

Graduation speaker



Rep. Al Ullman, Democrat from Oregon's second district, will speak before graduating medical and nursing students at the 1973 commencement exercises.

Now serving his ninth term in the United States House of Representatives, Rep. Ullman is ranking majority member of the Ways and Means Committee. Rep. Ullman, a 12-year member of the committee, has been involved in major legislative efforts in the areas of tax reform, social security, welfare, national health insurance and foreign trade.

Rep. Ullman was elected co-chairman of the new Joint Committee on Budget Control early this year, and is also a member of the Joint

Committee in Internal Revenue Taxation and the Democratic Committee on Committees. In 1971, he became a member of the Joint Committee on Reduction of Federal Expenditures, and he is one of three members of the House of Representatives serving on the Advisory Commission on Intergovernmental Relations to which he was appointed in 1967.

The Congressman was born and raised in the Pacific Northwest. A graduate in political science from Whitman College in Walla Walla, Wash., he earned his master's degree in Public Law from Columbia University.

Commencement exercises for the senior classes of the University of Oregon Medical School and the University of Oregon School of Nursing will be June 9 at the Portland Civic Auditorium.



Medical student Mike Markham has chosen the emergency room course as a fourth year elective. See story page 3.

Board members

The Oregon State Board of Higher Education is the subject of a four-part series in Medical Center News. Continuing, this month we introduce the last three members of the nine-member lay board. Board members are appointed by the Governor to four-year terms.

John D. Mosser, Portland attorney and former state representative, is chairman of the Oregon State Board of Higher Education's committee on finance and is a member of the committee on public service activities.

He is a graduate of Princeton University's school of public and international affairs and received his law degree from Yale Law School.

Mr. Mosser served as a representative to the Oregon State Legislature in 1957, 1963 and 1965 and as chairman of the legislative fiscal committee during 1965-66.

From January to June, 1967 he was director of the Oregon Department of Finance and Administration.

Mr. Mosser has been active at the civic and state level, serving as chairman of the Clean Water for Life Committee; chairman of the Oregon Sanitary Authority, 1967-69; a member of the Governor's Task Force on Portland Waterfront Redevelopment; and as co-chair-

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Chairman appointed

Dr. Paul R. McHugh, professor of psychiatry and neurology at Cornell University, was recently named chairman of the Department of Psychiatry by Dr. Charles N. Holman, dean. Dr. McHugh will join the UOMS staff prior to fall term.



A 1956 graduate of Harvard Medical School, he served his internship at Peter Bent Brigham Hospital and his residency at Massachusetts General Hospital. Before joining the Cornell faculty in 1964, Dr. McHugh was a teaching fellow in neurology and neuropathology at Harvard, clinical assistant in psychiatry at Maudsley Hospital in London, and was a member of the neuropsychiatry division at Walter Reed Army Institute of Research in Washington, D.C.

He was also founder and the first director of The New York Hospital and has served as clinical director and supervisor of psychiatric education there since 1968. The doctor is a member of the American Psychiatric Association, American Neurological Association, American Physiological Society and Harvey Society. He is author of 31 publications and has spoken at numerous colleges. Dr. McHugh is qualified by the American Board of Psychiatry and Neurology.

Dr. McHugh will succeed Dr. George Saslow, who requested to be relieved of his administrative duties as department chairman last year. Dr. Saslow will continue to participate in teaching and research activities.

medical center news

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Cardiology grant

Starting last June three University of Oregon Medical School departments began a collaborative study of patients with coronary artery disease and the effects of surgery on these individuals. A \$2.2 million program project grant from the National Institutes of Health is making this study possible.

Led by principal investigator Dr. J. David Bristow, chairman of the UOMS department of medicine, and co-director Dr. Shabudin Rahimtoola, professor of medicine, researchers from the departments of medicine, cardiopulmonary surgery and radiology will be involved in the joint project for the next five years.

Major interest is now focused on evaluating the role of surgery in specific patients with chronic disabling angina and studying the effects of coronary artery disease on cardiovascular function. The researchers are also looking at the effects of coronary artery surgery on the function of the heart and, by arteriography, at the degree of narrowing in the arteries and the effects of surgery on these vessels. Included also in the overall project is a consideration of the effects of myocardial infarction on the heart and on the peripheral arteries and veins.

Another area of concern covered by the NIH grant is an evaluation of the role of the

heart and lung machine and its possible use on a long-term basis. Under the direction of Dr. Albert Starr, head of cardiopulmonary surgery at UOMS, researchers are pursuing the possibility of prolonged cardiopulmonary bypass.

Outpatients from the Medical School's clinics and patients at Multnomah, Veterans and the Medical School Hospitals are taking part in the study.

The overall program project grant study is only in its beginning stages but as a result of data gathered to date, four papers were presented at the recent American Heart Association meeting in Dallas. Several others will be presented in Carmel, California at the combined meeting of the western section of the American Federation for Clinical Research, the American Society for Clinical Investigation and the Western Association of Physicians.

So far 35 patients are taking part in a random study to evaluate the role of saphenous vein bypass in patients with chronic disabling angina. This is the first randomized study of this sort in the United States.

Realizing that one of the major causes of death in the United States is coronary artery disease, the UOMS researchers hope ultimately to better understand the effects of this disorder, the reversibility of these effects and the role of surgical therapy.

Reporter fills editorial post

Kathy Hare has taken over the position recently vacated by Jo Arpin Stage as assistant editor of *Medical Center News*.

Miss Hare came to UOMS January 22 from the *Valley Times*, Beaverton, where she was a reporter and entertainment editor. She has previously worked for the Oregonian Publishing Co. as a staff writer, and the *Evening Times*, Sayre, Pa., as city editor. She studied at Nebraska Wesleyan University and Portland State University.

The assistant editor will be writing articles and taking pictures for the Medical School publication. She can be reached at ext. 8231.

WAGES AND salaries are a major item of expense in hospitals. Annual expenses for the nation's community hospitals now total more than \$19 billion, with \$11 billion for payroll.



Accident takes student's life

Some 250 students and faculty gathered in the UOMS Library February 12 in memory of medical student Keith Edwards, who died as a result of a mountain climbing accident.

Keith, a 24-year-old sophomore, and his companion Duane Hess were caught and injured by an avalanche on Mt. Adams. The pair had left February 4 to explore a route on the Rusk Glacier when a storm with icy winds up to 80 miles per hour hit the mountain. With his friend trapped at the bottom of a crevasse, Keith set out for help with a broken leg and arm, a concussion and internal injuries. A disciplined climber, he strapped an ice axe to his leg to leave a trail back to his injured companion.

Keith's body was found February 8 at approximately the 9,500-foot level and Duane's body was found several days later.

Keith is the son of Mr. and Mrs. Ronald Edwards of Salem.



EMERGENCY

An intense pace and sense of urgency permeates the atmosphere of the emergency room. People shift into high gear, tempers flare, and occasionally the unexpected will happen—someone brought in for possibly a cardiac arrest or drug abuse will throw the place into a minor uproar. But there is also quiet. There are times when the exigency dies and people can drink coffee and take a needed moment to relax.

Mike Markham, a fourth-year medical student who is taking the emergency room elective this term, finds the ER a nice change. "We see so many different acute problems in the course of a day. It's not like a ward where you see patients that have already been diagnosed. In the emergency room you have the opportunity to see the initial complaint and work it up to a final diagnosis."

Dr. Joseph Vander Veer, director of emergency services, agrees with Mike. "The students have a chance to actually treat the patients from the beginning. As a doctor goes up the training ladder his work becomes less book learning and more patient care. Under the direct supervision of a resident, students act as the full doctor for a patient."

The six-week elective is open only to fourth-year medical students as Dr. Vander Veer feels they function better in an emergency room situation after a year of clinical medicine. Students have a full ER schedule and have the opportunity to see a wide variety of illness during the course.

The days are never typical. Students begin at 7:30 a.m. by meeting with Dr. Vander Veer, the interns and residents to talk about patients seen during the last 24 hours. Interesting or unusual problems are reviewed and ways of handling cases debated.

Talks are scheduled at 8:15 with doctors from various departments explaining emergency room treatment of specific diseases. For example, hand problems, cardiac emergencies, acute asthma, infectious diseases, poisoning, drug abuse, tracheostomy, minor surgery, radiology, and others are discussed.

At nine o'clock students begin to see patients. This is one of the main reasons Mike chose the ER. "A medical student does not have the opportunity to diagnose a patient's illness. If you are told what it is you end up being only a treater. The hardest part of medicine is diagnosis. You can look in a book for the treatment."

Another reason he enjoys the elective is that his field of interest is surgery, preferably neurosurgery. According to Dr. Vander Veer, "Students do a fair amount of laceration work and are good at it. The ER is one of the few places a student can get suture practice and minor surgery experience with supervision."

Mike enjoys the personal side of medicine

and finds the one disadvantage of the emergency room is that he doesn't get to know his patients.

While things are quiet during the day students have the opportunity to work on special projects. Mike is gathering material to develop a medical school source curriculum for students in the emergency room. Another study involved a follow-up on patients returning to the clinic for further treatment after being seen in the emergency room.

During the term the students become familiar with a broad spectrum of complaints. As Dr. Vander Veer points out, "Everything is seen. It is sort of a hospital-based general practice, except the emergency room is acute medicine. There is a different sense of urgency in the ER."

"We try to teach the students how to make decisions on the firing line. The best way to accomplish that is to let them get in and do it."

Director of Emergency Services, Dr. Joseph Vander Veer, top photo, talks with students, interns and residents during morning rounds. Below, Mike Markham thinks about his special project to be completed during the emergency room elective; keeps medical records of patients he has treated; and discusses a patient with resident Dr. John Sandilands.



profile

The handsome, young Irish veterinarian at University of Oregon Medical School just may go down in history as the man who revolutionized canine breeding.

Dr. Stephen Seager, assistant professor, department of surgery and animal care, became the first person to produce a live litter of puppies from a bitch inseminated with frozen canine semen in 1969. His success opened a whole new concept for dog breeders.

"For commercial dog breeders or pet owners with particularly valuable dogs, the possibilities are obvious," said Dr. Seager, who, in 1971, froze the semen of Johnny Crockett, a 1970 National Field Trial Champion. The English Setter, worth thousands of dollars to his Dallas, Texas, master, Hank Shelly, was dying of inoperable brain cancer.

Dr. Seager also pointed out that, "International shipments of frozen semen could become commonplace, in particular this would affect countries with stringent quarantine conditions. For researchers the possibilities for using such a technique are nearly limitless. Dogs who are particularly good sires for laboratory animals could, because frozen semen can be stored indefinitely, pass on their genes over a far longer time span than would otherwise be possible.

"Inbred dog colonies, important for testing organ transplants, could be established more quickly since many more dogs could be bred from the same sire. A frozen semen bank would be like an insurance policy if part or all of a dog colony were lost because of disease or disaster. It would allow other research centers to breed from selected laboratory animals without actually shipping the dogs."

In 1970, the American Kennel Club showed an interest in the procedure which, briefly, is storing semen in liquid nitrogen, and offered him a grant through the Morris Animal Foundation.

The energetic vet is not limiting his discovery to man's best friend. His interest has expanded to collecting semen from endangered species such as Snow Leopards, Clouded Leopards, wolves, and the Cheetah in particular. Once a month he goes to the Olympic Game Farm at Sequim, Washington, to collect semen from these exotic animals.

"Ideally, we will be able to breed them naturally in captivity, but if we wait until we learn what conditions they require for natural breeding, it may be too late."



Although there have been successes with the breeding of lions and cougars in captivity, results with other large felines have been poor, he added.

"We don't know why. Because animals are more exposed to attack in the act of sex than at almost any other time, some of these cats may require a scenting area of two or three square miles for breeding. There is a grave danger of introducing the big cats because either sex may kill each other. And even if the mating is successful, many of the kittens die."

Some collection is being done by artificial internal stimulation of the tranquilized male. Since this technique may yield less than normal results, some collection and insemination will be done with fully conscious animals specially trained.

Aside from being a renowned veterinarian, Dr. Seager has recently become a television personality. After appearing sporadically on KATU's "Portland a.m." Show during the past year, the doctor has been given a weekly spot Wednesday at 9:30 to tell people how to care for their animals, large and small.

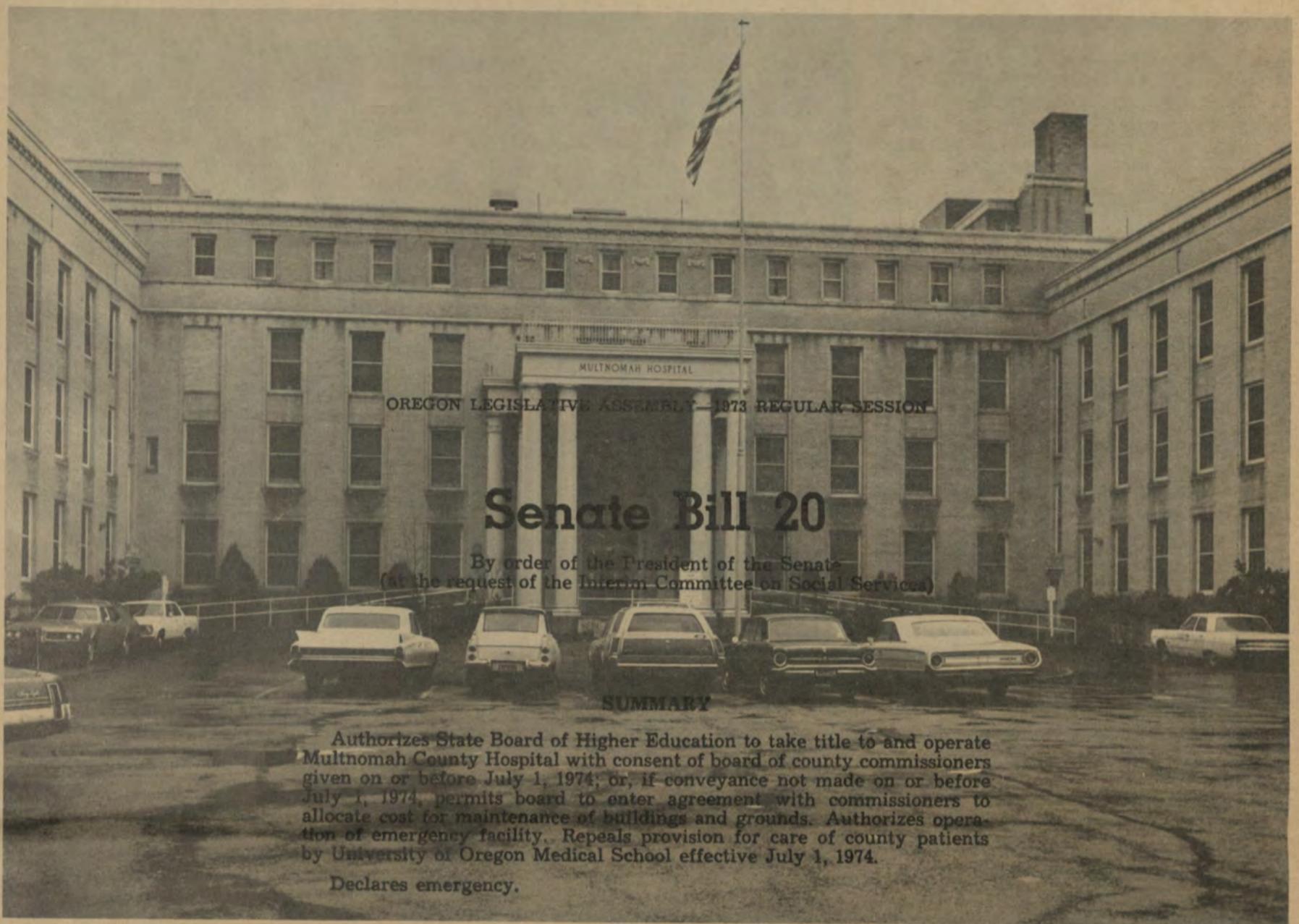
He was recently honored by being asked to talk on preparing tea during the Geneva Jones cooking demonstration. Not being very excited about the American tea bag, Dr. Seager explained "how to make tea in the Irish tradition."

For relaxation the Irishman plays polo. He has several polo ponies that he rides in games at the Lake Oswego Polo Club. A participant of the sport for a long time, he became actively interested about two years ago. Included in his menagerie are a three-year-old thoroughbred in training at Portland Meadows who will race for the first time in March, three cats and a Labrador.

The animal doctor, who came to the Hill in 1967 following graduation from Trinity College at Dublin University, Ireland, is also active in work at the Portland Zoo, a "keen bird hunter," photographer, and recent owner of a restaurant in Hillsboro.

To transport Dr. Seager to his myriad of activities is a right-hand drive Scimitar, the same kind of automobile Princess Ann drives, and possibly the only one in the United States.





OREGON LEGISLATIVE ASSEMBLY—1973 REGULAR SESSION

Senate Bill 20

By order of the President of the Senate
(at the request of the Interim Committee on Social Services)

SUMMARY

Authorizes State Board of Higher Education to take title to and operate Multnomah County Hospital with consent of board of county commissioners given on or before July 1, 1974; or, if conveyance not made on or before July 1, 1974, permits board to enter agreement with commissioners to allocate cost for maintenance of buildings and grounds. Authorizes operation of emergency facility. Repeals provision for care of county patients by University of Oregon Medical School effective July 1, 1974.

Declares emergency.

Senate Bill 20 authorizes the State Board of Higher Education to take over and operate Multnomah Hospital beginning July 1, 1974. Is this a necessary move? Yes, Medical School officials say, in a special report issued by the Office of the Dean in February and reprinted below.

Something about the UOMS hospitals and clinics...

The hospitals and clinics of the University of Oregon Medical School consist of:

The UOMS Hospital of 375 beds;

The University State Tuberculosis Hospital of 79 beds;

The Multnomah Hospital of 333 beds (of which 186 and the attached emergency unit are now in use);

A statewide Outpatient Clinic (last year 166,708 visits were recorded).

Total hospital admissions at all Medical School hospitals in 1971-72 totaled 15,762.

A little background on Multnomah Hospital...

The hospital traces its origin to 1867 when the County Commissioners contracted with a small private hospital, near what is now 12th and Hawthorne, to take care of the county's sick. Around 1876, in an effort to reduce expenses, the county moved its health care ac-

tivities to the Pauper Farm on Canyon Road. Major surgical cases were treated at Good Samaritan and St. Vincent Hospitals for a cost of one dollar per day.

Later, as the Pauper Farm facilities were upgraded, most surgery was performed there. In 1909 the Commissioners purchased an old mansion at 2nd and Hooker Streets and converted it to a 65-bed hospital. It was soon overcrowded and public opinion favored building a new, larger hospital. In 1919, the Board of Regents of the University of Oregon gave the county seven acres adjacent to the Medical School upon which to build a new hospital.

The first unit of Multnomah Hospital was constructed on the campus in 1923 through funds supplied by the taxpayers of Multnomah County. It has a capacity of 333 beds with facilities for general medical, surgical and obstetrical patients.

The Multnomah Hospital group includes the Heating Plant, also constructed in 1923, and the Emma Jones Hall, built in 1927.

Under terms of a contractual arrangement between the commissioners of Multnomah County and the Oregon State Board of Higher Education, the Medical School has access to the hospital for teaching purposes, and the professional staff of the hospital is appointed by the Medical School. Multnomah County has fiscal and management responsibility. This

arrangement provides a most successful affiliation for teaching, research and care of the sick.

A six-story addition to Multnomah Hospital was opened in the spring of 1969. This \$3.4 million project added 64 patient care beds, a 20-bed psychiatric crisis unit, seven new operating rooms, and medical and surgical intensive care units to the facilities.

Teaching hospitals serve as laboratories...

The medical care facilities on the UOMS campus have been designed with the primary objective of medical education. Thus, they serve two purposes:

They serve the Oregon community by training needed medical and other health professionals.

They provide direct patient care to the citizens of Oregon.

Medical education, unlike most graduate programs, requires an array of supporting services to transmit both the necessary knowledge and the technical skills which the physician must possess.

The hospitals and clinics are the "laboratory" where these essential services are housed and organized.

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Multnomah Hospital, continued

It is here that student and patient are brought together under supervision of the faculty in an environment organized to meet educational objectives. The care of patients is central to all of medical education and must be conducted with their welfare foremost.

How is the clinical care of patients integrated into the curriculum of the medical student?

Medical students begin their patient experience during their first year when they are shown patients, demonstrating the importance of the basic science studies. They also learn how to take a medical history and perform a physical examination.

In the second year over 60 per cent of the student's time is spent in patient-related instruction correlating basic sciences with the care of patients.

During the third and fourth years patients are involved in instruction daily.

The instruction of interns and residents is conducted almost entirely in the hospitals and clinics, and the clinical experience for student nurses and others enrolled in allied health sciences also takes place in these facilities.

Much of health education is conducted on an individual basis because it is the best method of teaching the many and precise skills which each physician, nurse and allied health person ultimately must possess. It is provided not only by faculty, but also by those individuals further along in the continuum of medical training (residents and interns), and to some extent by peers.

In this way, students at different levels of education and experience can all learn together, assisting in each other's education and thus conserving on faculty time and expense in what, in many instances, is a time-consuming one-to-one type of instruction.

"By-products" of the hospitals and clinics...

In addition to the primary functions of medical education and patient care, important by-products of the hospitals and clinics of the Medical School are:

Advances in medical knowledge through investigative studies.

Development of technical procedures as a result of a unique mix of faculty members in a variety of disciplines who have access to the facilities and equipment of the institution and are able to utilize them in new and productive ways.

Notable examples in the past at the Medical School involve such things as the development of the artificial heart valve and demonstration of its effectiveness. This was achieved largely because of the availability of research laboratories, surgeries, hospital facilities and clinics for preliminary studies and postoperative follow-up.

The lives saved in Oregon and around the world as a result of this work number in the thousands!



Thirty boxes and 40 bags of mail, of which 35 were second, third and fourth class, flooded the mailroom February 20. Charlotte Funk, administrative assistant, explained that mail has been increasing slowly for the past year and they do not have the facilities to handle the influx. She suggests that employees, staff members, interns and residents pick up change of address cards from the mailroom and have their magazines rerouted to their homes.

The only kidney transplant program in Oregon is conducted at the Medical School. Developed over the past decade, it involves laboratory investigations, the production of antilymphocytic serum to protect against transplant rejection, facilities to evaluate, manage and treat patients, and the teamwork of faculty members in a number of specialties. This type of medical advance is best achieved in a medical school setting where complete clinical resources and personnel of many disciplines are available.

Again, many Oregon citizens—both children and adults—are alive, well and functioning as normal and productive human beings as a result of this program at the UOMS.

"The Faculty"—a priceless asset...

There is little question that the true vitality of a medical school rests with its faculty. And so it is in Oregon. Following the close of World War II, the Medical School administration in conjunction with the Oregon State Board of Higher Education set about the important work of attracting a faculty of national and international stature to the institution.

This was not an easy task. But persistence coupled with the attractiveness of Oregon's liveability paid big dividends in the years that followed. Today, the University of Oregon Medical School has a skilled and competent faculty, dedicated and devoted to the educational programs and patient care activities on this campus, and with sufficient curiosity to pioneer in research areas which have brought

to them and to the institution wide acclaim.

But there is yet another dividend, a "fringe" benefit involved in concentrating such a faculty on the campus. Their wide knowledge and specialized skills are much sought after by the practicing physicians in Oregon who oftentimes refer patients to them with particularly difficult disease entities or injuries. Faculty members receive many telephone calls daily from physicians seeking advice regarding problems of their patients. In this manner, they make important contributions to the welfare of the people of Oregon—by serving as consultants and advisors to physicians state-wide.

How many teaching beds are required?

During the past year and a half, an in-depth review has been made of the total hospital bed requirements of the Medical School based on teaching needs. The study first concentrated on relating teaching objectives to the kinds of injuries, illnesses, or other medical conditions which are taught in the curricula of the Medical and Nursing Schools as well as in the allied health science areas. Following this study the chairmen of the various teaching departments and programs were able to arrive at a gross number of admissions of patients with a variety of disease entities or other ailments sufficient to produce the required number of patients.

Included in the study were criteria based on the number of resident physicians required to furnish Oregon with a qualified flow of generalists and specialists into private practice

(about 56 per cent of the physicians who take residencies on this campus stay in Oregon to practice). Secondly, there is a requirement to have sufficient house staff (residents) to assist in the care of patients required for optimum teaching of medical students and to assist directly in these teaching programs.

Additionally, other demands are made on the Medical School for hospital beds because of specialized facilities, equipment, or personnel unique to the medical center. Similarly, special requests for beds also are placed on the institution as a result of the kidney transplant program, the neonatal and perinatal centers, the psychiatric crisis unit and others.

The bed study was completed in the summer of 1972 and showed the total hospital bed requirement on the Medical School campus to be 1,502. This takes into account present programs and those planned for in the future. Taking into consideration all beds on the Medical School campus and assuming they are operating at full capacity, and also including the nearby Veterans Administration Hospital of 518 beds which serves as a teaching unit to the institution, there is a combined total of 1,304 beds available now and in the foreseeable future.

THIS LEAVES A NET DEFICIENCY OF 198 BEDS.

There are no plans at the present time to make up this deficiency but the study clearly indicates the very pressing need on the part of the Medical School faculty to have Multnomah Hospital open and in full operation.

Multnomah Hospital—a vital component in expansion plans...

One of the major components of the expansion of medical student enrollment at the Medical School is Multnomah Hospital. All plans have been predicated around the full utilization of this facility as a teaching unit with at least 280-290 beds in operation.

At any one time on the campus,
 about one-half of UOMS students (186)
 about one-half of the interns (26)
 about one-quarter of the resident staff (77)
 more than one-half of the UOSN students (207)

...receive a substantial part of their training in this facility.

During the past three years, progressive budget cuts have been imposed upon Multnomah Hospital by the Multnomah County Commissioners. Currently, it is operating with a 186-bed limit and further reductions have been suggested.

There are several consequences of these progressive bed reductions:

Teaching facilities are being reduced at a time the School is committed to an increase in enrollment;

Clinical experience for student and house staff has been reduced greatly;

Special teaching facilities not provided elsewhere on campus are jeopardized, i.e., obstetrics, emergency room, psychiatric crisis unit;

The hospital has been increasingly less able to back up its emergency services during peak periods. Almost 500 persons were denied admission from the emergency department this past year because of inadequate bed support.

Total yearly admissions have decreased from 9,219 for the year ending in June, 1970 to 7,660 for a like period by June, 1972 despite reduction in the length of hospital stay from about 8 days to 6.8 days.

The kinds of clinical problems being treated are increasingly limited with only very acute cases being admitted. Admission of patients needing less urgent care have fallen sharply, e.g., treatment of eye, ear, nose and throat diseases, gynecological problems, general surgery electives, diagnostic medical cases. A drop of 600 elective admissions a year has occurred over the past two years.

There appears to be no way in which the quality of health education at the Medical School campus can be maintained for the number of students the institution is committed to take without the availability of a fully operational Multnomah Hospital.

What about affiliations with other hospitals?

The question is often asked, Why does the Medical School itself require all of the beds it now has on its campus? Why not simply send its trainees out into the community hospitals if beds are short at the Medical School?

This is now being done to an increasing extent. Programs at several Portland hospitals and outlying doctors' offices have been developed to aid in the institution's training needs. This is an important new dimension to add to the curriculum and includes students working in small communities with family doctors. There is a distinct limit, however, to the amount of teaching that can be delegated to others.

The primary job of the practicing doctor and the private hospital is patient care, not teaching. Teaching medicine requires the availability of the teacher in the classroom, in the laboratory, at the patient's bedside, in the operating room and in the outpatient clinic. The teacher has to be available whenever the potential teaching situation develops. The medical emergency, for example, can be a very effective teaching situation, if time is available afterward to discuss, and to review the events with those involved. In other words, the teacher has to have the time to do the teaching.

The average practicing doctor is now overworked. It is unrealistic to think that this person can simply add all of the hours necessary to do the basic medical school teaching job. When medical students work in practicing doctors' offices around the state in preceptorships, they have a fine experience and learn about primary medical care first hand. But the particular doctor in whose office the student works, has to decrease his patient workload by about 35 per cent while the student is there. This is based on actual surveys conducted of physicians who have served as preceptors. Medical care must be delayed because of the presence of the student, and up to two weeks is about all the practicing doctor can af-



Research assistant in ophthalmology, Heinz Jacob, practices using the new Donaldson Stereo-Camera on Eye Clinic receptionist, Gwen Van Cleave. The camera, worth approximately \$4,000, was donated by the Oregon State Elks' Association to the University of Oregon Medical School Children's Eye Clinic in December. The stereo-camera, which takes three-dimensional, high magnification pictures of the front segment of the eye, will provide a higher standard of patient care and aid in teaching.

ford to take out of this schedule.

On the other hand, the Medical School faculty exists to do teaching, is available to do it, and can provide the scientific depth which is essential. The teacher has to be effective at teaching, as well. Every doctor is not automatically a good teacher just because the educational situation is often at the patient's bedside. The Medical School faculty is effective because of experience and because of primary concern with medical education. It must be re-emphasized that the primary concern of the community hospital is efficient patient care, not the training of doctors.

In addition, to the total bed requirements to handle present and contemplated student enrollments, affiliations with other hospitals, have been made to provide for special teaching needs:

Medical School

Medicine

Good Samaritan Hospital, Portland
 St. Vincent Hospital, Portland

Neurology

Good Samaritan Hospital, Portland

Obstetrics and Gynecology

Emanuel Hospital, Portland

Orthopedics

Shriners Hospital, Portland
 Emanuel Hospital, Portland

Otolaryngology

St. Vincent Hospital, Portland

Pediatrics

Emanuel Hospital, Portland

Multnomah Hospital, continued

Surgery

St. Vincent Hospital, Portland
Good Samaritan Hospital, Portland

Urology

Emanuel Hospital, Portland
Children's Orthopedic Hospital Center, Seattle

School of Nursing

Medical/Surgical Nursing and Senior Nursing Leadership
St. Vincent Hospital, Portland

Maternity, Pediatrics

St. Vincent Hospital, Portland

Medical/Surgical Nursing

Physicians and Surgeons Hospital, Portland

Graduate Nursing Students

Good Samaritan Hospital, Portland

Psychiatric Nursing

Dammasch Hospital, Wilsonville

What about the possibility of sending the Medical School faculty out of the university center along with the students into the community?

This would fragment the important combination of basic medical scientists, physician teachers, clinical specialists, and research workers. This combination provides the stimulating environment for learning, to produce the best efforts by students. A medical school faculty is made up of these people in one place, working together, influencing each other. They must instill in the student the desire for life-long study because a doctor who has stopped studying is, in fact, dangerous. The scholarly environment of the medical center with its extensive library facilities for daily use is essential to provide a basic foundation of medical knowledge and experience for students. This can then be embellished by practical experience in other places, such as community hospitals. The basic job cannot be done well if the faculty is scattered, and it can't be done well if there are not adequate physical resources, for example, funded hospital beds. At the present time, the physical resources at the Medical School are fully utilized to provide this basic core of education, and Multnomah Hospital has a dominant role in the process, providing an irreplaceable part of the medical school experience.

The foregoing is but a brief summary of the important and vital role Multnomah Hospital plays in the educational programs of the University of Oregon Medical School.

If the institution is to continue to provide the citizens of the State of Oregon with the kinds of trained health manpower they have come to expect and appreciate, then Multnomah Hospital must be preserved as a clinical teaching unit on this campus.

THE TRADITIONALLY unpaid hospital intern is unpaid no more. In fact, interns in the nation's teaching hospitals were paid salaries averaging more than \$8,000 last year.

VIPs

JANUARY

Service Anniversaries—from Personnel

5 Dr. Norman Henderson, child development
Dr. Gretchen Skalbeck, CCD
Erlene Sorenson, business office

10 Barbara Ann Holly, CCD
Dr. Wesley Horton, environmental medicine
Erna Humphrey, MSH housekeeping

20 Phillip Jacob, physical plant

25 Gertrude Lister, CCD

30 Gwynn Brice, central services

Moving Up

Arthur Atchison, plumber to plumber forman 1, physical plant
Arthur Berner, carpenter to carpenter foreman 1, physical plant
Mary Bird, clerk 1 to clerk 2T, personnel
Howard Brandon, cust. wkr. to laborer, physical plant
Evelyn Brown, inst. wkr. 1 to inst. wkr. 2, MSH housekeeping
Martha Courtney, X-ray tech. 1 to X-ray tech. 2, radiology
Pamela Grow, clerk 4T to admin. asst., medical correspondence
Parviz Hagheghat-Aval, X-ray tech. 1 to X-ray tech. 1B, radiology
Rose Hewson, P.N. 1 to L.P.N. 1, MSH nursing
Jackie Jones, key punch opr. to clerk 3, MSH patients' business office
Nancy Nagel, X-ray tech. 1 to X-ray tech. 1B, radiology
Robert Patterson, carpenter to carpenter foreman 1, physical plant
Terri Petersen, clerk 1T to clerk 2T, radiology
Julie Reed, clerk 1T to clerk 2T, radiology
Frances Spradlin, clerk 3 to clerk 4 lib. asst., library

New Faculty

Full-time

Dr. John A. Schriver, assistant professor of medicine

Volunteer

Dr. Kenneth E. W. Melvin, associate professor of medicine (St. Vincent Hospital)

FEBRUARY

Service Anniversaries—from Personnel

5 Wanda Jensen Billups, telephone exchange
Kenneth Cook, lab stores
Phyllis Mae Fritz, surgery

Walter Rudolph Hararovicz, physical plant

Wenche Maerli Jack, surgery

Marie C. Jeannis, MSH nursing

Helen R. Keffner, clinic admitting

Merrielle Ethel Troutman, MSH nursing

Nancy Ann Rodich, library

Moving up

Susan Dahlstrom, social wkr. 2 to social wkr. 3, social service
Ronald G. Freeman, laborer 2 to bldg. trades helper, physical plant
Cynthia Hefflinger, keypunch opr. 1 to keypunch opr. 2, MSH Pt's Bus. Office
Suzanne E. Moody, educ. proj. aide 2 to graphic artist 1, medical graphics
Roonae Marie Ruane, clerk 2 to clerk 3, MSH nursing
Gertrude O. Simpson, inst. wkr. 11 to inst. wkr. 2, MSH housekeeping
Marjorie A. Sutherland, clerk 2T to clerk 3T, MSH admitting
Leonard H. VanCleave, inst. wkr. 2 to cust. wkr. sup. 1, MSH housekeeping
Phyllis M. Matthews, educ. proj. aide to clerk 2T, CCD

New Faculty

Full-time

Dr. John M. Bissonnette, assistant professor of obstetrics and gynecology in perinatology
Dr. Mack Lipkin, professor of psychiatry
Mary Lu Love, assistant professor of psychiatric nursing
Coral Rose Ryan, instructor in medical-surgical nursing
Elizabeth M. Trautman, assistant professor of psychiatric nursing

Volunteer

Dr. William B. Baer, clinical instructor in ophthalmology
Dr. Jay B. V. Butler, clinical instructor in orthopedics
Dr. James W. Eastman, clinical instructor in psychiatry
Dr. James A. Enden, clinical instructor in obstetrics and gynecology
Dr. John Catlin Goss, clinical instructor in surgery
Dr. Wilbur L. Holley, clinical instructor in pediatrics
Dr. Mustan D. Jhaveri, clinical instructor in medicine
Dr. Llewelyn Eric Liberman, clinical instructor in medicine
Dr. Hal Markowitz, lecturer in medical psychology
Dr. Kent E. Neff, clinical instructor in psychiatry
Dr. Reid Norman, assistant professor of anatomy, Primate Center
Dr. James T. Pappas, clinical instructor in urology
Dr. Richard Shepherd, clinical instructor in medicine
Dr. Harold G. Spies, professor of anatomy, Primate Center

Food service job training

An on-the-job training program for mentally retarded persons began January 8 at the Child Development and Rehabilitation Center cafeteria. Sponsored by the Center Workshop Division of Portland Children's Center, Inc., the program is designed to train persons in basic food handling procedures.

Eighteen to 30-year-old trainees are being taught to serve and prepare sandwiches and other food items, clean tables, run the dishwasher and bus dishes. Three persons are currently involved in the new venture, and according to Robert Stuva, executive director of the Center, "When it is geared up we will train about eight at a time, so there will be a constant turnover of new trainees." He said each person will be trained for about three months before being placed in a food service job in the community.

However, the program is not just for Children's Center people, but any handicapped person who shows an interest. Some of the patients at CCD will be referred to the program says Dr. James Lindemann, professor of medical psychology at UOMS, who is active in rehabilitation psychology at CCD.

The program began out of a mutual need. "The Center had been looking for some other area of work training besides our custodian and assembly work programs," explained Mr. Stuva. "The Crippled Children's Division wanted a food service and training program so through conversations with CCD people the thing got underway."

Dr. Lindemann explained that one of the purposes of the CDRC building is to be a training center. "We don't have the staff, nor is it our policy to run vocational training programs at this time." However, CDRC staff will be involved in the training. "We are going to form a training advisory committee so that some of the CDRC staff will be able to give consultation and assistance to the Center's staff."

The supervising staff consists of two women who have mentally retarded children of their own, and a part-time employee of the Center. Manager Mrs. Gladys Robinson worked in the restaurant field before coming to the Center 15 years ago. She is being assisted by Mrs. Francis Hughes and Peter Fitzgerald.

"The program has been doing well. With the high quality food, and as people from across the campus discover it, we expect a consistent increase in utilization," commented Dr. Lindemann, who added that the menu features gourmet sandwiches, soups, salads and a few entrees prepared by Vern Anderson of Anderson's Delicatessen.

He added that a fringe benefit is, "it provides a central place for employees to get together for lunch where a great deal of informal communication and business will get done. It is a morale factor as well as an efficiency factor."



Jeraldine Schaff, top photo, serves customers salads in on-the-job training program at CDRC cafeteria. Below, Mrs. Francis Hughes shows Michael Jones how to serve hot dishes. The two trainees are the first to go through the program.

Nursing school to be expanded

Construction is underway on the first and fourth floors of Mackenzie Hall in a move to expand the School of Nursing facilities.

A contract for \$320,700 was awarded to Contractors, Inc. January 4 to completely remodel the fourth floor and alter the old morgue area on the first floor. The total cost of the 11,265-square-foot remodeling project, to be completed in November, will be \$472,000. Architects are Broom, Selig, Oringdulph and Partners.

The office suite on the fourth floor will provide the School of Nursing with 32 faculty offices, a graduate student laboratory, office space for eight secretaries, a seminar room and three consultation rooms. Lockers and a lounge area will be installed on the first floor for nursing students. Replacement of the elevator is also included in the project.

February retirements

Evelyn Barton

After 37 years of keeping watch over sleeping patients, Mrs. Evelyn Barton retired February 28 as night coordinator of pediatrics at the University of Oregon Medical School Hospital.



Mrs. Barton began her vigil in old Doernbecher Hospital in 1935 because, "it was the only job available during the depression." However, the night shift worked well for her and her husband, whose daytime job allowed them to have breakfast and spend evenings together.

"I liked the people and the work. I had a lot of time in the daytime, but if I could not have slept when I got home, I couldn't have done it."

Her responsibilities increased since she took over her present post in 1956, and until retirement she was in charge of patients on eight floors.

Retirement plans include working on her garden and traveling. She hopes to take a month-long trip this fall to the South Pacific, Australia and New Zealand.

Frances Kemper

Frances Kemper's first and last job at the Medical School was drawing a chart for Dr. Rudolph Engel, professor of pediatrics. The graphic artist, who came to the Hill almost 12 years ago, retired February 12.



A host of friends came to say goodbye to Mrs. Kemper at a surprise party given in her honor. Lt. Ken Carter, firefighter with District 2, presented the artist with a firemen's hat saying that since he was a member of the Medical School, she should be a member of the fire department.

During her years on the Hill, Mrs. Kemper founded the Sam Jackson Crafty Art & Buffalo Grass Society. The group has been meeting for classes in the old biochemistry lab and Mrs. Kemper teaches the Monday night water color class. She also teaches at the Village Gallery, Beaverton. She will continue both activities.

Retirement plans include teaching, painting, playing with her grandchildren in Eugene, and freelance work.

Other recent retirements are:

Glen H. Gray, physical plant
Kertula K. Kunnas, anatomy
Eveline M. Hasson, microbiology
Ralph M. Waterman, MSH housekeeping

Gifts given to baby boy

An elaborate layette was presented by El Liceo Cubano, the Cuban Club of Portland, to William Jobe Cane Stigall, the first infant born at Multnomah Hospital January 28. He is the second son of Mr. and Mrs. Leslie Stigall of Carlton.

El Liceo Cubano members commemorate the birth of Jose Marti, apostle of Cuban independence, each year by outfitting the newborn who arrives on his birthday. On hand for the presentation January 29 was William's two-year-old brother Jason, who was also born January 28. Had Jason's 3 a.m. birth been in Multnomah Hospital, the Stigalls would have received the 1971 layette, as that year the first baby at Multnomah arrived in the afternoon.

This year's layette includes everything from a crib and stroller to bath tub, toys, blankets, car seat and many sets of clothes.

Jose Marti, considered the Cuban George Washington, was the lawyer, poet and author who organized and fought the Cuban War of Independence in 1895. In 1953, the 100th an-



niversary of Marti's birth, Cuban service clubs began donating complete layettes to hospitals on January 28 and Cuban embassies abroad adopted the custom.

President of the Portland Cuban Club is Pedro M. Delgado. His wife, Zadi, is president of the club's women's section.

Preregistration opens

Third and fourth year medical students may pick up preregistration forms at the Registrar's Office any time after March 1 for elective courses to be offered during 1973-74.

Since the selection of electives must be completed by the second day of the term preceding the one in which the course is to be taken, preregistration is a requirement. Third year students must take nine electives during the year and fourth year students, 18.

A form for each student has been prepared by the Registrar's Office which lists the student's assigned rotations for the academic year and the quarter selected to complete required electives. All electives require the signature of the instructor responsible for course offerings to assure placement in a class for the quarter the student plans to take it. Any student who finds it necessary to drop or add an elective prior to formal registration must obtain the preregistration form and secure the signatures of the instructors concerned.

In order to take an elective at another medical school, students must receive approval by the department chairman at the UOMS in the discipline involved. This form is also available at the Registrar's Office, and must be completed before the elective course is taken. Catalogs of courses at other schools are available at the Library.

Elective courses for credit, that are not taken on a medical school campus, must be ap-

proved in advance by the curriculum committee. They will be considered by the committee upon request from the appropriate department chairman who will present the content of and justification for the course.

The 21-page booklet listing the 150 elective courses is available at the Registrar's Office.

NEWSMAKERS

Dr. Daniel H. Labby, professor of medicine and psychiatry, was recently appointed to the National Board of Sex Information and Education Council of the United States (SIECUS). The appointment is indefinite.

University of Oregon Medical School Director of Physical Therapy **Tecla Thiman** has been elected to the board of directors of the Oregon Chapter, National Cystic Fibrosis Research Foundation.

Margaret Hughes, UOMS librarian, was elected by the Diocesan Conference, Episcopal Diocese of Oregon, to the Board of Trustees of Good Samaritan Hospital in October. She began her three-year term January 1, 1973.

Awards

Honored at the 13th annual service awards ceremony at the University of Oregon Medical School February 1 were 111 employees who represent over 1,600 years of service to the institution. Dean Charles Holman presented the awards.

Top honor for 35 years of service went to UOMS Librarian, Miss Margaret E. Hughes. A member of the library staff since 1937, she has directed the 131,466-volume facility for the past eight years. A participant in the International Congress on Medical Librarianship in The Netherlands four years ago, she has also paid consulting visits to libraries in England, Scotland and Ireland. Miss Hughes is currently serving a three-year term on the board of directors of the National Medical Library Association.

Honored for 30 years of service were Miss Gwynn C. Brice, administrative director of central services for hospitals and clinics; and Mrs. Hilda E. Drum, professor of radiologic technology. A native Oregonian, Miss Brice has studied at the University of London School of Economics and at New York University. Mrs. Drum, who retired in January, is a fellow in the American Society of X-ray Technicians, the highest honor awarded a member of her profession. In 1961 she invented a positioning device which makes it easier and safer to X-ray infants up to six months of age. The device, now used in other health centers throughout the United States, won her the 1962 National Electrical Manufacturer's Association Award. (See page 11 for photos and listings of 25-year award winners.)

Also receiving pins this year were:

20 YEARS

Leland Aldrich, research instrument service; Dr. Charles T. Dotter, chairman of the department of radiologic diagnosis; Jack H. Hutchinson, instructor in medicine; Philip G. Jacob, physical plant; Miss Ann M. Koch, cardiology, division secretary; Dr. Howard S. Mason, professor of biochemistry; Mrs. Verna Nugent, medical records; Dr. Nelson R. Niles, professor of pathology; Mrs. Harriet H. Violette, TBH; and Miss Betty L. Weible, personnel coordinator, MSH nursing service.

15 YEARS

Mrs. Nancy M. Beshear, MSH, dietary; Miss Mary E. Boles, TBH, nursing; Mrs. Lenore B. Borland, MSH, nursing; Miss Enid L. Clinton, MSH, nursing; Mrs. Marjory H. Day, hematology; Dr. Raphael B. Durfee, professor of ob/gyn; John Edwards, MSH, housekeeping; Edmond H. Empereur, pharmacy; Mrs. Mary E. Freshner, TBH, nursing; Dr. Martha Hamilton, associate professor of clinical pathology; Mrs. Eddie L. Harris, MSH, nursing; Thomas E. Hershey Sr., physical plant; Mrs. Pauline B. Laird, ophthalmology; Mrs. Liona V. Lanning, MSH, nursing; Mrs. Ola Leffall, MSH, nursing; Miss Emily Malimare, MSH, nursing; Dr. Joseph Matarazzo, chairman of the department

of medical psychology; Dr. Ruth Matarazzo, professor of medical psychology; Miss Jean A. Matsumoto, cardiology; Dr. Evelyn L. Oginsky, acting chairman of the department of microbiology; Mrs. Dolores C. Pemberton, ophthalmology; Mrs. Sarah B. Peterson, MSH, nursing; Manfred A. Robinson, radiology; Oral Snively, physical plant; Willard L. Spangler, physical plant; Dr. Albert Starr, head of the division of cardiopulmonary surgery; Mrs. Mildred K. Strasburg, physical plant; Miss Ruth F. Tompkins, microbiology; Vernon D. Wolvert, physical plant; Mrs. June B. Woods, clinic admitting; Mrs. Donna Grace Minamoto, ophthalmology; Miss Dolores Mlekush, MSH, nursing; and Dr. George Saslow, chairman of the department of psychiatry.

10 YEARS

Mrs. Julia H. Anderson, MSH, dietary; Mrs. Louise Anderson, printing; Richard D. Baerwald, animal care; Mrs. Beverly J. Barnes, MSH, nursing; John F. Bellinger, pediatrics; Dr. J. Peter Bentley, associate professor of biochemistry; Mrs. Margaret P. Bothwell, social service; Dr. Robert E. Brooks, associate professor of pathology; Delbert A. Brumble, printing; Miss Evelyn C. Bryant, MSH, nursing; Miss Ruth Y. Burnett, pediatrics; Dr. C. Conrad Carter, professor of neurology; Miss Frances J. Cetinich, anesthesiology; Mrs. Ina B. Duncan, clinical pathology; Miss Viola Eisenbach, assistant professor of public health nursing, School of Nursing; Dr. LeRoy Erickson, assistant professor, animal care; Dr. Warren H. Fay, associate professor of speech pathology, pediatrics; Mrs. Thelma E. Fields, clinical pathology; Dr. Robert D. Fitzgerald, professor of medical psychology; Dr. Louis H. Frische, professor of diagnostic radiology; Mrs. Kathryn F. Grover, MSH, nursing; Mrs. Mae P. Hancock, TBH, dietary; Dr. Constance Hanf, associate professor of medical psychology, Crippled Children's Division; Dr. A. Wesley Horton, professor of environmental medicine; Mrs. Erna Humphreys, MSH, housekeeping; Mrs. Johana V. Hutchins, MSH, housekeeping; William W. Jackson, assistant professor, affirmative action; Miss Dorothy Johnson, associate professor of public health nursing, School of Nursing; Mrs. Wally Johnson, MSH, nursing; Theodore G. Johnston, animal care; Dr. Russell L. Jolley Jr., instructor in biochemistry; Dr. Donald G. Kassebaum, professor of medicine; Mrs. Grace Mumm, radiology; Miss Mary Josephine McEntire, clinic nursing; Mrs. Joyce L. McKay, TBH, nursing; Howard O. Nelson, physical plant; Dr. Ira B. Pauly, professor of psychiatry; Byron E. Phillips, director, personnel; Mrs. Phyllis Popenuk, clinical pathology; Mrs. Maryhelen Pullen, neurology; Mrs. Alberta Ann Randle, MSH, nursing; Robert Randle, physical plant; Mrs. Mable B. Raynor, medical genetics; Miss Sarah Rich, circuit course; Miss Susan Rich, Oregon Regional Medical Program; Mrs. Jean F. Rosendahl, inhalation therapy; Miss Sylvia H. Sather, MSH, nursing; Miss Beulah E. Schindler, associate professor of medical and surgical nursing, School of Nursing; Harry Shaich, assistant professor of radiation therapy; Raymond Spangler, physical plant; Mrs. Cleo V. Stephens, biochemistry; Andrew P. Stewart, animal care; Mrs. Lois Swanson, surgery; and Mrs. Thelma C. Wilson, public affairs.



Cited for 35, 30 and 25 years of service were (from left to right): Dr. John T. Van Bruggen, professor of biochemistry, 25 years; Margaret Hughes, librarian, 35 years; Gwynn C. Brice, administrative director of central services for hospitals and clinics, 30 years; in center left photo Mildred Ryan, personnel, pins a flower on Marjorie Maxwell at ceremony; Marian Toney, center, research assistant, ophthalmology, 25 years; Gertrude Lister, below, supervisor of clinic secretaries, CCD, 25 years; Gertrude Cox, accountant, CCD, 25 years; Dr. Daniel H. Labby, professor of medicine, 25 years; Marie K. Wagner, assistant professor and circulation librarian, 25 years; Marjorie Maxwell, medical technology supervisor, 25 years; Lucille M. Leonetti, hospital nursing staff, 25 years; Dr. Demetrios A. Rigas, professor of biochemistry and medical genetics, 25 years; Gary Fosheim, physical plant, 25 years; and Ernest J. Hage, anatomy department, 25 years. Honored, but not pictured, was Marjorie Merrick, clinic admitting, 25 years.

Campus bulletin board

A position with the Mountain States Regional Program is open to a student competent in medicine and social science research to collect and classify information used to evaluate the quality of medical care. The student would be working in Boise, Idaho, under an educational stipend of \$85-\$95 a week, for 12 weeks. For further information, write to Robert S. Hullinghorst, Resources Development Internship Program, Western Interstate Commission for Higher Education, P.O. Drawer P, Boulder, Colorado 80302, or call (303) 449-3333.

The Josiah Macy, Jr. Foundation has announced a

program of awards to faculty members in schools of medicine and public health designed to recognize and further the development of academic excellence. The awards will support a period of concentrated research and scholarship at an institution other than that of the candidate in the United States or abroad. Members of all departments in schools of medicine and public health may apply. The awards will ordinarily be for a period of one year but may be for six months. The deadline for applications is October 1. Requests for application forms should be addressed to John Z. Bowers, M.D., president, Josiah Macy, Jr. Foundation, 227 Park Ave., New York, N.Y. 10017.

Board of Higher Education, continued



John D. Mosser



E. G. Westerdahl

Loran L. Stewart



man, Environmental Subcommittee, Portland Citizens Committee. He has served as a member of the board of trustees of both the Oregon Museum of Science and Industry and the Portland Civic Theatre.

Loran L. Stewart is a 1932 graduate of Oregon State University and served as a lieutenant colonel in the field artillery during World War II in China and India.

The President of Bohemia Lumber Company, Mr. Stewart is a member of the OSBHE buildings committee and is an alternate on the finance committee.

He is a past president of the Western Wood Products Association; a board member, Associated Oregon Industries and Eugene Federal Savings and Loan Association; executive board member, Timber Operators Council.

In addition, Mr. Stewart has served as chairman of the Oregon Advisory Committee on State Parks and Recreation; the Pacific Northwest Trade Association and the U.S. State Department-Industry Log Export Meeting in Japan. He is a board member, Oregon State University Foundation; a past member, Governor's Labor Management Relations Committee; president, National Forest Products Association and director, Eugene Chamber of Commerce.

Mr. Stewart has served three terms as a member of Oregon's house of representatives.

Newest member of the Board of Higher Education is Edward G. Westerdahl, II. The executive director of the Port of Portland, Mr. Westerdahl is a 1962 graduate of Portland State University.

He served as executive assistant to Governor Tom McCall between 1966 and 1970 and director, State of Oregon executive department in 1969 and 1970. Prior to joining Governor McCall, Mr. Westerdahl was public affairs representative for Portland General Electric Company.

A former instructor in political science at Willamette University, Mr. Westerdahl was named one of five outstanding young men in Oregon in 1970 and one of the outstanding young men in America since 1967. He is a board member of the Oregon Council on Economic Education, the Portland Freight Traffic Association, the Portland State University



Painting animated figures on the walls of the examining rooms at Crippled Children's Division was a project undertaken by Mrs. Judy Nacheff, Albany, in an effort to brighten the "drab and clinical looking rooms." Mrs. Nacheff, who painted her children's rooms at home, has been bringing her 10-month-old son to CCD for weekly treatments since May. In November she volunteered to paint the walls, and has spent about 50 hours on the drawings. The results have been positive according to Mrs. Maxine Lang, clinic nurse, who said parents and children are enthusiastic about the project.

Foundation and the Swedish American Chamber of Commerce. In addition, he holds membership in the American Academy of Political and Social Science, the American Management Association, Joint Pacific Coast Port Committee, Portland Regional Export Expansion Council.

Mr. Westerdahl is a member of the Board of Higher Education's committee on finance and is an alternate on the buildings committee.

ALUMNI of the UOMS will gather in Portland May 2-4 at the Benson Hotel for the 58th annual scientific meetings of the Alumni Association. The Sommer Memorial Lectures will again be held in conjunction with the Alumni meeting. Dr. Ernest Livingstone, '51, associate clinical professor of medicine and alumni vice president, is program chairman for the meeting.

medical center
news

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