

Anesthesia

100, 99, 98, 97... What tonsils, doc?

By ANNE MARIE GADDIS
Of the Emerald

Anesthesia has the alcohol breath tests beat in the amount of people having difficulty remembering how to count backwards.

"Actually I never remember when I quit counting," one student says of the test to see if the effects of anesthesia are complete. Some students said they couldn't have made it past 96, while others proudly testify reaching lows of 93 or 94.

The word anesthesia means insensibility and can be the result of disease, injury, or the administration of anesthetic drugs.

The search for relief of pain during surgery is not new, and it in fact goes back to before the Christian era when marijuana, alcohol and opium were used as legal pain killers.

Today, general anesthesia is used for most minor operations. The anesthetic acts upon the higher centers of the brain to cause insensitivity to pain and physical sensation.

The length of time one is under the anesthetic differs with the type of operation performed, but "If a person is under anesthesia for an hour," says Dr. A.P. Kibby, anesthesiologist at Sacred Heart Hospital, "often he will awaken within a half hour after the flow is discontinued."

The "flow" refers to the inhalation technique that is commonly administered by an anesthesia machine. This is simply an apparatus that registers the amount of gas flowing per minute, Kibby explains. Oxygen should accompany the gases flowing into the rubber rebreathing bag. The patient breathes in and out of this bag by means of connecting corrugated rubber tubes and a face mask. Between the bag and mask is a container of soda lime, a granular substance that extracts carbon dioxide from the exhaled breath.

The smell of the gas was described by student Roy Corpus as being "really horrible, the stuff they used really stunk!"

It doesn't require a great number of people to administer the anesthetic, but instead it "usually requires only one qualified person to run the machine," says Kibby.

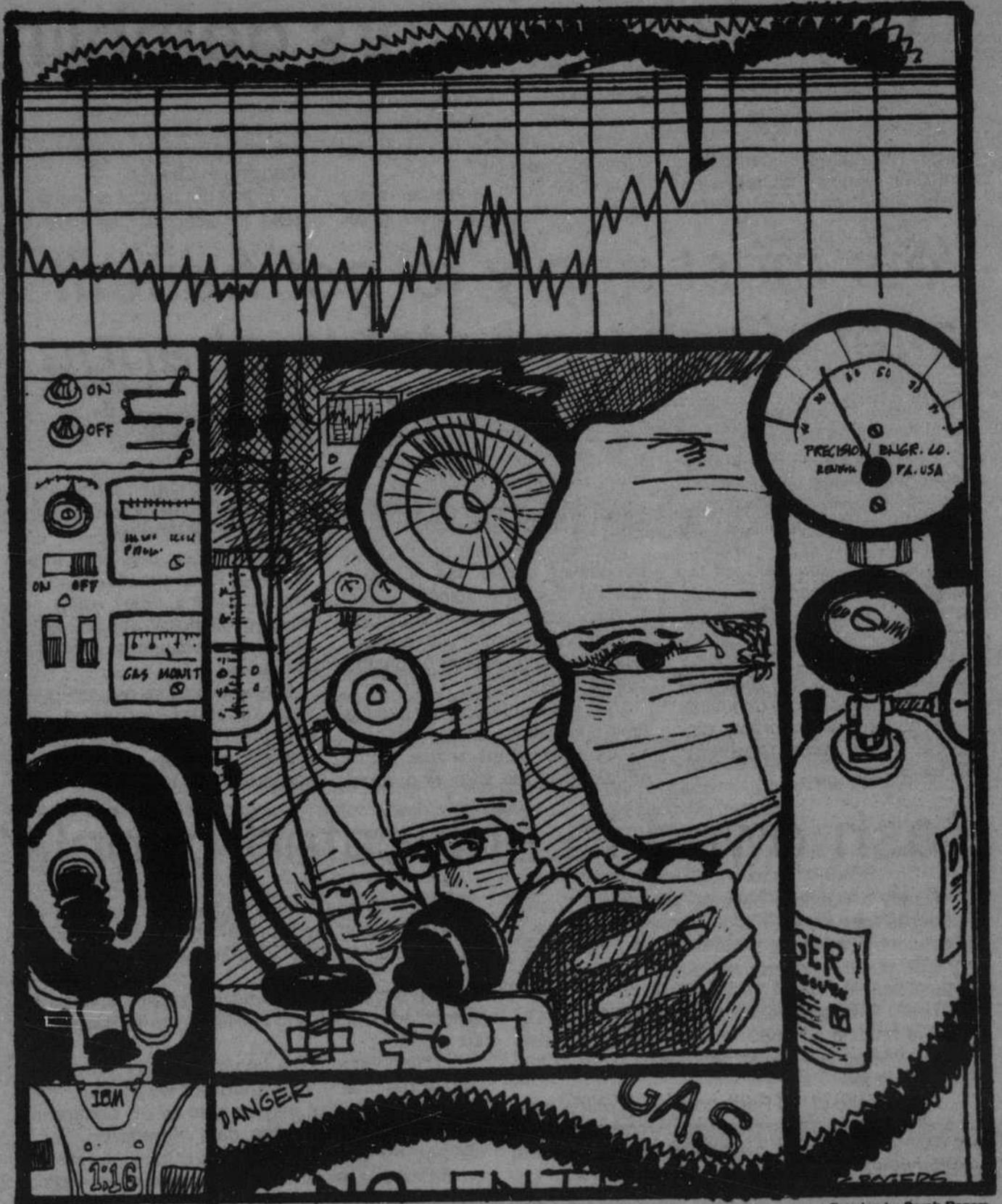
Sometimes a particular muscle or group of muscles, such as the abdominal muscles, must be soft and relaxed to insure the safety and success of the operation. "we sometimes use muscle relaxants in that case," says Kibby, and "they can be injected pretty effectively in most cases."

Contrary to popular belief that the stuff puts you out for hours on end, Kibby says, "The sleepiness that often occurs after operations is not usually due to the actual anesthesia process, but often has to do with the pre-medication used before surgery."

"I woke up very fuzzy," said Corpus. "In fact, I really felt like the room wasn't standing still anymore."

Several students felt "disoriented" and "fuzzy" when treated with anesthesia. Most described feeling lightheaded, and kind of "dingy," while one student reported being violently ill after becoming conscious.

Some students went as far as to say they really "got off" on the gas and didn't mind it at all.



Drawing by Sarah Rogers

Recovery

Self-help group offers assistance to former patients, nervous persons

By CHERI O'NEIL
Of the Emerald

On the spectrum of the mental system, there are those persons who have been hospitalized for mental care and those who are in need of emotional support; both are invited to join Recovery, Inc., a new group meeting in Eugene.

Recovery, the Association of Nervous and Former Mental Patients, is a systematic self-help group designed to prevent relapses in former mental patients and to forestall disorders in nervous persons.

Through their Recovery training, says Marian Fox, Oregon and western Idaho Recovery leader, members learn to handle the frustrations and irritations of everyday

life with the practice and encouragement of other members of the group who have succeeded in conquering their fears.

Recovery is a 40-year old international organization that is often referred to by Ann Landers or Dear Abby in dealing with psychoneurotics, who cannot cope with everyday functions.

There are 17 Recovery groups in Oregon, and each have an average of 10 participants.

Dr. Abraham Low, the late psychiatrist and neurologist who originated the Recovery method, explained the self-help techniques with his own case histories in the book "Mental Health Through Will Training." His practice involved mental patients to begin with, but he expanded his

practice to help persons not as seriously ill.

Recovery doesn't offer diagnosis, make treatment or deal with professionals, Fox emphasizes. Instead, the groups are organized by voluntary leaders who have been treated in mental institutions. They attend monthly training meetings and are authorized by the national organization in Chicago.

Local leader Nancy Campbell, who organized Eugene's recovery group in late November, says the leaders are a great help to Recovery members, because they have experienced the common fears of mental patients.

Some of those symptoms may include include heart palpitations, dizziness, sweating, numbness, tremors, fatigue and depression. In addition, Campbell says there are many fears that persons share, such as fears of high places, crowds, closed places, mistakes.

Recovery leaders believe that underlying all of these manifestations are the basic fears of mental and physical collapse. If the condition persists for some time, then another basic fear enters the picture — the fear of never recovering.

When Fox was dismissed from one mental institution, she feared she would never fully recover from her mental illness.

The Eugene group meets at the Harmony House, 1897 Garden Ave., every Thursday at 8 p.m. Interested persons are invited to attend the meetings at no charge.

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