

2) Arrive dressed for the occasion. Clinic coats and tie are *de rigueur* for wards, etc. Please wear your name tag.

3) Don't blunder without first asking questions. When in doubt neither forge ahead nor retreat, but merely ask a question of someone who looks slightly bored and not too busy. Nurses are excellent help if not snowed with work. Med Students are happy to oblige, but extremely verbose.

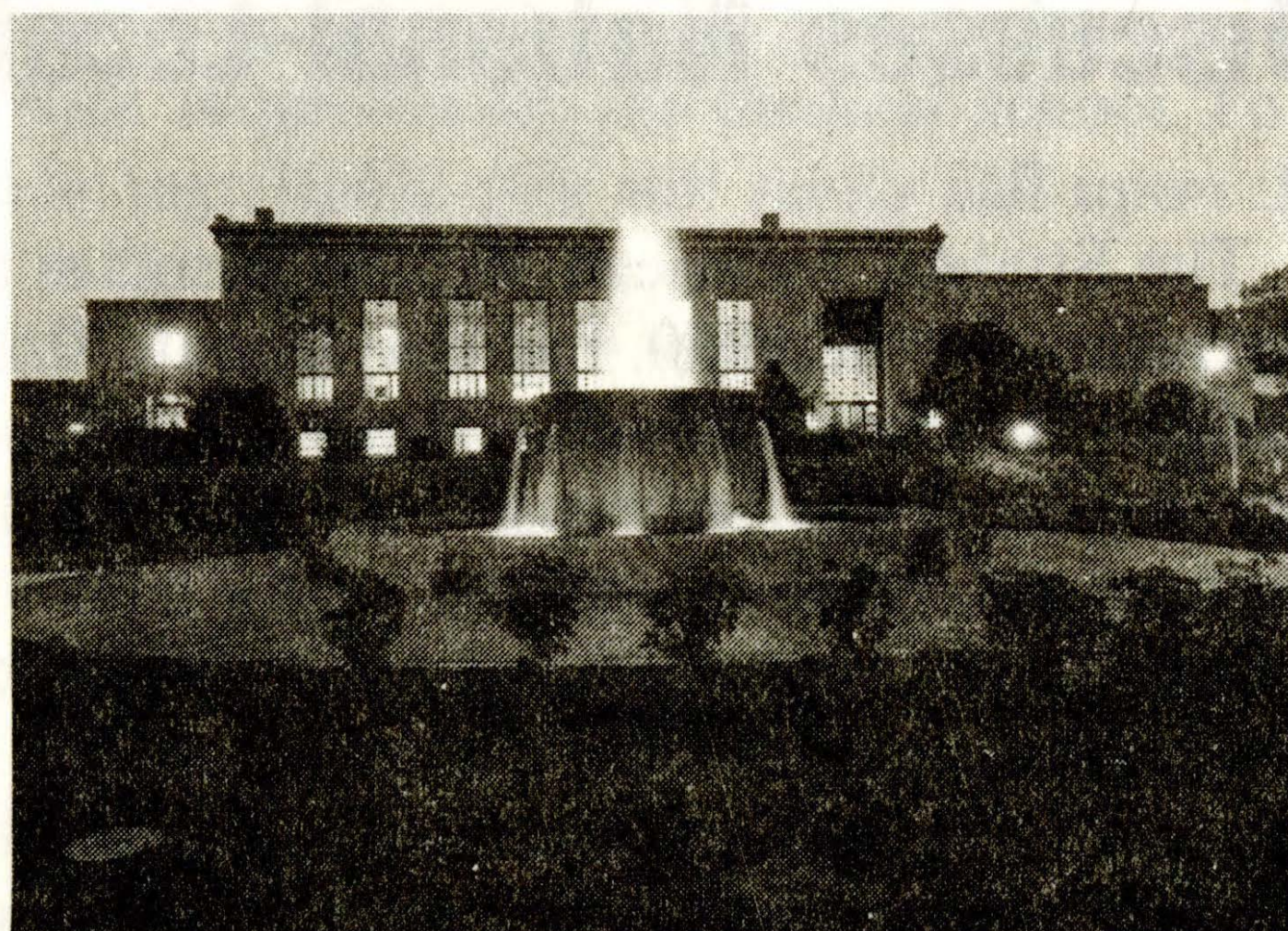
These articles were originally written by some of the sophomore students who had the initiative to become involved on their own. They are Diane Williams, Frank Lord, John Stoianoff, and John Sheridan. In this issue the articles are condensed, and some material has been added.

## An Introduction to Surgery

You can usually observe surgery five days a week from 8:00 A.M. until 2:00 or 3:00 P.M. at the Medical School Hospital. Go to the 6th floor and turn right off the elevator. You are now before an automatic door. Step on the doormat (but do not cross the threshold) and speak to the nurse at the desk. Introduce yourself and find out which surgeries are available for observation.

You will then be directed to the dressing room to change into "greens" i.e., shirt, pants, shoe covers, and cap. Returning to the automatic door, you will receive further instructions and assistance.

Be sure you have a face mask on before entering the operating room. The circulating nurse will be there to properly



position you. DO NOT TOUCH ANYTHING GREEN, nurses, doctors, or any equipment. Depending on the case and the surgeon, you may be able to get closer, ask the doctors questions (or get asked yourself), put on a sterile gown, etc. Take your cues from the nurse and anesthesiologist.

Take advantage of the opportunity to study charts and stay afterwards to talk to the scrub nurse about the procedure if she doesn't have another case.

## Students in the Emergency Room

First and second year medical students are always welcome in the emergency room. An evening spent in the E.R. is first a morale-building and second a learning experience. The under-classman stands to learn not only a variety of technical skills, but also may be surprised to find that the clinician actually must know detailed patho-physiological-biochemistry.

Saturday nights are the most dramatic hours, but any evening will produce a myriad of interesting cases. When you first arrive, introduce yourself to one of the interns or residents on duty, tell him what year you are, and ask if you can tag along. I've found the staff is always friendly and eager to teach. You will be able to participate in many procedures that you are confident in; you need only ask.

## 'Round the Wards

Freshman and sophomore medical students with a little spare time and a desire for some clinical exposure and experience can gain a great deal of satisfaction from visits to the University-affiliated hospital wards. The place to begin would be the nursing station on any ward that, for you, holds special interest.

If you feel at a loss you can start by introducing yourself to any of the nurses at the desk. If they are not too rushed they will be glad to introduce you to the art of chart reading. This will include where to

look first for admission notes and descriptions of present illness. If you are the more independent type you may wish to start right in reading the charts on your own, and deciding which patients you would like to see.

The timing of your visits can also influence the reception you receive. Morning baths and meals make the late afternoon and evenings the freest times on most wards.

When you find a patient that seems as if he would be good to interview, go in and introduce yourself. He will realize that you are part of that medical student-intern-resident-staff physician continuum that is concerned with his illness. If you show tact and interest you will find that most patients will be extremely willing to discuss any element of their illness with you.

## Experience Life: The Delivery Room

The elevator door opened on three-east of Multnomah County Hospital. Through the glazed doors was the nurse's station. "I'm a first year medical student," hoping that it wasn't too obvious. "I'd like to see a delivery." . . . although I wasn't so sure now, facing this very efficient-looking nurse. She said something to the effect that she would go see if anything was happening. Would I wait a moment?

"Now you've done it kid, you're involved." The nurse returned saying something about ". . . dilated centimeters come back about 1/2 hour . . ." I did and was led down a long hall and into an impossibly narrow high observation room which I later learned was just about the best view in the house.

If you have any questions about what you are seeing, hold onto them until it's all over and ask the intern or medical student — especially the medical student. He'll not only answer the questions but may begin rhapsodizing about the miracle of modern medicine he just performed. When he starts getting transcendental, leave, — he'll never notice. Come back. Perhaps, if you're lucky and strong of heart, you can scrub in and be inscrutable knowledgeable behind a scrub mask.

Women are unpredictable — especially pregnant women. Babies are born all hours of the day and night, but they are not born on schedule. Save yourself a walk over to three-east only to walk back by calling Extension 447.

## Text Reviews . . .

Bloom and Fawcett is an excellent text if you are majoring in Histology or Anatomy. Most medical students find that they don't have the time to wade through the electron microscopic studies and other, perhaps interesting but irrelevant details. For the medical student with the time and inclination B and F is fine but most medical students are better off not to waste \$18 on a book they won't look at after the first two weeks and buy instead the outline Arey's *Human Histology* and an atlas of Histology.

Grant's Dissector, Atlas, and Method can be purchased used from 2nd year students, most of them won't want to keep them because of too many bad associations. The three books go well together which is the major virtue of having all three. Anatomy by Gardner, Gray and O'Rahilly looks like the best bet to me. It is well organized and brings in function. Last and Woodburne should also be good, think twice before getting Grant's method. Some students last year found that Pansky — Review of Gross Anatomy was a helpful learning aid.

In biochemistry, the recommended text White, Handler, etc. is probably the best. Most students last year found it readable. A good investment is Harold A. Harper — Review of Physiological Chemistry. It is useful in reviewing for exams and the boards.

—George Cameron, MS II



The following books are being recommended for use in Biochemistry 411 and 412 for this next year:

1. White, Handler and Smith, "Principles of Biochemistry," 4th Edition, McGraw-Hill.
2. Christensen, "Body Fluids and the Acid-Base Balance," W. B. Saunders Co.
3. Christensen and Palmer, "Enzyme Kinetics," W. B. Saunders Co.
4. DuPraw, "Cell and Molecular Biology," Academic Press, 1968.

The "Principles of Biochemistry" is a general textbook of biochemistry which the faculty believes is particularly well suited for students who are learning biochemistry as a foundation for medicine. It is not as comprehensive as texts by West, Todd, Mason and Van Bruggen ("Textbook of Biochemistry") or Mahler and Cordes ("Biological Chemistry") but is a more recent edition. The books on "Body Fluids and the Acid-Base Balance" and "Enzyme Kinetics" are learning programs for stu-

## A Fresh Look at Medical Education

It has been the tradition within medical education to teach gross anatomy, histology, genetics, biochemistry, and physiology as separate entities during the first year. Reasons for this fragmentation may be many, but one reason may be the rapid progress of medical knowledge within these separate entities. The very bright student can see through this fragmentation and integrate these separate entities into one: The Study of the Living Cell. The less genius student, being the majority of us, is left with a fragmented view of the living cell.

A way to alleviate this fragmentation would be to require the first year student to take only one basic science course: Cell Biology. For example, a limited amount of time could be allotted for an encompassing study of the liver. The gross anatomy, the histology, the electron microscopy, the biochemistry, the genetics, and the physiology of the liver cell would be presented in an integrated and unified program within an allotted time. This approach would also limit redundancy in teaching.

The microbiology, pathology, and abnormal physiology of the second year could be integrated into one entity: Pathophysiology. The pathology of an organ or organ system would be studied in association with the etiology causing the pathology and in association with the abnormal physiology. For example, the study of *Salmonella typhimurium* would be integrated with the study of the local violent irritation of the gastro-intestinal mucous membranes which gives the altered physiology of nausea, vomiting and diarrhea. This approach may be more meaningful than to study microbiology, pathology, and abnormal physiology as separate entities and during unrelated time sequences.

Clinical medicine, beginning in the first

dents of biological and medical sciences. These are useful as reviews for the more advanced students while still providing a proven means for primary learning for students who have had little or no previous experience with the material. The "Cell and Molecular Biology" will be used extensively for the middle third of BCh 411 and 412 during which time the new course in Cell Organization and Function will be presented. This text has been selected by an interdepartmental teaching committee after careful review of many other books as the best presently available for the course planned.

and second year with increasing emphasis in the third and fourth year along with basic science courses continuing into the third and fourth year with decreasing emphasis could be part of this program. For example, exposure of patients with biochemical and genetic abnormalities or anatomical anomalies to the first year student would be relevant to his basic science study. The second year student, while focusing on physical diagnosis, could also be exposed to patients with diseases pertinent to the study of the second year basic science course. For example, during the allotted time for coverage of gastro-intestinal pathophysiology, the second year student could be exposed to patients with gastro-intestinal pathology. This would also be a good time to learn the review of systems for gastro-intestinal disease.

Under this approach, pharmacology and clinical pathology would be reserved for the junior year, when the student is intimately involved in the therapy of patients and in the interpretation of laboratory data pertinent to patients. Studying the mechanisms of action of digitalis may be far more meaningful as a junior when studying the therapy of a patient with congestive heart failure than when a sophomore without a patient reference.

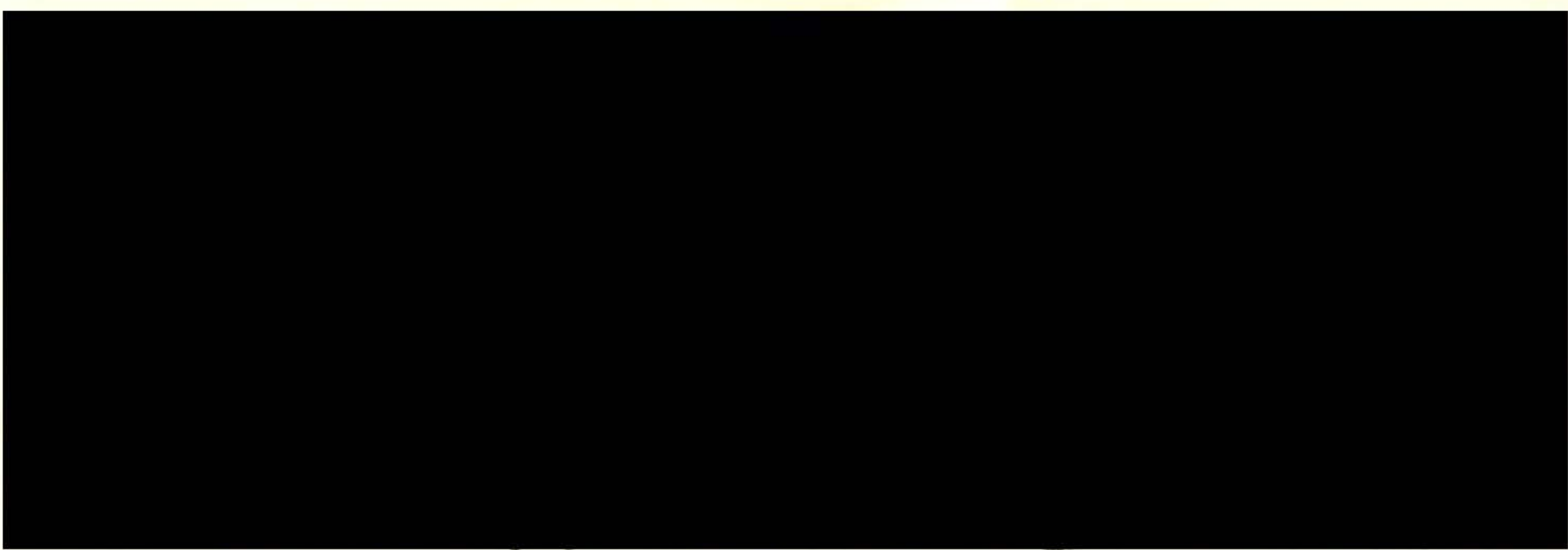
This approach to medical education would allow time for elective courses such as psychology, public health, statistics, research projects, etc.

This approach to medical education would, above all, require professors who want to change the traditional approach of medical education. It would require cooperation, planning, and time interdepartmentally among basic science professors, and it would require planning among basic science professors and clinical professors.

—Glenn Gerritz, MS IV

Because assigned reading will be made in the two books by Christensen and the one by DuPraw, each student would be advised to have them readily available. In general the text by White, Handler and Smith will be used as a reference, although some students will undoubtedly find it very useful as their primary learning source. This text should prove to be a valuable reference for many students in later courses taken in Medical School.

—Dr. Richard T. Jones  
Chairman, Dept. of Biochemistry



**The PULSE**  
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The Laurence Swilling Chair of Medicine was delivered yesterday to Meson Smythe, present Precedent of the Seemingly Assinine Medical Association.

The announcement, written on what appeared to be a shredded piece of a white clinic coat was tacked to the student bulletin board and signed by the former occupant of the Swilling Chair, Dr. H. P. (Angle) Louis. It read as follows:

"In recognition of the fact that medicine has progressed so rapidly in the last five years that at present any entering freshman knows more than our senior staff men, I hereby tender my resignation as Chairman of the Department of Medicine. It was unanimously decided by the Executive Faculty that this position should be turned over to the student body, and to make the transition as democratic as possible in this recognized oligarchy, it will be the job of your newly and unanimously elected representative, MACE-on Smythe, President of SAMA, to initiate the process of reforming the department to bring it into line with current standards of relevance.

"In addition, it was decided in a medicine faculty meeting to bequeath all our shibboleths and ties to past and tradition to the new chairman for his disposal. Mr. Smythe will find my stethoscope and the Laurence Swilling Chair deposited in Dean (Everybody's Friend) Glover's office. The stethoscope is somewhat worn, but still usable should the X-ray machines all fail; but the Chair is in rather poor condition — one of the rockers is off."

In an attempt to understand this obscure document, the PULSE sent reporters to interview Smythe. President Smythe was not in his office, but the secretary said he could be found in the Student Activities Building defending his squash title. We interviewed him in the dressing room following a brilliant victory over Prof. T. Tum Tourie, one of the leading contenders for the championship.

**REPORTER:** I'm from the hard hitting WATER-HAMMER PULSE. If you have a few minutes I'd like to ask you about your recent appointment to chairmanship of the Medicine Department.

**SMYTHE:** Sure. I'm always glad to spend a few hours talking to anybody. That was a brilliant victory for student activism, don't you think?

**REP:** What do you mean?

**SMY:** Organization and confrontation are the solutions to the age-old problems of poor medical education, poor patient quality and poor medicine. In fact, we have committees working in these areas at the present time. You may think it was poor tactics to dump old Dr. Louis so unceremoniously from his office, but it is certainly true that you can't effect changes around here without hurting a few people's feelings. We needed a power base to work from, and we determined that Medicine had the most power. It is only a matter of time before the other departments will belong to us too.

**REP:** Who is "us"?

**SMY:** Why, SAMA, of course. We are the representative governing body of the students at UOMS. Since it is clear that students should run the medical school, it is only logical that SAMA should in fact do the running.

**REP:** What about the faculty and administration. Where do they

fit into this picture?

**SMY:** We have a committee working on that problem. We are looking for money from the drug companies to pension these people off. Actually, I believe they are harmless and could be allowed to stay around if they liked, but some SAMA members feel that their very presence is a damper to progress. Of course, there is no argument that they are superfluous — everything the faculty says is in textbooks which we can easily read for ourselves, and the administration is just filling a power vacuum which we are finally recognizing is our place to fill.

**REP:** What specific changes do you plan to make?

**SMY:** Our first three goals are to reform medical education, clean up the terrible disorganization in the clinics and straighten out the OMA. In the future we intend to get Oregon's physicians back on the track.

**REP:** How and when do you expect to accomplish this?

**SMY:** We have committees working on all the problems. The first three should be well controlled by December, but retraining the practicing physicians may take a little longer — probably not before next year sometime. Maybe it isn't even possible — maybe we'll have to pension them off, too.

**REP:** Thank you very much, Precedent Smythe.

**SMY:** Sure. You'll have to excuse me now; I have to go see about our next Tuesday Forum — we're having a panel on fee-for-no-service medicine.

We are all aware of the profound changes that have occurred on the Hill in the six months that have elapsed since the Revolution and since the previous issue of the PULSE. Dean Smythe has replaced all revisionists with student activists. Mr. Pennington is gathering material for the Fall, 1968 issue of the Campusgram. It is expected that this issue will announce the formation of a new Editorial Board. Mr. Lord — it was inevitable that he would be on OUR side — is in charge of hospital and clinic services. He has remodelled VAH into a filing cabinet for this year's medical records. Most importantly, Phony Pharmaceuticals, under the far-seeing directorship of Mr. Steve Thomas, has endowed a James Levy Chair of Simplification and Ponderous Pronouncements. Faculty and administrators gather daily around this structure from 8:00-5:00 for instruction in the "Art" of Activism.

There has been only one disquieting development. The faculty have recently demanded to have a representative on the Curriculum Committee.

The PULSE, always noted for its accurate and unbiased reporting, feels somewhat hesitant to print the following RUMOR which was found in the basement of the library between the pages of a recent edition of Saturday Review. However, in an attempt to ferret out truth wherever it hides, the RUMOR will be printed exactly as it was found. The reader may find it convenient to rotate the page; although that may distort the originally intended meaning. Any resemblance to characters in this RUMOR to individuals either living or dead must be considered as purely auspicious.