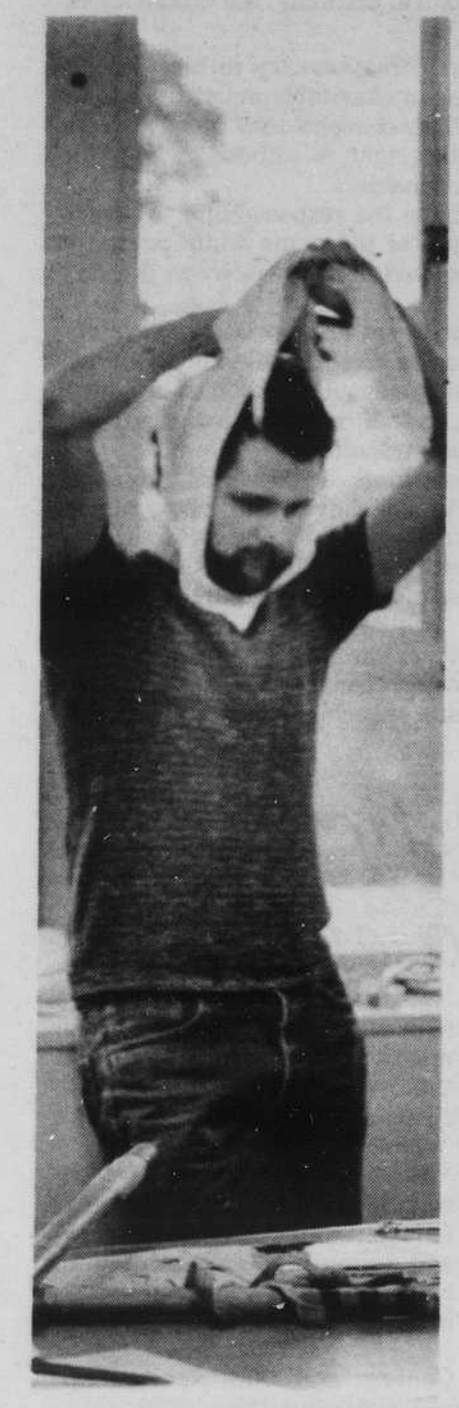
Wilderness aid for mountain shown



If you were to happen upon a seriously wounded individual in a wilderness area far from medical assistance, what would you do? If your response is to throw up, run away, or spray eveything in sight with Bactine, perhaps you should have attended the Outdoor Medicine Program in the EMU Wednesday night.

Guest speaker Mike Thoele, emergency medical technician and a Junction City volunteer fireman, lectured on emergency first aid and rescue procedures in the wilderness and demonstrated medical techniques dependent upon human innovation and available materials.

In his discussion, Thoele described a variety of injuries and explained the medical procedures to be used in each situation. Thoele also demonstrated practical applications of the orthopedic stretcher and traction splint, and illustrated improvisational techniques for transporting the injured through rugged terrain.

The course, sponsored by Eugene Mountain Rescue, is organized by Steve Ross, Bob Johnson, and Bud Proctor. Now in its second week, the class provides medical knowledge for the person active in the outdoors and emphasizes the fact that at any moment an individual can be confronted with an injury demanding immediate medical attention. In addition, the course goes beyond basic first aid techniques and also explores the areas of advanced medical knowledge and procedure.

Of the remaining meetings, two will be lecture sessions and the third seminar will be a weekend of practical application in an outdoor setting.

Scheduled speakers for this week's session include Dr. Winston Maxwell and Karen McLean of Eugene Parks and Recreation. Both lecturers will deal with the topic of "Environmental and Psychological Injuries." The meeting is scheduled for Tuesday at 7 p.m. in the EMU.

Photos by David Mallgrave

Mike Thoele demonstrates special first aid techniques designed for wilderness hikers, and shows how to improvise with available materials in an emergency.

Samples not organic, Drug Center says

University Drug Information Center's reports numbers 19 and 20 both concluded that there is a general misrepresentation in the sale of the organic drugs.

Of the 10 samples of organic drugs submitted, only one was returned as organic. There was no improvement in the misrepresentation of LSD for psilocybin. There was only one real sample of mushroom among the many submitted. The first heroin sample (diacetylmorphine) was also submitted in the period the reports covered.

EO-4-13-02; alleged content, MDA; actual content, MDA; white powder in a pink capsule; EO-4-16-03; alleged content, Psilocybin; actual content, LSD; $15 per oz.; frozen, crushed mushroom, dark brown; EO-4-17-01; alleged content, LSD; actual content, LSD; purple tablet ¼ inch diameter, one-sixteenth thick; EO-4-17-02; alleged content, LSD; actual content, LSD; light green tablet.

EO-4-17-03; alleged content, Diacetylmorphine; actual content, Diacetylmorphine; $35 per number cap.; shite powder; EO-4-17-04; alleged content, Psilocybin; actual content, LSD; $2 per dose; mushroom; EO-4-17-05; alleged content, Cocaine; actual content, Cocaine 21.5 per cent; white powder; EO-4-17-06; alleged content, Unknown; actual content, No drug present; white powder; EO-4-17-07; alleged content, LSD; actual content, LSD; $1 per dose; colorless to gray blotter paper.

EO-4-17-09; alleged content, Cannibus; actual content, Cannibus; $10 per oz.; green-brown plant material; EO-4-18-02; alleged content, Cocaine; actual content, No cocaine; $50 per grm.; white powder, large crystals; EO-4-19-02; alleged content, Amphetamine; actual content, Amphetamine; $12 per 100; white tab; EO-4-19-03; alleged content, Psilocybin; actual content, LSD; $20 per oz.; mushroom; EO-4-20-01; alleged content, Psilocybin; actual content, LSD; mushroom.

EO-4-20-03; alleged content, Mescaline; actual content, LSD; brown granule powder; EO-4-20-05; alleged content, Psilocybin; actual content, LSD; $20 per oz.; mushroom; EO-4-23-01; alleged content, Psilocybin; actual content, Psilocybin; $.50 for 4 mushrooms; brown mushroom.

EO-4-24-01; alleged content, Amphetamine; actual content, Amphetamine-PCP; $.15 per dose; white gray (dirty) cross-top, beveled edge ¼ inch diam. x one-sixteenth thick; EO-4-24-02; alleged content, Cocaine; actual content, Cocaine 70.8 per cent; white powder; EO-4-24-03; alleged content, Amphetamine; actual content, Methamphetamine; $10 per 100; scored yellow tab. marked with a diamond nine-thirty-seconds by three-thirty seconds inch.

EO-4-24-04; alledged content, Psilocybin; actual content, LSD; picked up at a supermarket; EO-4-25-01; alleged content, Psilocybin; actual content, LSD; $15 per oz.; pieces of dried mushroom; EO-4-25-03; alleged content, LSD; actual content, LSD; $1 per dose; blotter paper; EO-4-27-01; alleged content, Synthetic mescaline; actual content, LSD; purple tablet.

Project report number 19

EO-4-02-04; alleged content, LSD; actual content, LSD ONLY; small orange tablet; EO-4-05-02; alleged content, Dexidrine; acutal content, Amphetamine; $20 per 100; small white tablets; EO-4-09-03; alleged content; UNKNOWN; actual content, 60 micrograms LSD; brown tablet three-sixtennths by ⅛ inch; EO-4-09-03; alleged content, UNKNOWN; actual content, No drug present; white powder; EO-4-09-05; alleged content, UNKNOWN; actual content, 50 micrograms LSD; brown tablet three-sixteenths by ⅛ inch; EO-4-09-06; alleged content, Marijuana; acutal content, THC present; $85 per ½ lb.

EO-4-09-08; alleged content; Speed; actual content, Ephedrine & Phenobarbital; $20 per 300; scored white tablet, five-sixteenths by five-thirty-seconds inch; EO-4-09-09; alleged content, Amphetamine; actual content, Amphetamine; $.15 each; cross scored white tablets ¼ by one-sixteenth inch; EO-4-10-01; alleged content, THC; actual content, PCP; $40 per gram; white powder; EO-4-10-02; alleged content, Unknown; actual content, no drug present; Found; white tablet; EO-4-11-01; alleged content, LSD; actual content, LSD; $.65 each; purple tablet.

EO-4-11-02; alleged content, cocaine; actual content, 13.8 per cent cocaine; dull white powder EO-4-11-03; alleged content, Cocaine; actual content, 91.8 per cent Cocaine; $60 per gram; white crystalline; EO-4-12-01; alleged content, Unknown; actual content, no drug present; yellow powder; EO-4-13-01; alleged content, Methamphetamine; actual content, Amphetamine; white cross tops, three-sixteenth by ⅛ inch; EO-4-13-02; alleged content, Marijuana; actual content, 0.9 per cent THC, no other drug; green material.

Symptomless gonorrhea found possible for males

Lane County health officials are discovering that males can have gonorrhea and have virtually no symptoms.

Until recently, explained Veneral Disease Investigator Bill Leslie, it was a common belief that if a man did not have distinct symptoms he was not infected.

Leslie explained that gonorrhea, which is far more prevalent than syphilis in Oregon and Lane County, has an incubation period of between three and five days. Because most men show symptoms if they are infected, Leslie says that doctors and health departments have generally ignored men who might have what is described as "asymptomatic gonorrhea."

Of the men tested at the Lane County Health Department's Veneral Disease Clinic, Leslie said 20 per cent of those who tested positive for gonorrhea show no recognizable symptoms.

Leslie explained that this causes further problems in the detection and eradication of gonorrhea. Already detection is complicated by the fact that women frequently don't have recognizable symptoms, and that both men and women are often reluctant to seek treatment for the disease.

Lane County presently has a VD rate that is the fourth highest in the state, with 525 cases per 100,000 population, compared to a national average of approximately 310 per 100,000.

Lane County has perhaps one of the most active and progressive VD education and treatment programs in the Northwest.

A clinic is held four afternoons a week where Leslie says "persons who come in for a VD test can find out as much as they want to about VD, but we don't force anything on them."

By JOSH MARQUIS
Of the Emerald

Leslie stressed that when he talks to someone who has contracted VD, he encourages that person to get in touch with persons whom they have come in sexual contact with, and advise them to get in touch with the clinic or a private doctor.

Leslie explained another program in the detection of VD which has proved very successful. Called a "screening program," many women who go to their private physicians for routine examinations are now routinely given a culture test for gonnorrhea.

Since most women are unaware that they have VD when they are in fact infected, Leslie says the screening program has proven a great help in detecting VD in women. Leslie cited statistics that reported that in a 30-day period, 17 women who were tested at the VD clinic specifically for VD had positive tests while 30 others who were in the clinic for routine examinations were found to be infected.

Leslie says that gonorrhea is in epidemic proportions in Lane County, as it is in most other parts of the United States.

VD is rated as the "most prevalent communicable disease in the nation with the exception of upper respiratory infections (i.e. colds)." This means that VD is more common than pneumonia, mumps, measles, chicken pox or mononucleosis.

In addition to lecturing before University Health classes on VD, Leslie and others in the Health Department distribute posters, give talks at high schools, and make public service announcement for radio and television stations. Leslie stressed that the philosophy of the department is to train the teachers in the public schools to teach about VD so "it doesn't become a forbidden subject."

Leslie said that he hopes people are beginning to learn that there are not a few "carriers" of VD who "spread the disease," but rather men and women who simply fail to recognize the symptoms of VD.