



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

# NEWS

*Health Sciences Center News is published by the University of Oregon Health Sciences Center to inform students, employees, faculty and friends of the institution of programs, activities and events of interest to them.*

## School of Dentistry clinic welcomes children



*Employees of the Health Sciences Center may want to consider the department of pedodontics if their children need dental care.*

The variety of young patients cared for by the School of Dentistry's department of pedodontics is endless.

The department's caseload ranges from youngsters who need simple cavities filled to those with congenital heart ailments or hemophilia who need special treatment during dental procedures. Children seen in clinic range in age from 12 on down to infancy.

There are two programs within the department, explained Dr. Arthur Retzlaff, chairman.

First is the undergraduate pedodontic program in which dental students provide regular dental treatment for the normal child.

Second is the postgraduate program in which pedodontic residents care for children with more complex problems. In some instances, these youngsters' dental problems are complicated by chronic diseases or behavior problems.

About 1,600 patients are now being seen on a regular basis by the two programs, but the department welcomes new patients.

"Now is an especially good time for parents to make an initial appointment for their children," said Dr. Retzlaff. "During the school year, there is a much shorter waiting period than in the summer months."

*Young pedodontic patient Erin Matheson is treated by Jerry Leonard, senior dental student.*

Cost of treatment at the School of Dentistry pedodontic clinic is about half that charged by a dentist in private practice.

To determine whether a child will be accepted as a patient, the department does an initial screening exam. Children with any types of cavities or dental anomalies are accepted.

Parents whose children are seen in the undergraduate clinic should expect appointments to last longer than usual since treatment is done by students. In addition, appointments must always be on the same day of the week because students' clinic hours are rigidly fixed.

"If possible, students are assigned patients at the beginning of their junior year, and it is hoped that they will carry them through until graduation," explained Dr. Retzlaff.

"This way they can see the results of their treatment; evaluate home care motivation; and watch the patient's mental, physical, and emotional development."

He added that students working in the pedodontic clinic are supervised by full-time and part-time specialists in the field.

## Center passes goal

With total contributions of \$36,193, the Health Sciences Center has surpassed its goal of \$36,000 in donations to the United Way Campaign. This year 1,051 persons at the HSC contributed.

Although at this writing, the over-all Columbia-Willamette United Way campaign was short of its goal, the education division, of which the HSC is a member, had exceeded its target, raising 104 per cent.

## Ira Keller outlines goals of Advisory Council



*Ira C. Keller, chairman of the board of Western Sales Company, was named to head the Health Sciences Center's new Advisory Council last May.*

There is a wise saying which offers this advice: If you want to make certain that something will be done, and done well, ask a busy man to do it.

In the case of Ira C. Keller and the Health Sciences Center Advisory Council,

this saying has proved true.

Last spring, Dr. Lewis Bluemle, HSC president, asked Mr. Keller to chair the Center's new Advisory Council. It is a task which the 76-year-old Keller has undertaken with zeal and energy.

Mr. Keller has applied the same enthusiasm and concern to this job as he has to all the other projects with which he has become involved over the years.

The founder of Western Kraft Corporation, Mr. Keller is now chairman of the board of Western Sales Company. He

served on the Portland Development Commission for 13 years, standing behind many of the Commission's most outstanding achievements.

In 1972, he was named chairman of the Board of the Foundation of Oregon Research and Education. He has served the state and city on numerous other boards and committees.

He is also president of the Oregon Graduate Center, a scientific research and teaching institution in Beaverton whose growing impact on Oregon industry makes

it one of the nation's most unique science centers.

Mr. Keller's interest in scientific and medical advances is partly an outgrowth of his background in engineering. He was graduated from the Rensselaer Polytechnic Institute in Troy, New York, in 1920.

Since 1973, he has served the Health Sciences Center as a member of the Advancement Board.

Mr. Keller calls the establishment of the new Advisory Council "a very prac-

*(continued on page 2)*

# Wives' groups get ready for December bazaar

Wives of students, residents, and faculty are preparing for their annual Christmas Bazaar. The bazaar will be December 4, 9 a.m. to 4 p.m. in the Library foyer. Among those making preparations for the event are, bottom photo below, Madelle Friess, Marilyn Egans, and Julie Vigeland, of the residents and interns wives group.

Top photo below, l. to r., Carmela Riker, Brenda Meechan, Sally Phillips, Edith Throckmorton, Jan Hensleigh, and Jan Bruckner, faculty wives. Large photo, student wives Sandy Morris, Patricia Dresler, and Gail Stansbury prepare baked goods for the bazaar.



## Student Council to work closely with administration

A new Health Sciences Center Student Council representing all students on the Hill has just been formed.

According to Steve Bailey, a third year medical student and one of the Council's organizers, the group was created for two major reasons.

"First, we formed the Council at the request of Dr. Bluemle (HSC president) who wanted it as a mechanism for sampling student opinion," explained Steve, who is also president of the Council of Student Representatives.

"Second, it will allow students a better level of communication both among themselves and with the administration," he said. He stressed the fact that the Council will not supersede existing governments of the individual schools.

"In the past, there has been little or no communication between the student bodies of the three schools. A lot of

projects — like the drive for a swimming pool a few years ago — have fizzled out for lack of united effort."

Some goals and activities of the Council will include working toward defining student needs that can be met by an office of student affairs and working for the establishment of such an office.

The Council's founders hope that by establishing closer contact with the HSC administration, they will be able to secure support for their projects, such as bringing leading health professionals to the campus as speakers.

In addition, one member of the Student Council will sit in on meetings of the HSC Advisory Council.

"We have a lot of common needs as students that haven't been met. We need to direct our efforts in a cooperative way," he said. "The Council will help us coordinate student-initiated proj-

ects that will get us off the Hill more. The community off the Hill needs us; we can contribute a lot."

Of the new seven-member Council, Steven Dresler, AMSA president, commented, "I think the new administration

at the Health Sciences Center has been very sensitive to student problems, and I think the Student Council will allow us to take advantage of this new responsiveness. I'm optimistic that student life on the Hill will improve."

## All-Hill Halloween dance attracts 250

The Health Sciences Center's first all-Hill dance was held Halloween night. Students from all disciplines, as well as faculty, administrators, and employees were invited.

More than 250 attended the party, which had a "come as you feel" theme. Many wore Halloween costumes. Admission was one dollar, and refreshments were available.

The dance, which was held in the

Student Activities Building, was planned by the Medical Students' Wives group, with some sponsorship by the Student Interdisciplinary Council.

Patricia Dresler, wife of fourth year medical student Steve Dresler, commented, "The party was a great ice-breaker, and the turn-out was excellent. This is the kind of all-Hill event which the Health Sciences Center needs a lot more of. We're looking forward to planning something similar in the future."

## Council will help interpret Center's goals

(continued from page 1)

tical and necessary decision." He compared its functions to that of a board of trustees of a college, but within the framework of a state system.

*"We will look at the Center from the points of view of patients, faculty, students, employees, and taxpayers," Mr. Keller commented.*

The new chairman believes that an important aspect of the Council is that its members will be able to examine the Center from the points of view of patients, faculty, students, employees, taxpayers, and others. This kind of overview is difficult for an institution's own administrators.

Mr. Keller commented, "In past years, the campus has had difficulty creating an effective relationship with the community.

"The Advisory Council should not only improve our image with the community, but also promote a cooperative atmos-

phere between the Health Sciences Center and other hospitals' boards and between our faculty and private physicians." (He added that the School of Dentistry has long been outstanding in establishing a cooperative relationship with dentists in the community.)

Improvement by the School of Medicine in this area is already visible, Mr. Keller pointed out, "thanks to the policies of HSC President Dr. Bluemle. Advisory Council members will try to supplement his efforts and those of our many able department heads."

In addition to efforts to secure more funding when needed, the Council will act as an advocate of the institution with the governor and legislature in certain situations.

"For example, when the recent problems arose with malpractice insurance, the resolution we passed was helpful to the faculty in making clear that the Council supported their position and the need for prompt action at the state level," said Mr. Keller.

"Also, in regard to the future relationship between the medical school and the VA Hospital, the Advisory Council can use its considerable influence to further the interests of the school. It isn't difficult to demonstrate the great value of continuing the two institutions' close relationship."

He continued, "We will take a look at nursing education among other things and make sure that nurses on our staff who received their R.N.'s elsewhere can receive further education at our school if they wish.

"We are concerned about the relationship between the school and students and the entire Center and its employees, and here again we will do our best to be informed and helpful."

Mr. Keller commented, "I would like to stress the quality of this Council. It is an exceptional combination of some of the most influential and successful people in the state. They are all working hard to help the new administration on campus solve the problems of the Health Sciences Center."

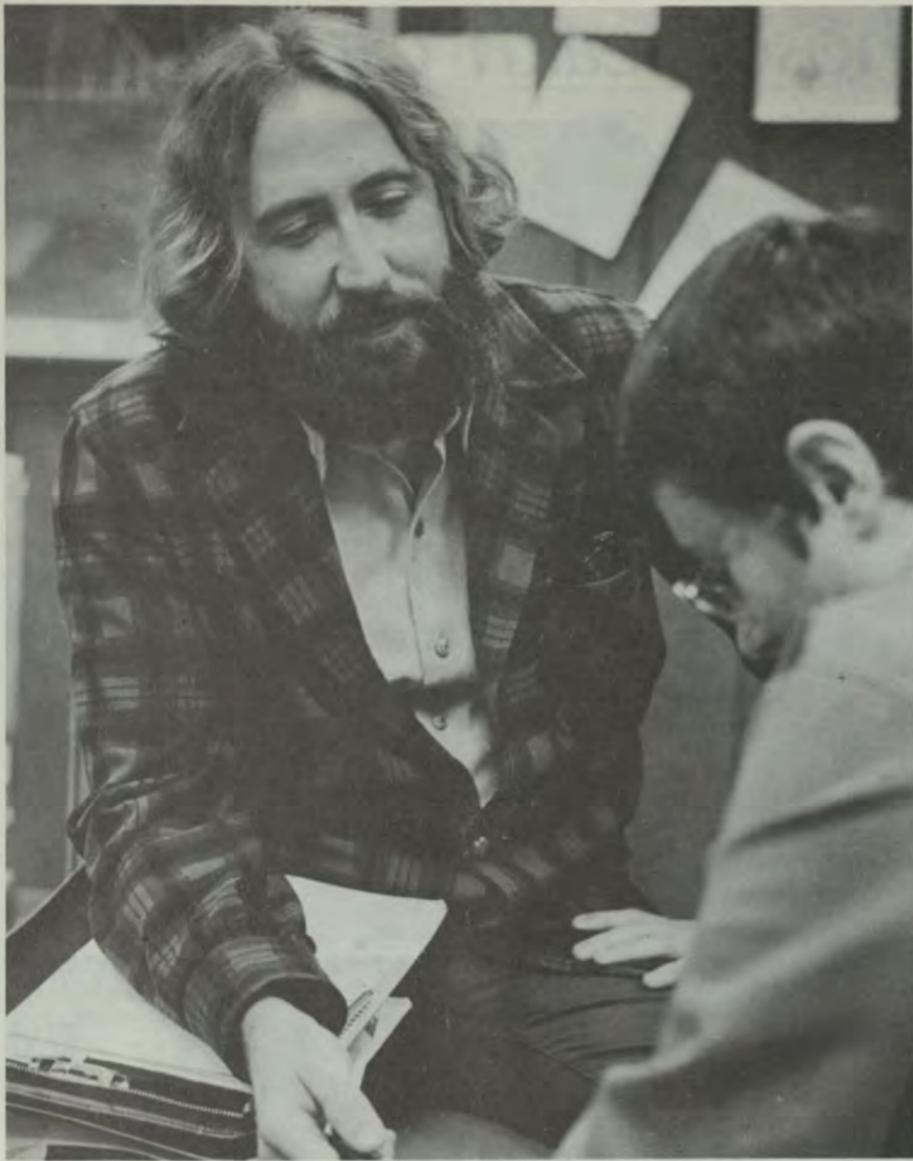
### HEALTH SCIENCES CENTER NEWS

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Jay Renaud, far left photo, a trainee in the Health Sciences Center's paraprofessional alcohol counselling training program, works with an alcoholic patient at Portland's Alcohol Treatment and Training Center. In the photos below and on the near left, Dr. Edward Scott, director of the program, asks the trainees to examine specific aspects of their own behavioral patterns as a clue to the reactions of alcoholic persons.



## Grant trainees aid the troubled alcoholic

*At a time when the federal government is criticizing medical schools across the country for their lack of interest in the problem of alcoholism, the HSC department of medical psychology, under Chairman Dr. Joseph Matarazzo, is involved in three important programs in the field of alcoholism.*

The HSC School of Medicine is among only a few medical schools in the U.S. which have shown serious interest in the problems of alcoholism in the formal curriculum for medical students.

Encouraged by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the department of medical psychology applied for and received three, three-year grants totaling almost \$100,000 per year which allow a multi-faceted approach to this disease.

The first grant involves the training of medical students. Now, for the first time at the Health Sciences Center—and perhaps in the country—20 per cent of the lecture and patient demonstration content in a required course for first-year medical students is related to alcoholism.

In addition, four summer fellowships allow students who have just completed their freshman year to spend the whole summer studying the problem in depth and visiting treatment and training centers.

Under the second grant, three graduate students are working toward a doctorate in experimental psychology with a minor in alcohol and behavior under the direction of Dr. Judson S. Brown, professor of medical psychology.

According to Dr. Joseph Matarazzo, medical psychology department chairman, "The purpose of this doctoral training grant is to train young scientists for careers in research. They may unravel some of the basic mechanisms of self-punitive behavioral patterns associated with the abuse of alcohol."

The third grant involves training paraprofessional counsellors to work with alcoholics. Currently there is a shortage of alcohol counsellors for the state's rapidly expanding treatment centers.

So far, 10 paraprofessionals have been

trained, and six more are now enrolled in the six-month course. All candidates for the class must either have a bachelors degree or be a former alcohol worker or alcoholic.

Director of the counsellor training program is Dr. Edward Scott, associate professor of medical psychology and director of clinical training at Portland's Alcohol Treatment and Training Center. Dr. Tom Manaugh, assistant professor of medical psychology, is researcher for the program.

In a recent interview with HSC News, Dr. Scott discussed alcoholism.

*One of the most common misconceptions about alcoholism is: It can't happen to me.*

According to Dr. Scott, the three most common misconceptions about alcoholism are:

—It only happens to derelicts.  
—It will happen to someone else, but not me.

—Any normal person can hold his liquor.

Dr. Scott describes an alcoholic as one who seeks an altered state of consciousness and is willing to pay the price of loss of physical comfort and family and job security.

*An alcoholic person may drink so that he can feel tougher, sexier, or more like a big shot. For some, alcohol means time out—a time they're not responsible for.*

"At times, we all want an altered state of consciousness. Only most of us find it in other ways — at a party, in our work, in marriage, et cetera. Similarly," he continued, "we tend to get addicted to whatever does the most for us. For some it may be eating, sexual activity, or making money. For others, it is alcohol."

"Usually alcoholic persons seek certain thoughts and feelings," said Dr. Scott. "they may want either to feel tough or sexy or to think they are quite intellectually gifted. Alcohol typically acts on a primitive or basic drive which is most dominant at the time."

"For some, alcohol means time out—a time during which they can't be held

responsible for their activity. Often those around them consciously or unconsciously reinforce this concept.

"Some alcoholic people may resort to physical abuse of their wives or children, rape, or even murder and then claim, 'That's not really me.'"

*The risk that professional people will become alcoholics is rather high. They continually strive to get ahead and are never quite satisfied with their accomplishments. For quick relief, alcohol really fits the bill.*

The risk that professional people will become alcoholics is rather high, explained Dr. Scott.

"Professional people continually strive to get ahead, to excel. In many instances, they are never quite satisfied with what they have done. They feel they could have done more—join another committee, write another article for a professional journal, improve their lectures. For quick relief from the tension, alcohol really fits the bill."

Those less likely to succumb to alcoholism, explained Dr. Scott, are persons with stable and satisfying family ties or those with a religious orientation in which it is neither a vice nor a virtue to drink.

"Strong family or religious ties imply that a person belongs to something other than himself," said Dr. Scott. He added that alcoholism is also not likely to occur in homes where drinking is part of family celebrations or meals.

He commented, however, that if a family invites friends into their home who get out of hand when drinking, the family should point out that such a standard of behaviour is not tolerated in their home and that if the visitors persist, they will not be invited again.

*Not only is the goal of treatment to get alcoholic persons to cease drinking, but it is also to help them achieve a life of sobriety that is meaningful, happy, and involved.*

Dr. Scott explained that among the most common reasons for which alcoholic

persons come to treatment centers are physical ailments due to chronic drinking, and pressure from their families, employers, or the legal system.

"There are two major hurdles which must be overcome in treatment," Dr. Scott observed. "The first is cessation of drinking. This can be accomplished fairly easily with drugs such as emetine or antabuse. Antabuse makes a person ill if he drinks."

"The second and bigger hurdle is achieving a life of sobriety which is not merely a dogged existence, but is a happy life with meaningful involvement."

"These goals are most apt to be obtained in therapy groups or individual therapy, or, in some instances, family sessions."

He commented that among those who don't "make it" at treatment centers are those who are "so narcissistically involved in their own pleasure that they keep drinking—looking for that first glow of the altered state of consciousness. Sober life seems too dull by comparison, and the problems of others are easily ignored."

While the alcoholic individual claims he is not responsible for himself, Dr. Scott believes quite the opposite.

"Every drink is a choice. The alcoholic person is responsible for himself. This responsibility cannot be delegated to others or explained away. Sometimes at our Alcohol Treatment and Training Center, we have to get pretty tough to convince them of this reality."

He commented that the success rate for recovery varies among different types of alcoholic persons. Currently, it is low among the derelicts and schizophrenics.

"However, for the alcoholic person who has something left, for instance, a wife and job, and who does not have brain damage, the success rate is 60 to 80 per cent. Once you stop them from drinking, you've got something to work with. It is exciting and challenging work."

He added that the paraprofessional training program combines a sound academic understanding of alcoholism, coupled with counselling techniques.

"No particular brand of treatment—such as transcendental meditation or Rogerianism—is championed. The clinical experience tends to indicate rather clearly that this program is highly effective."

# Freshmen tell why they chose health careers

Why do young men and women choose careers in the health professions? What do they hope to accomplish? What are their views on current issues in health care?

In an effort to get beneath the surface of the daily grind of classes and studying, HSC News recently interviewed a random selection of freshmen about their goals, motivation, and opinions.

## School of Medicine

Anne Goulart, of Eugene, entered medical school partly as a result of her involvement in the women's movement. A 1969 graduate of Boston University, Anne developed an interest in midwifery and entered prenursing.

But her involvement with the feminist movement convinced her that she would be happier as a physician. At this point, she is especially interested in obstetrics.

Craig DeSelms, of Salem, says he is motivated by a concern for others.

"This may sound idealistic," he commented, "but I still haven't lost the feeling that a physician is really a servant of mankind. True greatness lies in the degree to which you help other people.

"But I don't have any illusions that medicine will be all smooth sailing. It will be plain hard work."

Craig commented that, so far, he is interested in family practice. He has already spent one week as an observer in the Portland office of a primary care physician.

"I am looking forward to the patient contact I will have as a physician—getting to know people as people and getting to know the whole person instead of just the infected part. I'm really in favor of the old doctor-patient relationship. I feel it's important for the practice of good medicine."

Glen Stream, of Portland, said his decision to go into medicine was "a very gradual, evolutionary process."

His friendships with Navy physicians during almost four years in the military helped make up his mind, as did the attraction of "flexibility in setting up my own practice and room for individual decisions."

Questions about the physician shortage problem in rural areas brought varying responses from the three students.

"Although it's too early to say for certain," Glenn said, "I envision having a small practice in a smaller community in central Oregon.

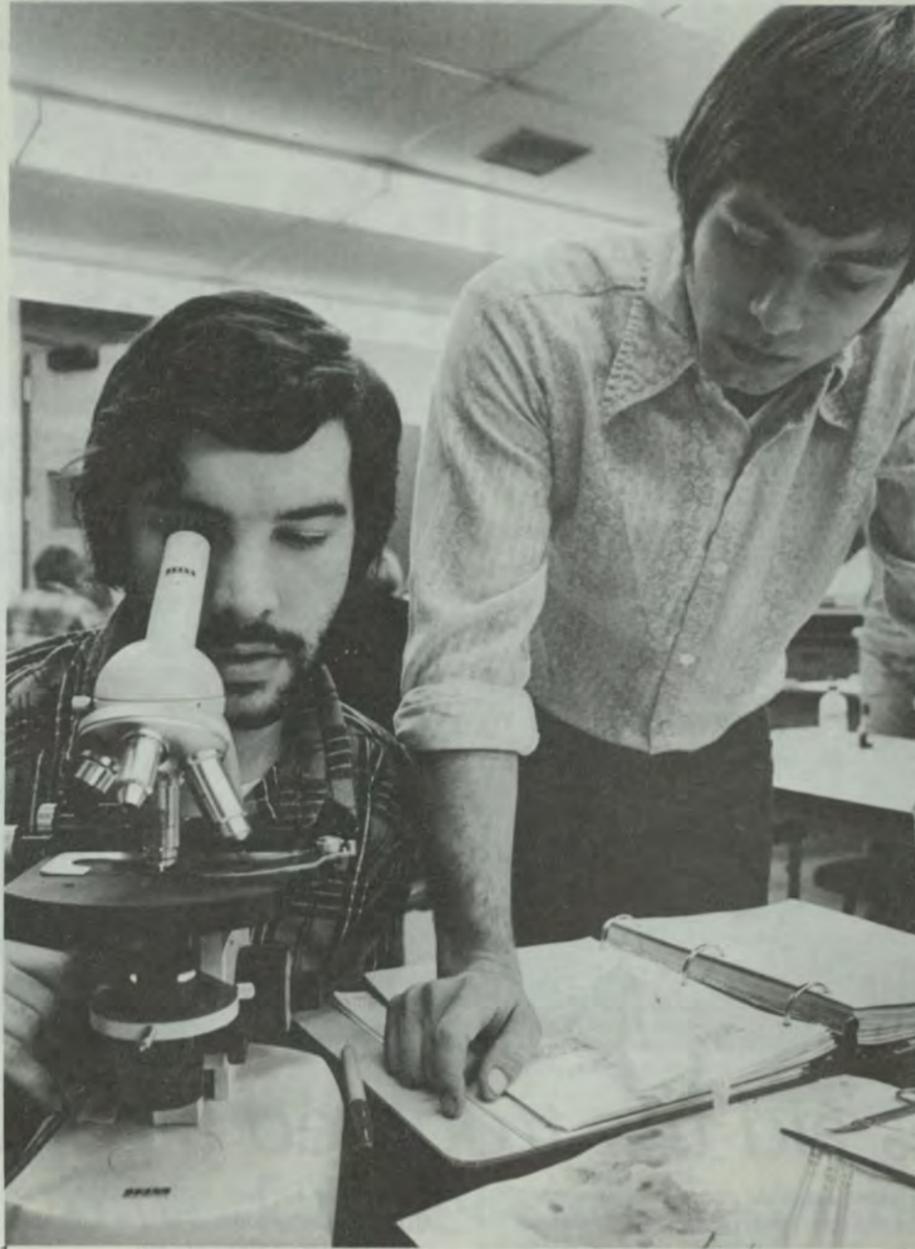
"I am concerned about the shortage of physicians, but the main factor in my thinking is that I really like central Oregon. It has an open clean environment and a lot of recreational opportunities nearby. But I recognize that what I think I would like to do now may not be what I want to do later."

*"You must choose a way of life that will make you happy. You can't extend yourself if you're miserable."*

Anne commented, "I expect to practice in a city; my husband's job requires that we live in a city. I do feel a responsibility to serve the people who need serving most, but you must choose a way of life that will make you happy. You can't extend yourself if you're miserable."

Observed Craig, "There are a lot of questions in my mind about what it would take to practice in a rural area. It would put a great strain on an individual. The returns would not be financial; but the compensating factor would be getting to know people well."

He added, "I don't feel that just because a student is poor and needs a government loan, he should be forced to practice in a rural area. I think gentle persuasion is better—such as the American Medical Student Association-sponsored bill which encourages individuals to go into rural areas, but gives them a choice



1. Charles Loprinzi
2. James Leedy
3. Anne Goulart
4. Craig DeSelms
5. Glen Stream
6. Richard Knight
7. Jackie Jones
8. Preston Baseel
9. Suzan Griffis
10. Kathy Henderson
11. Claire Empey
12. Mark Estvold
13. Clarice Johnston



between repaying the money or going into rural practice."

The question of socialized medicine also brought different opinions from the medical students.

"I don't like to see big government getting bigger," said Glen. "But we do have to do something about the people who can't afford health care."

Craig commented, "It would be unfortunate for everyone if we had the type of socialized medicine that exists in England. I want to retain my autonomy as much as possible. But I do believe that the cost of health care must be brought within reason."

On the other hand, Anne pointed out, "The fact is that health care isn't being distributed to those who need it. I might be naive, but I believe that whatever we have to lose by socializing medicine is really small in comparison to the possibility of making health care for all people a reality.

"People say you lose the doctor-patient relationship," she remarked, "but I'm not sure that necessarily follows."

## School of Dentistry

A number of students in this year's School of Dentistry freshman class have been out of college for several years.

For example, Richard Knight, of Portland, commented, "After my military service, I tried a number of things. But they gave me little satisfaction. I was looking for something I could do and do well,

something that would give me some gratification.

"Dentistry will provide a freedom that I couldn't have in any type of corporate setting I could envision."

Richard said he is especially interested in working with children, and when he begins practicing, he plans to arrange his schedule so that he can provide some free service to indigent patients. In the meantime, he hopes to volunteer for work in the School of Dentistry's low income clinics.

Jackie Jones, of Portland, earned a degree in dental hygiene last year. She said that after she began hygiene training, "I decided I could either work for a dentist and go by his rules about how to run things, or I could be a dentist myself and be the one to decide on office philosophy and procedure."

*"This lack of understanding is one reason hygienists get bored. They can't do what they're trained to do."*

She continued, "I know hygienists who disagree with how their bosses do things, but they're too nervous to say so. I find it difficult to go along with things I don't believe in."

In spite of her decision to become a dentist, Jackie continued her dental hygiene studies. "It's fantastic background.

It gives you extra insight into prevention and teaches you what an auxiliary can do.

"For instance, a lot of people—even some dentists—don't know that a hygienist is proficient in giving injections. This lack of understanding is one reason hygienists get bored. They can't do what they're trained to do."

Jackie plans to practice dentistry in a small town in northwestern Montana, where there is no dental school and the need for dentists is great.

Preston Baseel, of Portland, decided to apply to dental school after three years at a job he found "boring."

"I checked out law school and computer work, but in the end, dentistry won out. My wife is a hygienist and graduated from here a year ago.

"I had liked the people I met through her work, and I was impressed by the professional atmosphere and the student-teacher relationships at the School of Dentistry. I also spent some time with dentists in their homes and offices and that helped convince me about dentistry."

Clarice Johnston, of Portland, also tried other careers before applying to dental school.

"I worked as a teacher and did social work, but I was frustrated. On the other hand, the goals of a dentist are fairly concrete."

Clarice added that she was pleased to find that the School of Dentistry doesn't discriminate against older students in ad-

missions. "We're more mature and less antsy. It's easier for us to study."

#### School of Nursing

Many students who enrolled in the School of Nursing this fall have had some type of direct exposure to the field of medicine already.

For example, Suzan Griffis, of Gaston, began as a volunteer in pediatrics at St. Vincent Hospital at the age of 15. For the last two years, she has worked as a clerical assistant at the Child Neurology Clinic in Good Samaritan Hospital.

These experiences have made her especially interested in pediatrics and psychiatric nursing, two fields which she may try to combine when she gets her master's in nursing degree later on.

But she admits, "I've seen so much already this year that I don't know exactly in what area I'll concentrate. But I do know I don't want to get in a rut where I have so many aids working for me that I lose contact with patients."

*"A lot of people don't know how to get what they need from the health care system. A nurse can help them learn how they fit into the system."*

Suzan said she is very interested in the concept of patient advocacy, which she summarized as "looking out for people."

She continued, "A lot of people don't know how to get what they need from the health care system. A nurse can help them learn how they fit into the system."

Kathy Henderson, of Hillsboro, is the daughter of a nurse. "During two and a half years of college, I'd gone from major to major. I've also spent some time traveling around the country. I finally made up my mind to go into nursing.

"I think nursing can satisfy all my needs—not just intellectually, but spiritually and emotionally as well."

Claire Empey, of Portland, who comes from a whole family of health professionals, commented that having had a steady diet of the medical field since childhood, she felt nursing was an obvious career choice.

She commented on the nurse's role: "A nurse can do a lot more for a patient than change his sheets and get him a bedpan. She can give the emotional support he needs; and this is often just as important as his physical needs."

Mark Estvold, of Tacoma, is one of 20 men in this year's sophomore class. Mark

has already been in college three years, two of which were in pre-med.

*"A nurse can have a closer relationship with the patient than a physician can. The nurse is concerned with the total patient—with the patient as a person."*

"I decided against becoming a doctor, because I preferred the point of view of nursing. A nurse can have a closer relationship with the patient than a physician can. The nurse is concerned with the total patient—with the patient as a person."

He commented that choosing a career which has traditionally been dominated by women had its drawbacks.

"A lot of people, particularly my father had trouble accepting it. How do you explain to people that your son is going to be a nurse?"

"In class I feel a little conspicuous. And it's been difficult for my wife to get used to the idea that I'm surrounded by dozens of women all day."

But Mark said he is secure in his career choice. "I had a lot more trouble with other people's attitudes than I did with my own."

Mark is especially interested in neonatal intensive care and in finding ways to alter and improve hospital care during the birth process. He plans to work for a master's degree in a clinical specialty after graduation.

All four nursing students were enthusiastic about the emerging new image of the nurse as a health care professional.

"In the past, nurses have been afraid to take the initiative," Suzan explained. "But this is changing. Nurses are beginning to assert themselves, to question doctors at times, and to explain surgery or symptoms to the patient."

She continued, "Doctors are beginning to treat these nurses with more respect—as they would a colleague."

Kathy commented, "When my mother was in nursing school, she had to scrub floors in a hospital the first three months. But nursing today has become a highly professional field. The nurse is rising in status and esteem and is no longer just someone to do the dirty work."

Mark added, "I'm definitely in favor of the new image of the nurse. As a man in nursing, I'm part of that new image. Now that nursing is viewed as a specialty in its own right, nurses will receive the recognition they've long been due."

ing new methods to prevent the "dehumanizing" of medical students.

As part of the remedy, students are being exposed to patients earlier in their training.

Three UOHSC medical students, Steven Dresler, MS IV, Steven Bailey, MS III, and Marci Fohl, MS II, attended the American Medical Student Association Region X workshop at Stanford University, October 24-26. They met with students from the western medical schools to discuss a wide range of topics.

Dr. Carl Morrison, associate clinical professor of psychiatry since 1947 and former medical director of the Morrison Center for Youth and Family Services, was recently honored at a retirement dinner. He was commended for 28 years of service in the field of childhood mental health care.

Dr. Paul McHugh, former chairman of the department of psychiatry, is now chairman of the department of psychiatry at Johns Hopkins School of Medicine. Dr. James Shore, associate professor of psychiatry, is chairman pro-tem.

Dr. Henry De Mots, assistant professor of medicine, has been appointed chief of the cardiology section at the Veterans Hospital effective January 1, 1976. He will be responsible for supervision of clinical care, laboratory activities and teaching/training programs and will retain his appointment at the HSC.

Dr. De Mots succeeds Dr. William

## Dentists are on new alert

The next time you go to the dentist, don't be surprised if he checks your blood pressure.

Students at the HSC School of Dentistry are being taught to take their patients' blood pressure on a routine basis; and the American Dental Association is now urging dentists to check their patients' blood pressure.

Not only does the simple test uncover patients with serious problems which require a physician's care, but it also helps dentists identify patients whose ill-health makes certain dental procedures risky.

For example, doing dental surgery on a patient with high blood pressure could possibly result in medical emergencies involving the kidneys, heart, respiratory system, and vision.

According to Dr. Robert Gray, professor and chairman of the department of oral diagnosis, when a patient in a School of Dentistry clinic shows a reading of high blood pressure, a physician is consulted.

He observed that false-positive readings do occur in some patients who are extremely nervous about dental appointments. Therefore, multiple readings are sometimes taken.

Dental patients known to be under a physician's care for high blood pressure are also closely monitored by dentists and students at the School.

"Because we may be prescribing medications ourselves, we must be cautious and avoid possible drug interaction," said Dr. Gray.

High blood pressure is not the only symptom which dental students are being trained to watch for. Among other things, they learn to tell whether a patient's gait, or walk, denotes a nervous disorder and whether his coloring shows evidence of a circulatory problem, for example.

If any abnormal problems are observed during their routine screening procedure, School of Dentistry personnel seek appropriate consultation.

## Poleson tells of summer in Africa

Nearing the end of a five-month stay in the Republic of Cameroon in Africa, Kathy Poleson, School of Dentistry Class of 75, recently sent a letter to HSC News which is excerpted below:

"I thank you sincerely for the article printed in *Health Sciences Center News* (July, 1975). It was one of which should be of interest to persons wishing to help establish dental clinics in developing nations and who wish for a change in life style for several months.

"My next goal involving the University of Oregon Health Sciences Center is to make a permanent program between Cameroon and Oregon. I think it is started, but we must keep the students aware of the opportunities. I have brought all the equipment, so the next volunteers need only to come.

"Last week I was the guest of Madame Muna for lunch at her home. We are to receive much help for dentistry, as she is the wife of the president of the National Assembly.

"I have many stories to tell:  
—of diseases and oral problems  
—of native doctors  
—of food (it is so good). Even my fried termite dinner was excellent!  
—of traditional weddings

—of the rain in Cameroon (more than Oregon!)

"Saw a man today with a very malignant lymphoma. They have no radiation for therapy here. Most probably he is terminal — but I wish there was something I could do. He grasped my hand and said, 'Doctor, please help. Have much pain.'

"Will have worked at three hospitals when I return. Mbingo is a general hospital and a leprosy clinic. The leprosy patients are so appreciative of anything I do to help them.

"Am now at Bansa Baptist Hospital. Everywhere I go in this area, I hear people praising Dr. Chaffee (Leslie Martin Chaffee) who devoted his life to medicine in Cameroon. A graduate of the University of Oregon School of Medicine (1936), he died in 1973 and was buried here at Bansa.

"I hope you can help me tell the medical and dental schools about the lifetime experience they can have in Cameroon."

Sincerely,  
Kathy Poleson

For more information on Dental Health International, write Kathy Poleson, 337 Stewart Dr., Lewiston, Idaho.

## Newsmakers

David Long, junior medical student, has been named recipient of the CIBA Award for Outstanding Community Service. On hand for presentation of the award October 6 was CIBA Hospital Sales Representative Robert Thoman. Dr. M. Roberts Grover, associate dean of the School of Medicine, presented a set of Netter Atlases to David from CIBA.

The award is based on the student's contribution to the community in a health-related field. David has served as coordinator for the free medical clinic at the Cry of Love in Salem. This was a non-paying position which involved organizing medical students to attend bi-weekly clinics, recruiting physicians to staff the clinic, and coordinating the Cry of Love clinic with other local medical programs.

Speaking at an Oregon Medical Association forum on "Medicine and the Quality of Life" were Dr. Edward Tank and Dr. J. David Bristow.

Dr. Tank, associate professor of urology and pediatrics, said medical students tend to "unlearn" their natural humanistic tendencies while becoming doctors.

Dr. Bristow, professor and former chairman of the department of medicine, said that the School of Medicine is try-

Neill who has accepted an appointment as chief of cardiology at the Boston Veterans Administration Hospital.

The June issue of *Mainliner* (United Airlines magazine) carried an article entitled "Picking the Absolutely Top Places for Medical Care in the United States."

Among those institutions listed as "prominently regarded" in the field of ear surgery were the University of Oregon Health Sciences Center School of Medicine, Johns Hopkins, Northwestern University Medical School, and others.

New assistant administrator of HSC hospitals and clinics is Guy Mount, former patients' business manager for UHS and UHN.

Dr. Martin Pernoll, head of the division of perinatal medicine, attended the District VIII session of the American College of Obstetricians and Gynecologists in Salt Lake City in September. Dr. Pernoll and three of his associates delivered four out of the 12 papers which were presented at the meeting. The other HSC physicians at the meeting were Dr. Richard Kenniston, resident in pediatrics; Dr. Donald Montoya, chief resident in obstetrics and gynecology; and Dr. Dan Brown, former ob-gyn resident. (About 165 papers were submitted for consideration.)

Dr. Reid Connell, associate professor

of anatomy and neurology, and Peter Kovach, second year medical student, have been awarded two grants from the Oregon Heart Association for studies of oxygen supply in newborn infants and during exercise in pregnant women.

G. Marvin Stephens, cost and rate analyst for the business office, has successfully completed a Certified Managers of Patient Accounts Examination given by the Hospital Financial Management Association, of Chicago.

Dr. William Sack, assistant professor of psychiatry and pediatrics, is a member of a blue-ribbon panel on disruptive youth appointed by Superintendent Robert Blanchard and the Portland Board of Education.

Dr. Herbert Woodcock, associate professor of psychology and pediatrics, has been appointed to a three-year term on the committee on juvenile court judges of the American Academy of Child Psychiatry.

Dr. C. Conrad Carter, professor of neurology, has been reappointed to the Oregon Psychosurgery Review Board by Governor Robert Straub.

Dr. Robert Meechan, professor of pediatrics, has been named chairman of the School of Medicine admissions committee.

(continued on page 8)

# The metric system: how does it measure up?

*The United States is moving inch by 2.54 centimeters to the metric system. Why should we change? How do we change?*

Imagine in this modern age a nation so backward that its weights and measures are based on:

1. The distance between the king's nose and the tip of his forefinger.
2. The length of 36 barleycorns stretched end to end.
3. The distance traveled by marching soldiers in a thousand double-steps.
4. The area which a farmer using a team of oxen can plow in one day.

It seems improbable that such a nation could compete in the space age, but it can. That old-fashioned country is the U.S.A. And if you haven't already guessed, numbers 1 through 4 above are our yard, foot, mile, and acre.

Fortunately or unfortunately—depending on how you look at it—our antiquated system of weights and measures is on the way out.

In September, the U.S. House of Representatives passed the Metric Conversion Act of 1975. The Act has now been referred to the Senate Committee on Commerce.

The Act establishes no time limit for the change, but calls for a 21-member U.S. Metric Board to coordinate the switch to metric.

Change-over to the metric system (known as "SI" or International System of Units) will not be easy.

But it has its advantages. With common weights and measures, communication among the world's factories, suppliers, and customers will be simpler and quicker.

Because the U.S. depends on world trade and international ties for its existence, it seems increasingly impractical for our engineering standards to remain incompatible with those used by other advanced nations.

For example, a potential customer in another country may prefer a certain U.S. machine, but he is less likely to import it if standard parts for repair and maintenance cannot be produced in his country.

Economic Trend Indicator Sylvia Porter estimates that our current system is costing the United States \$25 billion per year in lost efforts.

When the change-over or "metrication" process does begin, Americans will start with some advantages.

First, metric calculations are based on decimals, as is the U.S. monetary system of cents, dimes, and dollars. Americans are already accustomed to moving the

decimal point to the left or right to multiply or divide by 10, 100, or 1,000.

In contrast, the British, who recently converted to SI, are having trouble converting their thinking to metrics from such coins as shillings, crowns, and guineas.

Second, the U.S. is already metric in many of its measures. For example, physicians have been filling prescriptions using metric measurements for many years.

Here at the Health Sciences Center, physicians aren't the only ones who will have an edge when the day of metrication arrives. So will those who have worked with optical equipment, chemicals, film, microfilm, spark plugs, and the electrician's basic scale of watt and kilowatt. Measurements in these fields are already metric.

*Experts agree: Thinking metric is the key to going metric. It's the only way.*

For many Americans, the change-over may be painful. Experts who have studied the problem agree:

Thinking metric is the secret to going metric. We will have to learn the vocabulary of a whole new language and abandon the old. *Thinking metric is the only way.* Instantly having to translate from English to metric is too cumbersome and time-consuming for daily life.

In other words, if we continue to think of a centimeter as four-tenths of an inch, the change-over will be difficult. Whereas if we get a ruler and actually see how big a centimeter is and learn to think in terms of actual centimeters, we'll be the lucky ones who catch on first.

Experts go so far as to say that once the initial shock wears off, we'll be asking ourselves how we endured the old system so long.

A basic introduction to the metric system might include the following:

—meter: a little longer than a yard (1.1 yards).

—liter: a little larger than a quart (1.06 quarts).

—gram: about the weight of a paper clip.

—kilogram: 1000 grams (about 2.2 pounds).

Also important to an understanding of SI are the prefixes used:

Deca means 10 times. Hecto means 100 times. Kilo means 1,000 times. Mega means 1 million times. Giga means 1 billion times. And so on.

A second basic group of prefixes:

Deci means one-tenth of. Centi means one-hundredth of. Milli means one-thousandth of. Micro means one-millionth of. Nano means one-billionth of. And so on.



*Weighing in at 11.25 kilograms is outpatient Christian Hansen who confides to Jeff Phillips, medical student, that she doesn't like being weighed. As much as she hates it now, Christian and her generation's early introduction to the metric system will give them an advantage over their parents.*

—A centimeter is one-hundredth of a meter; or 100 centimeters=1 meter.

—A milliliter is one-thousandth of a liter; or 1,000 milliliters=1 liter.

One of these days, the metric system will be our only system. Studies show that the more familiar a person is with the metric system, the less threatened he feels by the coming change.

It behooves every American to start boning up on SI now. As the saying will soon go, "A gram of prevention is worth a kilogram of cure."

With this basic knowledge, we can all arrive at the following:

—A hectometer=100 meters.

—A kilometer=1,000 meters.

## Hearing center uses new equipment to test hearing aids

New equipment to test hearing aids is now in use at the Portland Center for Hearing and Speech.

"Electroacoustic evaluation helps us determine whether patients' aids are performing properly or need repair or replacement," said Lee Odell, head of audiology services.

Mr. Odell explained that in addition to amplifying sound, a hearing aid also intensifies annoying background noise. This unfamiliar noise makes it difficult for the wearer to judge whether the aid is functioning properly.

Electroacoustic evaluation eliminates subjectivity and provides reliable data for use in planning and implementing therapy.

The highly-specialized equipment required for electroacoustic evaluation was purchased last year. A gift from the Department of Vocational Rehabilitation, supplemented with a grant from the March of Dimes, provided funds for a signal-generating and beat-frequency oscillator recording system, with a hearing aid test box.

Mr. Odell described the test box as

having acoustic characteristics similar to an anechoic chamber, an area considered to be free from echoes and reverberations.

The test box contains two microphones, each connected to its own amplifier. The hearing aid is attached to a microphone which transmits sound through an amplifier into a special recording unit.

At the same time, the automatic gain control microphone transmits the control frequency into an amplifier which returns the sound to the test box through a built-in speaker.

The automatic gain control process serves as a control over range and frequency variations and is crucial in maintaining the accuracy of the recorded evaluation.

"The system is used primarily to provide a service for persons who currently wear hearing aids," said Mr. Odell.

*Lee Odell checks the amplification, or gain, of a hearing aid during an electroacoustic test.*



# Alumni news notes

Alumni are invited to submit news of their activities or achievements to this column.

## School of Medicine

Dr. Ralph Carter, 1974 graduate of the School of Medicine, joined the Hood School (Oregon) Medical Group August 18. He is practicing in the same group with his father, Dr. Grover C. Carter, a surgeon.

Drs. Ned and Ted Schroeder, twins who graduated from the School of Medicine in 1970, are now serving as physicians in Helena, Montana, and Salt Lake City, respectively.

Ned has begun a practice in orthopedic surgery in a group with three other physicians. Ted is in radiology residency at the University of Utah School of Medicine.

Dr. Keith Fleshman, graduate in the class of 1957, has begun practicing in Lebanon, Oregon. The Fleshmans and their four children lived in Zaire in the Belgian Congo from 1962 to 1970.

In Zaire, Dr. Fleshman was the only physician in a mission hospital. In 1970, the Fleshman returned to the U. S., where Dr. Fleshman went back to school to specialize in orthopedic surgery.

In 1973, they returned to Africa, this time to Addis Ababa, Ethiopia, where the physician worked in the All Africa Leprosy and Rehabilitation Training Center.

Dr. Michael Thompson, 1971 graduate, has joined the Riverside Medical Center in Cottage Grove, Oregon. Dr. Thompson, who is in family practice, interned at Deaconess Hospital in Spokane, and then spent two years in the Navy. He took his residency at Contra Costa County Hospital in the San Francisco area.

Dr. John Wallin, 1965 graduate, has joined the staff of St. Luke's Hospital, in Boise, as a pathologist.

Dr. Calvin Nakao, Class of 1967, has been appointed medical director of the Planned Parenthood Association in Portland. Dr. Nakao is an obstetrician and gynecologist.

Dr. Richard Matteri, Class of 1969, has begun an orthopedic practice in North Bend, Oregon. He completed his surgical and orthopedic residency at the Medical Center Hospital of Vermont in Burlington, Vermont. Dr. Matteri resides in Coos Bay with his wife, Patricia, and their

three children.

Dr. Matteri has recently done research in biomechanics. Several of his papers have been published, and another is due for publication soon.

Dr. Merle Bruce, Class of 1966, a specialist in otolaryngology, is now associated with the Oakridge Family Practice Clinic in Oakridge, Oregon. The Oakridge area had been without a physician for several months.

Dr. Bruce resides with his wife and six children.

Dr. Tyra Hutchens, Class of 1945, professor and chairman of the HSC department of clinical pathology, was recently elected vice president of the College of American Pathologists. He will hold the office for a two-year term.

Dr. Stanley K. Neal, Class of 1972, has opened his practice in Albany, Oregon, and has been accepted as a member of the Albany General Hospital medical staff.

Dr. Michael Gilbert, Class of 1969, has begun practicing in LaGrande, Oregon. Dr. Gilbert interned at McGill University in Montreal, Canada, and did his residency at the HSC. He has worked in public health in Nebraska for two years.

Dr. E. G. Chuinard, Class of 1934 and clinical professor of orthopedics and rehabilitation, is writing a book. Entitled "Not One Man Died," the book discusses the Lewis and Clark expedition to the Northwest during which no doctor was present.

Dr. Stanley Shepardson, Class of 1969, has opened an ophthalmology practice in Bend, Oregon. Dr. Shepardson completed his residency at the Medical College of Wisconsin in Milwaukee.

Dr. Lewis W. Guiss, School of Medicine Class of 1936, has received renewal of his contract with the National Cancer Institute and the American Cancer Society for the Los Angeles Early Breast Cancer Detection Program which he directs at the John Wesley Hospital. He is on the faculty of the University of Southern California School of Medicine.

Dr. Lester W. Mittelstaedt, Seattle allergist, has been elected president-elect of the American Association for Clinical Immunology and Allergy. He was graduated from the School of Medicine in 1949.

## Recent retirements

### LEONA VANDERHOOF

Leona Vanderhoof retired in September after 10 years on the Hill as an R.N. Mrs. Vanderhoof worked in the State TB Hospital until it closed, and has since worked in UHN as a night nurse.

The aspect of her work that she enjoyed most was "the very good people that I worked with."

Now that she has retired, she plans to visit her son in Roseburg and take organ lessons.

### LEIF GRAAE

Looking forward to an active "retirement" that could hardly be called a retirement is Leif Graae, LPN at University Hospital North for 10 years.

Mr. Graae hopes to attend school and become a registered nurse, and he will try to sandwich in time for traveling.

October also marks his retirement from the U.S. postal service where he has worked for about 30 years.

### MABLE RAYNOR

Catching up on housework, working in her garden, and "not doing much of any-

thing" is the way Mable Raynor is spending her time since she retired as a lab aide for medical genetics in July after 11 years of employment.

Although she enjoyed her co-workers, the patients with whom she had contact, and being a part of vital research efforts, she appreciates the free time she now has for her hobbies such as needlework and puzzles.

### GERTRUDE LISTER

After 27 years as a CCD employee, Gertrude retired in May. She began as secretary to the director of CCD and was promoted to administrative assistant and supervisor of clinic secretaries. She especially enjoyed her contacts with fellow employees and with outside services.

I'm finally getting caught up on a lot of things that I put aside for the last few years," she commented.

An avid gardener, she raises a variety of plants, specializing in chrysanthemums.

### VERA MILLION

Vera Million retired in September after five years with UHN food service.

Dr. Richard Lyons, graduate of the School of Medicine in 1960, has been named regional medical consultant to Health Manpower Programs for the Region X Office of the Department of Health, Education and Welfare in Seattle.

Mark Fischer, June graduate of the School of Medicine, is doing his residency at San Francisco General Hospital. He and his wife Jan have a new baby, Jenna Christine, born July 26. Mark was 1975 recipient of the gold-headed cane award.

Dr. Sture Johnson, School of Medicine 1938, was until 1973 the director of the department of dermatology at the University of Wisconsin Medical School. He still teaches, writes, and lectures.

Dr. Ralph Herron, School of Medicine 1929, has retired after 47 years of practice in the Lebanon and Brownsville, Oregon, area.

## School of Dentistry

Dr. V. Gib Gilmore, 1973 graduate of the School of Dentistry, has set up dental practice in Salem, Oregon. For the past two years, he has been a dentist in the Navy in San Diego.

Dr. William A. Bonnicksen, class of 1975, has opened an office in Salem, Oregon.

Dr. Eugene Stott, Class of 1962, has been named chairman of the board of Oregon Dental Service. Dr. Stott practices in Eugene and is past president of the Lane County Dental Society.

The Oregon Dental Service is operated by the Oregon Dental Association and offers pre-paid dental insurance to individuals and groups.

Dr. Timothy Boehm, Class of 1971, has opened a practice of general dentistry in Eugene.

Dr. Jeffrey Leinassar, a June graduate of the School of Dentistry, has opened a dental practice in Astoria.

Dr. Raymond Onchi, class of 1975, has begun practicing dentistry in Gresham.

Dr. Charles Dark, who graduated from the School of Dentistry in June, has joined his father, Dr. Robert Dark, in a dental practice in Eugene.

Dr. Rdean Merrill Clark, 1971 graduate of the School of Dentistry, has moved to Albany, Oregon, where he is a practicing orthodontist. He completed his orthodontic specialty program at the HSC in June.

Mrs. Million, who enjoyed the variety of being rotated from kitchen to kitchen, said she had planned to take a long rest after she retired, but redecorating her kitchen, taking painting classes, and other

Dr. Stephen F. Dachi, 1956 graduate of the School of Dentistry, has given up private practice to become cultural and press attaché with the U.S. Embassy in Budapest. Dr. Dachi served in the Peace Corps in Brazil and was professor at the Louisville, Kentucky, School of Dentistry and the Mayo Clinic.

Dr. Wiley Young, 1949 graduate of the School of Dentistry, is home in Salem for a four-month vacation after practicing dentistry for three years in Africa. After their U.S. vacation, Dr. and Mrs. Young will return to Lesotho, Africa.

Dr. Glade Peterson, Class of 1975, has opened a dental practice in Hermiston, Oregon.

## School of Nursing

Jeanetta Simonis, School of Nursing class of 1967, has been named Linn County (Oregon) Health Department Nursing Director. Mrs. Simonis began working for Linn County in 1950, serving as general public health nurse and then home health nursing coordinator. Since June, Mrs. Simonis has been acting nursing director.

Orcilia Forbes, who received a masters degree from the School of Nursing in 1966, has been promoted to dean of students at Portland State University.

Mrs. Forbes, who has held key positions in student services at PSU for 10 years, is now the highest ranking woman in the Oregon State System of Higher Education.

As dean of students, she will be responsible for the health service, counseling center, international student services, veterans' affairs, educational activities and the child care center.

Margene Tower, who graduated in 1961, has been chosen to appear in the 1975 edition of "Outstanding Young Women in America."

Miss Tower has a master's degree in community mental health nursing from the University of Colorado where she taught one year in the School of Nursing.

She now works in Billings, Montana, as director of the mental health clinic for the Bureau of Indian Health.

Miss Tower wrote a book in 1971 entitled "The Nurse's Role in Community Mental Health Centers: Out of Uniform and into Trouble."

## Medical Technology

Cindy Campbell, Class of 1972, has worked as a medical technologist in Honolulu, Hawaii, for the past three years.

Kenneth Edwards, Class of 1975, is a medical technologist at the hospital in Bandon, Oregon, and is in charge of the X-ray department there.

activities have kept her from her goal of relaxation.

"I'm keeping so busy that there's no chance to sit in a rocking chair very much," she said.

Leora Phelps, hosp laundry  
Robert Warnock, hosp hskpg  
Sharon Jolly, OPC pat's bus office

### Ten years

Gerald Hale, radiology  
Arija Anderson, orthodontics  
Maxine Taylor, UHN nursing

### Fifteen Years

William Runte, phys plant  
Axel Erickson, phys plant  
Betty Sexton, pathology  
Nellie Jacob, OPC nursing  
Doris Tracewell, UHN nursing  
Vergie Sloan, UHN dietary

### Twenty-five Years

Elmer Gieler, hosp hskpg  
Beverly Ward, UHN nursing

### Retirements

Jean Amos, UHN nursing  
Annie Bartow, surgery

## VIPs

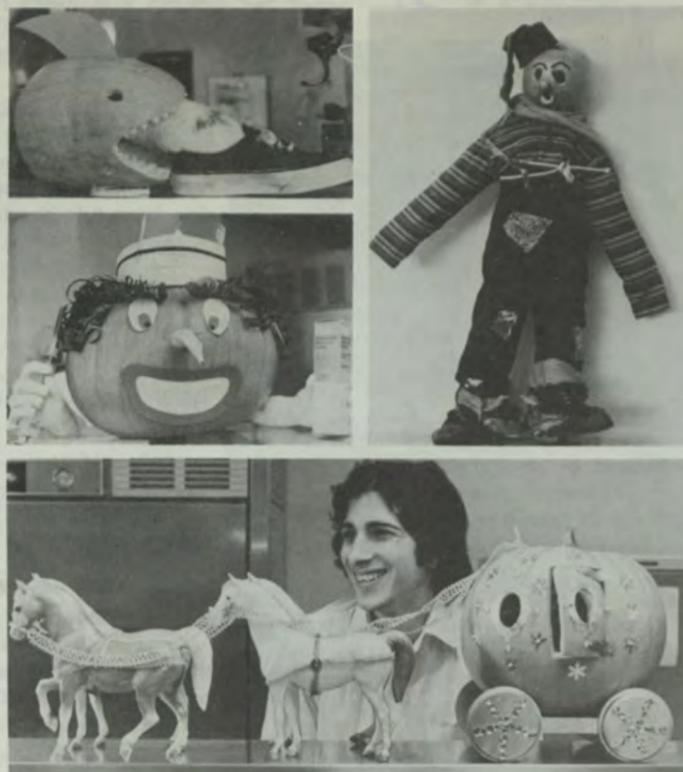
### NOVEMBER

#### Service Anniversaries— From Personnel

#### Five Years

Mary Brooks, clin path  
Lulu Mae Buchanan, clin path  
Sandra Satterberg, clin path  
Charleen Hottenstein, clin path  
Adele Saccalan, CCD  
Sue Ann Wright, CCD  
Elizabeth Pickering, UHN nursing  
Robert Stephens, instructional aids  
Helen Fischer, cardiology  
Herlene Benson, otolaryngology  
Marion Keough, psychiatry  
Beverly Methvin, surgery

# Pumpkin cut-ups win Halloween contest



Winners of the dietary service's pumpkin-carving contest were (above) "Jaws" by John Lemmer; Miss Hospital by Anne Logan, Mary Vandersanden, and Jenny Gilles; scarecrow by Louis Lawrence; and Cinderella coach by Gino Monaco.

## News-makers

(continued from page 5)

Jerry Elder, assistant professor and business manager of CCD, has been project director and chairman of a national committee during the past year which has examined the need for graduate education for administrators of developmental disability and mental retardation institutions and programs. A paper by Mr. Elder and five other authors was recently presented in Washington, D.C., to the National Task Force on Mental Health and Mental Retardation Administration.

Dr. William Howard, chairman of the crown and bridge department in the School of Dentistry, has been named consultant to the Councils on Dental Education and Hospital Dental Service and to the Commission on Accreditation by the American Dental Association Board of Trustees. He is also consultant to the Council on Journalism.

Dr. Tom Harrison, who completed his residency in internal medicine at the HSC this year, has begun a medical practice in the Baker, Oregon area. Dr. Harrison served two years as a flight surgeon at Belling Air Force Base in Washington, D.C.

## Applications to three major HSC schools total 1,691

Registrars of the three major Schools within the Health Sciences Center recently supplied *HSC News* with statistics that provide a picture of this year's admissions.

As the figures indicate, most students admitted to the Center's schools are Oregonians due to the HSC's commitment to this geographical area.

### School of Dentistry

Applicants to the School of Dentistry freshman class totalled 391. Of these, 234 were Oregonians; 127 were from WICHE states; and 30 were from other states.

(WICHE is the Western Interstate Commission on Higher Education. Member states in WICHE reciprocate on out-of-state admissions to various state schools.)

Eighty students were accepted by the School of Dentistry. They included 67 students from Oregon; 11 WICHE students (including one minority student); and two minority students from non-WICHE states. (As part of the School's minority recruitment program, special consideration is given to minority students applying for admission from out of state.)

Thirty women applied to the School of Dentistry, and of the 11 who received offers of admission, nine accepted. Eight of these were from Oregon, and one (a minority student) was from out of state.

One American Indian from Oregon applied and was accepted.

Ten blacks applied, five of whom were accepted. Four of these chose to matriculate. Two were from Oregon, and two were from other states.

Of five Mexican-American applicants, two were accepted. One was from Oregon, and one was from a WICHE state.

Two Orientals were accepted by the School of Dentistry.

### School of Medicine

A total of 846 persons applied for admission in the School of Medicine's freshman class. Of these, 383 were from Oregon, 188 were from WICHE states, and 275 were from other states. Offers of admission totaled 136.

Of the 114 students who matriculated, 108 were from Oregon, and six were from WICHE states.

The number of women who applied for admission was 165, of which 83 were Oregon residents. Of these, 27 received offers of admission. Twenty-four women accepted.

Five Indians applied, two of whom were from Oregon and three of whom were from non-WICHE states. One Indian was accepted and matriculated.

Twenty-five blacks applied. Three were Oregonians; one was from a WICHE state; and 21 were from other states. One Oregonian and one WICHE student were accepted. The black student from Oregon accepted an offer from another medical school.

Thirteen Mexican-Americans from other states applied to the School of Medicine, but none was accepted.

Thirty-five Orientals applied for ad-

mission. Eleven were Oregonians; two were WICHE applicants; and 22 were from other states. Three Oregonians were accepted.

### School of Nursing

Of the 454 applications to the School of Nursing's baccalaureate program, 393 were from Oregon, and 61 were from out of state.

Total admissions numbered 198, and of these, 173 chose to register for the

fall term. They included 167 Oregon students and six from out of state. (In addition to these new basic students, nine registered nurses began training and two transfer students were accepted.)

Eleven men from Oregon were accepted by the School of Nursing. Ten of these registered.

Eleven Orientals, including 10 Oregonians and one student from out of state, applied for entrance. Two Oregonians were accepted.

## Dr. Ted Foster is UHN winner

Dr. Ted Foster, OB-GYN resident, was chosen by his co-workers as Nice Person of the Month for October in University Hospital North.

Dr. Foster was nominated by about 10 fellow employees. One letter signed by four persons stated, "Dr. Foster is a very considerate person in dealing with patients and with nurses. He is also very kind. Every day that we have seen him he has been in an extremely good mood and has been so friendly with all he works with. We think he's super."

A list of honorable mentions for Nice Person of the Month was also released by the UHN Courtesy Committee:

Sheila Anderson, UHN nursing office, night messenger  
 Dorothy Barlow, LPN, 3 NE, UHN  
 Anna McCall, UHN nursing office, messenger  
 Donna Randolph, ward clerk, 3 NE, UHN  
 Carol Robson, RN, 2 NE, UHN.



DR. TED FOSTER  
 Nice person of the month

## Professor emeritus, Dr. Brill, dies

Dr. Isadore C. Brill, professor emeritus of medicine, died October 29 at St. Vincent Hospital in Portland.

Dr. Brill joined the faculty of the School of Medicine in 1916 and served until 1968. The prominent physician was one of Portland's first internists.

Dr. Brill was an original member of what is now the weekly medical staff conference which began as a bedside conference session in the basement of the old county hospital. Dr. Brill played a vital role in the history and development of the School of Medicine.

He was the father of Mrs. Madeline Nelson, wife of Roscoe Nelson, who is a member of the Health Sciences Center Advisory Council and on the board of directors of the Advancement Fund.

HEALTH SCIENCES CENTER

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