Nurse To Publish Book On Sex in Health, Illness

By David Williamson

When surgeons operated on the wives of the President and Vice President to remove breast tumors late last year, newspapers, television and radio brought these private matters to world attention.

For most women, such publicity would only compound an already sad situation, adding embarrassment to personal tragedy.

But Mrs. Ford, Mrs. Rockefeller and the news media have indirectly done American women a great service, according to an authority on human sexuality at the medical center.

"The Breast Cancer Demonstration Project here received more than 50 calls a day from women concerned about breast cancer after the news was released," said Nancy Fugate Woods, an assistant professor of nursing who will publish a book in March entitled Human Sexuality in Health and Illness.

Mrs. Woods, whose book was a direct result of a course she teaches to undergraduates here each year, is a firm believer in a rearranged adage, "What you don't know, can hurt you."

She feels that misinformation about illness and how it affects sexuality can only be conquered by a more open and mature attitude in dealing with problems that have been hushed up all too frequently in the past.

"Women like Mrs. Ford and Happy Rockefeller often serve as models for the lay public," she said. "When others look at them and see that they still look feminine and that their marriages didn't disintegrate as a result of the operations, they're more willing to have what could be life-saving examinations."

And when mastectomies (the removal

of breasts) are necessary, she maintains, women are less likely to think of themselves as flawed or incomplete.

In her book, which will be published by the C.V. Mosby Co. of St. Louis, Mrs. Woods attempts to help other nurses, as well as social workers, physical therapists and physicians know what to say to patients who come to them for advice on a host of sexual problems.

The first section, called "The Bio-Psycho-Social Nature of Sexuality," defines human sexual response patterns throughout the life cycle from infancy and adolescence through adulthood and aging.

"Our culture looks at sex between aged people as bizarre for no real reason," she maintains, "and even our Social Security system discriminates against them. Why should a couple in the 70's who have found happiness

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COUNSELING FOR COUNSELORS—Nancy Fugate Woods, an assistant professor of nursing at the medical center, has written a book entitled *Human Sexuality in Health and Illness* which will be published in March by C.V. Mosby Co. of St. Louis. The book, her first, is to "serve as a ready reference for health professionals" so that these people including nurses, social workers, physical therapists and physicians will know what to say to patients who come to them for advice on a host of sexual problems." (*Photo by David Williamson*)



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DURHAM, NORTH CAROLINA

Foreign Sojourn Brings Practice and Surprises

Student Reports on African Trip

(Editor's Note: Russell J. Kilpatrick, a junior in the School of Medicine, spent several months in Africa during the summer and autumn last year studying general surgery at Witwatersrand Medical School in Johannesburg, South Africa, and in missionary clinics in Zaire. The Asheboro, N.C., native, winner of the 1974 Wilburt C. Davison Travel Scholarship and a travel award from the International College of Surgeons, prepared an interesting report on his activities for the latter professional organization, and an abbreviated version of it is reprinted below.)

A trip to Africa is an adventure many Americans wouldn't even consider. And my trip was certainly not without its little annoyances—whether it's furiously swatting tse-tse flies in a Land Rover on a safari or wearing a big. innocent smile for the customs officials at a border crossing.

Yes, I saw a fabulous assortment of wild animals in Botswana, and horseback riding through the mountains of Lesotho was absolutely breathtaking, but the real purpose for my journey, the study of surgery in Johannesburg, South Africa, remains the high point.

After talking with several of my colleagues, including a resident in the Department of Surgery at Duke who is from South Africa and a fellow student who studied there last year, I settled upon the University of the Witwatersrand Medical School for a clinical elective.

Language would be no major problem, I heard only good things about the surgery program there, and it would make a great jumping off point to see a bit of the rapidly vanishing African wilderness and culture. In addition, medical missionary friends in Zaire would be within reach for a visit after my formal study.

Arriving in Johannesburg alone in the early hours of a wintery Sunday morning. I found the city cold in more ways than just its weather. But within a few hours I had made contact with medical students there who had been acquainted with my friend at Duke who

had preceded me, and I was overwhelmed by a warmth and hospitality beyond what I could have hoped for.

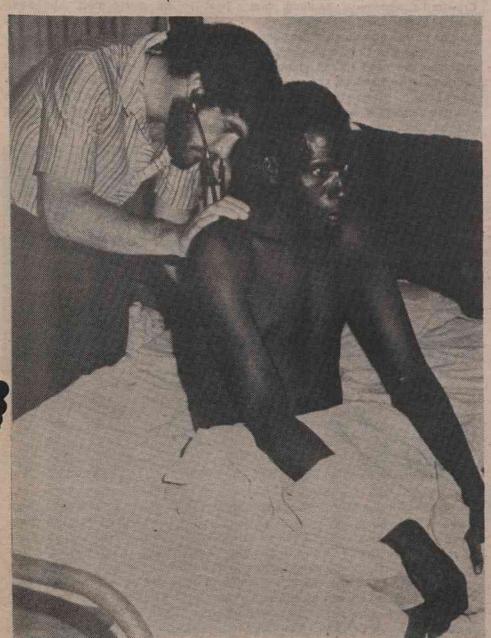
The General Hospital in Johannesburg serves the European population of the area, and is structurally somewhat similar to most American academic hospitals. Senior staff and housestaff work together in delivering patient care, with students taking an even less active role than at Duke. The unit I worked on has a large women's and a large men's ward.

The move for privacy is not so pervasive in the hospitals there, however, and a ward is a single large room with 30 to 40 beds. In some ways, it seems to me, this is an advantage to the patients, who may often get better care and more close watching than with our costly system of private and semi-private rooms. Curtains could of course be pulled between each bed for examinations, ward procedures and such

Following my work in the General Hospital, in downtown Johannesburg, I s h i f t e d t o a I a r g e government-supported hospital several miles outside the city, where I found the greatest opportunities in gaining practical clinical experience. It is called Baragwanath, and serves the medical needs of around a million black South Africans who live in adjacent Soweto.

Every fifth day we were on intake for a twenty-four hour period, and admitted all acute surgical admissions, as well as

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LEARNING HIS MEDICINE IN AFRICA—Russell J. Kilpatrick, examines a patient in a rural clinic in Bulape. Zaire. His time in Africa not only taught him a lot about medicine—it also awakened him to the immense social, economic and racial problems yet to be overcome there. See page 3 for photos the future physician took during some of his off-duty hours.