



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.*

## Faculty Senate approved by overwhelming majority

*By a majority vote, the HSC faculty have moved to establish an all-campus Faculty Senate. The Senate will formulate policies, work to protect the university environment, and serve as a line of communication between the administration and faculty.*

By an overwhelming six-to-one ratio, UOHSC faculty members have voted to accept a proposal to establish an all-campus Faculty Senate.

According to a faculty Special Elections Committee, ballots were distributed to 665 academic faculty members earlier this summer. Of these, 389 faculty members, or about 60 per cent, responded.

Voting to accept the proposal were 314 full-time faculty and 18 part-time faculty members.

Voting to reject the proposal were 50 full-time and seven part-time faculty.

The final tally was 321¼ votes for acceptance and 52¼ for rejection. (Part-time faculty were allotted ½ or ¼ vote, depending on FTE equivalent.)

According to the proposal, ratification by a majority of faculty members results in prompt establishment of the Faculty Senate.

According to Dr. David Mahler, professor and chairman of the dental materials science department and chairman of the Special Elections Committee, the committee's next task is determining apportionment of Senate seats for each of the four units: the Schools of Medicine, Dentistry, and Nursing and Affiliated Academic Units.

Each of the four units will then hold elections to determine who will serve as Senate representatives.

Each School will elect two senators plus one

senator for every 25 FTE academic staff members.

Senate representatives will serve three-year terms, with about one-third retiring each year.

The Senate, which will meet at least once each academic term, will elect a chairman and secretary each fall term.

The recently ratified proposal was formulated by an ad hoc, seven-member committee established by former HSC president Dr. Lewis W. Bluemle in May, 1976. According to the committee's proposal, the Senate will:

1. Formulate or evaluate policies and activities with institution-wide impact.
2. Assume responsibility for the creation, maintenance, and protection of a university environment conducive to the full and free development of scholarly learning, teaching, research, and patient care.
3. Provide the means whereby the administration may be apprised of representative

opinion of the entire faculty.

4. Provide the means whereby the faculty may be apprised of and participate in decisions of the administration.

To accomplish these activities, the Senate will:

1. Have legislative responsibility with respect to centerwide academic policies, education standards, curricula, academic regulations, research, faculty status, and those aspects of student life which relate to the educational process.

2. Study and prepare recommendations to the president of the UOHSC concerning issues of interest to the institution, its students and faculties.

3. Provide the means through which any matter of general interest to the faculty or pertaining to the UOHSC and its functions may be brought to the Faculty Senate for discussion and action.

## New grading plan passes

A proposal for a grading system placing greater emphasis on careful evaluation and constructive feedback to students was passed in July by the School of Medicine Faculty Council.

The grading system was proposed by an ad hoc Grades Committee appointed by Dean Robert Stone and will apply to M.D. candidates. The plan is slated to begin this fall as soon as certain procedural matters regarding implementation have been worked out.

The new grading system disposes with the former A through F system. According to Dr. Robert Neerhout, chairman of the department of pediatrics and chairman of the Grades Committee, the former system suffered from "grade inflation."

"A's and B's were used too much in the students' clinical years, and each department

seemed to have its own definition of what an A, B, or C was," said Dr. Neerhout. "There was no uniformity in the way the grading system was applied."

Under the new grading system, students will receive the following designations:

*Honors:* Indicates extraordinary intellectual and creative performance and superlative mastery of assigned work.

*Acceptable:* Indicates acceptable performance and knowledge at a level sufficient to allow the student to progress.

*Marginal:* Indicates performance which is at the interface between acceptable and failing.

*Fail:* Indicates unacceptable performance and/or knowledge of the subject.

*(continued on page 2)*

## Clinic serves Pendleton area

Like New Year's resolutions, the lofty goals of some institutions are established, only to be forgotten soon after.

But the HSC Crippled Children's Division (CCD) continues to work creatively to achieve the goal outlined for it by the Oregon State Legislature in 1917: to seek out and assure care for Oregon children with crippling conditions.

Faculty at CCD don't wait for handicapped children and their parents to come to Portland. Instead, they seek out crippled children in outlying areas of the state and then bring experts from CCD to those communities.

In Corvallis, Roseburg, Medford and Eugene, CCD has established clinics to serve handicapped youngsters from surrounding localities.

The division's newest clinic is in Pendleton and serves children from Umatilla and neighboring counties. It is not a clinic in the usual sense; it does not have an established

office and fixed staff.

But instead it is a monthly gathering of local health professionals drawn together by CCD for the purpose of providing crippled children with multidisciplinary evaluation and guidance.

The clinic was organized by Dr. David Macfarlane, CCD's director of clinical services, who, with other HSC staff members, makes the four-hour drive each month from Portland to Pendleton.

At St. Anthony's Hospital in Pendleton, the CCD staff joins between 10 and 15 local

*(continued on page 2)*

*Three-year-old Eric Otzenberger, of Stanfield, Oregon, is one of many multiply handicapped youngsters who are seen each year in the CCD-sponsored clinic in Pendleton. Eric was born with a tracheoesophageal fistula which has been corrected by UOHSC pediatric surgeons. Eric's developmental delays are in the areas of speech, feeding, vision, and hearing.*



# CCD seeks out and offers help to crippled children

(continued from page 1)

health professionals, including physicians, occupational and physical therapists, a speech pathologist, psychologist, school teachers, and others. Dr. Donald Guenther, Pendleton pediatrician, serves as local coordinator for the clinic.

On a typical clinic day, this team spends the morning examining four multiply handicapped children with cerebral palsy. In the afternoon, the group gathers for a round-table discussion of all aspects of treatment for each child. A general plan for the next year is mapped out for each.

CCD sponsors the Pendleton clinic, which serves about 40 children annually, and also covers the cost of each child's periodic visits to local physicians. The Crippled Children's Division continues to monitor the progress of these children until they reach the age of 21.

The cost of each child's annual evaluation is between \$300 and \$600—the same as it would be if it took place at CCD in Portland.

In addition to assuring expert care for crippled children, CCD clinics serve local communities in other ways.

They bring together local health professionals and, according to Dr. Macfarlane, the meetings "open up communication lines among talent in the community. They educate one another.

"We have anecdotal—but good—evidence that these new channels of communication have resulted in collaboration in the treatment of other children in the community, many of whom we never hear about."

Dr. Macfarlane explained another way in which each child benefits from the gathering of local experts.

"Because they know the strengths and weaknesses of resources in the community, local specialists tend to arrive at a much more realistic treatment plan for each child.

"If we were to see the same child at CCD,

we might come up with an unrealistic, though very sophisticated, treatment course which would be impossible to carry out in the child's community."

Dr. Macfarlane added that the presence of CCD staff members at each monthly clinic provides local professionals with an invaluable link to an academic health center.

"If there isn't a representative of a particular specialty in the community, or if local physicians feel a need for some special academic expertise, we may bring along a faculty

member from the Health Sciences Center who adds a new point of view to the child's evaluation."

In addition, CCD staff members bring word of new findings in the field of care of the handicapped. They have even organized several seminars for local professionals on such topics as spina bifida and rubella.

CCD staff also provide parents with a link to the UOHSC.

"From out there, the Health Sciences Center is big and confusing," Dr. Macfarlane

explained. "If the child needs a specialized test that he can't get in his community, we help direct the family to the right division of the university."

CCD administrators point to these clinics as another example of how the Health Sciences Center is reaching out to physicians and health care providers throughout Oregon.

"We hope that through mechanisms such as these, we can bring quality care to children in their own communities," said Dr. Macfarlane.



Discussing Eric Otzenberger's progress and problems with his mother are, left to right, Dr. H. H. Hendricks, director of the department of physical medicine and rehabilitation at St. Mary Hospital, Walla Walla; Bill Miller, physical therapist at St. Anthony's Hospital; and Dr. Donald Smith, orthopedic surgeon in Pendleton. Dr. Hendricks, Class of 1954, and Dr. Smith, Class of 1950, are graduates of the HSC School of Medicine. Dr. Macfarlane and social worker Ruth Spoerli, of CCD, provide support and advice to local doctors and therapists and to health professionals from Umatilla County Intermediate Education District.

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physical handicap.

## Grading system emphasizes feedback

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"We hope that by using non-traditional terminology and by clearly defining each level, we will re-orient the faculty and students to the new system," said Dr. Neerhout.

The committee's plan calls for one grade to be given in each basic science course. The grade will reflect overall knowledge of course material.

On the other hand, two grades will now be given for each clinical science course. One grade will reflect knowledge of course material, and the other grade will evaluate professional skills and judgment.

Dr. Neerhout compares these two respective areas of evaluation to the "science of medicine" and the "art of medicine." Under the former grading system, one grade covered both areas.

"We needed a method to grade how the student deals with people. Before, there was more weight on the student's technical knowledge," Dr. Neerhout commented.

"Often the student who shows good clinical judgment and can deal effectively with patients makes a better physician than the student who is merely able to recite facts well. By evaluating both areas, we are attempting to emphasize their equal importance."

Another emphasis of the new system is feedback to students about their performance.

If a written examination is given, instructors will post the correct answers to questions within a brief period following the exam. Whenever possible, exams will be returned to

students with correct and incorrect answers designated.

If an oral examination is given, the examiners will forward a written evaluation to the student.

In clinical science courses, the grade covering professional skills and judgment will be recorded on a standardized triplicate form, with copies sent to the registrar and to the student. This form will cover a variety of questions dealing with the student's professional performance.

Any Marginal or Fail grade will be accompanied by written documentation outlining the student's strengths and weaknesses. The

Promotion Board or its designate will review the grade and documentation with the student. Honors grades will also be accompanied by written documentation.

Dr. Neerhout explained that the new grading system "does not try to rate members of the class against each other." No class rank or quartile rank or numerical grade point average will be maintained.

Under the former grading system, students listed as being in the third quartile were at a disadvantage, said Dr. Neerhout, even though their numerical standings were only several hundredths of point away from those of students in the second quartile.

## Van Bruggen is acting chairman

Dr. John T. Van Bruggen, professor of biochemistry, has been named acting chairman of the department of biochemistry of the HSC School of Medicine.

As acting chairman, Dr. Van Bruggen is assuming the duties of Dr. Richard T. Jones, chairman of the biochemistry department since 1966, who became acting president of the Health Sciences Center in July.

Dr. Van Bruggen has been on the Health Sciences Center School of Medicine faculty since 1945. He earned his master's degree from the HSC School of Medicine in 1939 and his doctoral degree in biochemistry from St. Louis University School of Medicine in 1944.

The new acting chairman spent a year's

sabbatical leave at the University of Copenhagen in 1959 studying membrane transport. In 1967-1968, Dr. Van Bruggen was a biochemist-biophysicist with the Atomic Energy Commission.

He has been director of teaching laboratories for the School of Medicine since 1971 and was coordinator of first-year medical education from 1970 to 1976. He has been active on numerous standing committees within the medical school.

Dr. Van Bruggen has written more than 50 articles for professional journals and has served as co-author of a number of books, including the *Textbook of Biochemistry* (by West, Todd, Mason, and Van Bruggen).

# Legislature allots funds for amniocentesis program



An HSC program which allows parents to learn if their unborn child will have certain birth defects due to specific genetic disorders can continue to meet increased patient demand thanks to the 1977 Oregon Legislature.

The CCD Prenatal Diagnosis Program began in 1969 as one of the first such programs in the country.

In that year two expectant women were tested by amniocentesis in the program, which continues to be completely voluntary. Last year 310 received the test.

"We had reached a point where unless we had additional support we couldn't continue to meet all the requests," explained Dr. Gerald Prescott, associate professor of medical genetics and perinatal medicine.

Dr. Prescott and Dr. Martin Pernoll, head, division of perinatology, are the program's co-directors.

Program support came from the legislature in a bill providing \$142,000 starting in October and ending in June, 1979.

Amniocentesis involves withdrawing by needle two to three tablespoons of amniotic fluid which surrounds the developing fetus in the mother's uterus. The test is usually performed around the 14th week of pregnancy.

"Amniocentesis carries very low risk for mother and fetus. With anesthetic, there is minimal discomfort," Dr. Prescott said.

The procedure is possible since the fetus sloughs off cells while floating in the amniotic fluid.

These cells are removed from the fluid

*Withdrawing amniotic fluid from sac surrounding the fetus is Dr. Gerald Prescott, associate professor of medical genetics, perinatal medicine, and the Crippled Children's Division.*

sample, cultured, and processed in a laboratory so the chromosomes (spaghetti-like strands that carry hereditary material) are visible.

Using a microscope and metabolic testing procedures, researchers can identify over 100 different genetic disorders.

*Amniocentesis involves withdrawing by needle two to three tablespoons of amniotic fluid which surrounds the developing fetus in the mother's uterus.*

Who should have amniocentesis?

Although there are exceptions, the test is usually performed in the following cases:

—Women age 35 or older. (Statistics show the older the mother, the more likely the chance of birth defects or retardation of the child due to Down's syndrome [mongolism]).

—Women who have had a previous child with Down's syndrome or any other chromosome disorder.

—A pregnancy where one parent is clinically normal, but is a translocation carrier (where two chromosomes are stuck together, which can adversely affect the fetus).

—Women who carry an X-linked disease such as Duchenne muscular dystrophy or hemophilia.

—A pregnancy where both parents (normal themselves) carry autosomal recessive disorders such as galactosemia (presence of a sugar in the blood) and Tay-Sachs disease (a rare, but fatal, genetic disorder which occurs primarily in Jewish families). There are about 96 other disorders as well.

—Pregnancies where the parents have had a previous child which has a neural tube defect such as spina bifida (open spine) or

anencephaly (where part of the skull has not formed).

The Oregon legislative bill authorizes the Prenatal Diagnosis Program to determine eligibility of potential patients.

A graduated fee schedule based upon the ability of the patient to pay, to offset the cost of the program, is also authorized by the bill. The fee can be paid by the program if a patient can not afford the cost. (However, medical insurance many times covers part or all of the amniocentesis cost.)

Also required by the legislative bill is development of education programs to inform physicians and the public about the Prenatal Diagnosis Program.

Perhaps the most important feature of the bill, Dr. Prescott said, is that genetic counseling will continue to be given to those families taking part in the program.

"In counseling we tell parents if we have identified the likelihood of their unborn child having birth defects or being retarded. We can tell them how this problem would probably affect the child.

"From that point the decision is the family's whether to allow the child to be born or to be aborted.

"The information we learn from amniocentesis can prepare parents psychologically to meet their newborn's problems, or they may decide to have an abortion," he explained.

As good as amniocentesis is, it has its limitations, Dr. Prescott pointed out.

"We tell parents that even a 'normal' result in the test does not guarantee a healthy baby. Not all birth defects are detectible by amniotic fluid analysis.

"For instance, congenital heart disease, cleft lip palate, and clubfoot can not be diagnosed."

## Medical technology graduates receive their certificates



Forty-seven students received certificates in medical technology August 12 at the Health Sciences Center.

This year's class included the program's first married couple as well as the youngest and oldest students in the program's 40 year history.

Receiving certificates together were Patricia and Michael Ivie, the program's first married graduates. The youngest student ever to receive a medical technology certificate at the HSC was Karen Cook, 21, and the oldest student was James Watt, 53.

Certificates were presented by Dr. Margaret Berroth, director of the program, and Mary

Elizabeth Baptist, medical technology education coordinator.

Medical technology is a 12-month program open to students who have completed a minimum of three years of college work, including specific requirements in chemistry, biological sciences, and mathematics.

The HSC program, which is approved by the American Medical Association Council on Medical Education, is offered by the School of Medicine's department of clinical pathology.

## Laboratory fund begins

A \$1,000 contribution toward funding for a microneurosurgical laboratory at the Health Sciences Center was presented to the School of Medicine division of neurosurgery in August by Upjohn Laboratories.

The July issue of *HSC News* featured an article about microneurosurgical procedures and the division's need for a laboratory in which to teach the delicate and highly specialized techniques of microneurosurgery to residents and neurosurgeons from the community.

According to Dr. Errett Hummel, assistant professor of neurosurgery, \$15,000 is needed to equip a microneurosurgery lab.

"Thanks to the contributions from Upjohn, the fund is now building," said Dr. Hummel.

## Fiscal position filled

Craig Van Blokland has joined the School of Nursing staff in a newly created position as assistant to the dean for fiscal management and administration.

His duties include assisting School of Nursing Dean Dr. Carol Lindeman with fiscal management, control and systems improvement.

Mr. Van Blokland came to the HSC after serving as a management consultant for The Dalles General Hospital.

He previously worked for three years as an administrative assistant in the HSC University Hospital administrator's office.

As a student at Oregon State University he interned for two years in the HSC office of university relations.

## Journal recognizes researchers' findings

*A recent issue of a well-known medical journal congratulated a Health Sciences Center research team for their studies of antithyroid drug therapy.*

Three Health Sciences Center researchers have received special recognition in *The New England Journal of Medicine* as a result of an article they submitted for the *Journal's* July 28, 1977 issue.

The article, entitled "Short-term Antithyroid Drug Therapy for the Thyrotoxicosis of Grave's Disease," was written by Dr. Monte Greer, professor of medicine and head of the division of endocrinology; Dr. Huldrick Kammer, associate professor of medicine; and Dr. Donald Bouma, assistant professor of medicine.

They investigated whether thyrotoxic patients treated with antithyroid therapy only until they achieved a drug-induced remission (three to four months) would remain well.

They found that the same lasting remission rate (about 40 per cent) could be achieved by short-term treatment as by standard treatment for one year or more.

For several decades, almost all "experts"

## Physician works abroad

Teaching Guatemalan physicians and allied health professionals improved medical care techniques is the role of HSC volunteer faculty member Dr. Harry A. Lee for the next year.

In early September, Dr. Lee, a clinical assistant professor of obstetrics and gynecology, his wife, Anna Lou, and daughter, Lisa, left Portland for Quezaltenango, Guatemala.

He will be in the Central American country, on its government's invitation, as a member of one of 12 Project Hope health care teams located around the world. His team is the only one in Guatemala. Project Hope is a private U.S. non-profit health foundation.

have counseled that long-term therapy is necessary to achieve a lasting remission.

Dr. Greer explained that short-term therapy significantly reduces the expense of treatment and simplifies the degree of required patient compliance.

*The New England Journal of Medicine*, which placed the Greer team's article first in their recent issue, included an editorial praising the HSC researchers' efforts. The editorial stated:

"Greer et al., in this issue of the *Journal*, provide convincing data that short-term antithyroid therapy returns many patients to prolonged euthyroidism. . . .

"Such a re-examination of accepted methods is for the good. We should congratulate these authors, who brought us once-a-day antithyroid drug therapy, for their new studies, indicating that short-term, once-a-day therapy may be advantageous."

Dr. Greer is a director of the American Thyroid Association and has served as vice president of The Endocrine Society.

# Acting president makes time for research pursuits

*Dr. Richard Jones, who heads one of the world's leading laboratories in the discovery and identification of abnormal human hemoglobins, is continuing to direct his lab while serving as UOHSC acting president.*



Although he is already inundated with administrative assignments and the daily challenges of running a health sciences center, Dr. Richard Jones still makes time for an activity which is among his greatest fascinations—research.

Dr. Jones, who left his post as chairman of the School of Medicine's biochemistry department in July to become acting president of the HSC, continues to spend several hours a week—plus many Saturday mornings—in his laboratory in the Basic Science Building.

An internationally recognized scientist in the field of abnormal human hemoglobin, Dr. Jones has multiple reasons for remaining actively involved in research while serving as acting president.

First, he plans to continue research as part of his academic duties when the Center names a permanent president. With this goal in mind, he wants to remain available to his research associates for consultation and direction. Also, he feels strongly about honoring his commitments to the National Institutes of Health, which funds his projects.

Dr. Jones, who holds both an M.D. and Ph.D., explained, "I'm still very interested in research. It's really part of the reason I'm in academic medicine. I enjoy it. Teachers and researchers here and elsewhere get a lot of personal gratification out of developing new knowledge and understanding in a specific area."

Dr. Jones and his research associates, Dr. Bernadine Brimhall, Marie Duerst, and Daniel Shih, are working on two related projects involving abnormal human hemoglobins.

Since he began his studies in 1961, his team has collaborated with Dr. Robert D. Koler, professor and head of the division of medical genetics, in discovering 40 of the more than 300 known abnormal hemoglobins.

Only one other laboratory in the world has reported more abnormal hemoglobins than Dr. Jones' lab.

Dr. Jones explained that hemoglobin, a major protein in red blood cells, is responsible for picking up oxygen in the lungs and delivering it to the body's tissues.

Some persons, due to their genetic make-up, have abnormal hemoglobins with impaired ability to bind or release oxygen. Dr. Jones and his associates are studying blood samples from such persons to determine the chemical structure of their abnormal hemoglobins.

In addition, they are determining the structure of certain animal hemoglobins for new insights into the evolution of this oxygen transport protein.

Although some of the researchers' blood samples come from Dr. Koler's patients, many samples are received from other parts of the world. (In fact, one of the group's major findings about genetic control of hemoglobin structure came as a result of studying samples sent from Hungary.)

In a second project, Dr. Jones and Mr. Shih are attempting to discover how the chemical changes in abnormal hemoglobins can alter their ability to bind oxygen.

Dr. Jones described hemoglobin as "a very complicated and carefully poised molecule. Some changes radically alter the molecule's

ability to bind oxygen. Other alterations in the same area are of little or no consequence."

New knowledge about abnormal hemoglobins is of value in the understanding of a number of diseases. One of the best known examples is sickle cell anemia. Dr. Jones has served as a consultant to the National Institutes of Health in helping review comprehensive sickle cell centers in the U.S.

He explained that individuals who have sickle cell anemia carry a pair of abnormal genes that alter the structure of their hemoglobin.

"Normally, hemoglobin remains dissolved in the red cells, which permits flexibility required for them to be squeezed through the capillary blood vessels. In the affected person, the abnormal genes produce sickle-shaped hemoglobin which can solidify after giving up its oxygen to the tissues.

"Sickle cell hemoglobin," Dr. Jones continued, "causes the red cells to become rigid and to plug up the capillaries, forming a dam and preventing blood from flowing through."

One critical result of this malfunction is the severe abdominal and chest pain associated with "sickle cell crisis." Another is a shortening of the life span of the red cell.

*"Sickle cell hemoglobin causes the red cells to become rigid and to plug up the capillaries, forming a dam and preventing blood from flowing through."*

Another disease of abnormal hemoglobin may result in erythrocytosis, which means too many erythrocytes (red cells). There are other causes of this condition, Dr. Jones explained, including emphysema, chronic inhalation of carbon monoxide from heavy smoking, or over-exposure to auto exhaust.

One of the first examples of hereditary erythrocytosis was discovered by Dr. Koler and

the late Dr. Edwin E. Osgood.

Dr. Jones and his associates were able to demonstrate that this particular variety of the disease was caused by changes in a part of the hemoglobin molecule which influence the binding of oxygen.

Since then, the HSC researchers have discovered about a half dozen other abnormal hemoglobins that cause erythrocytosis.

Dr. Jones emphasized that while his research is primarily concerned with learning more about the basic structure and function of human hemoglobin, there are important clinical byproducts of his studies.

"After characterizing a person's abnormality, we can often send information back to his physician which may help explain the cause of overt disease, if present." (He pointed out that only about a third of the known abnormal human hemoglobins result in symptoms. Most, in fact, cause the individual no problems.)

"With the information we provide, the physician is better able to advise his patient about what effect the abnormality can have on him, his future, and his family."

In some instances, Drs. Jones and Koler are able to offer advice to the referring physician about patient management.

For example, some years ago, after Dr. Jones' laboratory characterized an unstable abnormal hemoglobin which produced hemolytic anemia in an eight-year-old boy, Dr. Koler predicted that removal of the child's spleen would ameliorate the problem.

Subsequently, Dr. Koler's advice proved correct in the case of this child and another unrelated boy with the same abnormal hemoglobin.

Dr. Jones said he has found human biology to be a fertile field for research.

"There are so many unanswered questions about human disease for which research may provide new insights. This is part of what an

*Dr. Richard Jones, acting president of the Health Sciences Center, discusses a problem with an associate during one of his frequent visits to his laboratory in the biochemistry department.*

academician, in my opinion, can and should be doing."

"It compliments our teaching responsibilities. It keeps us up to date and informed and causes us to maintain the posture of a student. If we ourselves are actively participating in the learning process, this enthusiasm and excitement will carry over in our dealings with students."

*"There has been a trend at the federal level to shift funds into applied research. Now, there is increased understanding that some of the greatest, long-term advances are a result of basic research."*

The HSC's new acting president is concerned that federal funding allocations for research be balanced between basic research and applied research.

"There has been a trend at the federal level to shift funds into applied research. Now, there is increased understanding that some of the greatest long-term advances are a result of basic research."

He believes his investigations are but one example of how basic research can lead to greater understanding of human disease.

"In my area of study, the knowledge we gain may have specific applications. No one has developed a cure for sickle cell anemia and other hemoglobin malfunctions; but if cures are to come, they will come, in part, as a result of insights that research such as ours has provided about the structure and function of hemoglobin."

## Certificate of recognition cites Dr. Bluemle's achievements

Former HSC president Dr. Lewis W. Bluemle, who is now president of Thomas Jefferson University in Philadelphia, was honored July 29 by the State Board of Higher Education which passed a certificate of recognition outlining his accomplishments. The certificate read as follows:

"The members of the Oregon State Board of Higher Education wish to express their appreciation to Dr. Lewis Bluemle, who resigned recently as president of the University of Ore-

gon Health Sciences Center.

"In the two and one-half years that he had been with the State System, Dr. Bluemle had made outstanding contributions to health education and services that will stand as lasting benefits to the Health Sciences Center, and to the state and its citizens.

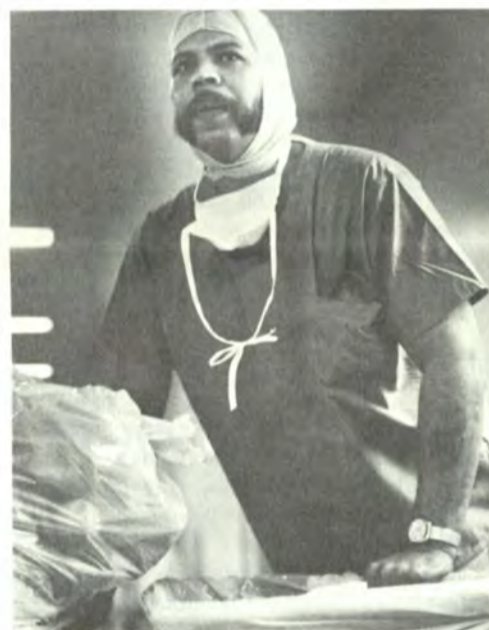
"As the first chief executive of the newly-organized Center, he had responsibility for coordinating the three separate health-related schools into a comprehensive multi-

disciplinary institution under one administration. He met the challenge with eminent success. He also made great strides in other areas, including consolidating University Hospital, strengthening the School of Nursing and improving accountability on all levels. His efforts established a solid foundation to assure the continued growth of the Health Sciences Center as one of the nation's outstanding health-related institutions.

"Dr. Bluemle also distinguished himself as

a person. His sense of fairness, his commitment to his institution, and his dedication to the ideals of his profession have earned the respect of all who know him.

"He served the State System, and the State of Oregon, in an outstanding manner in the time he was here. The members of the Board would like to commend Dr. Bluemle for his many accomplishments, and to extend to him best wishes in his new role as president of Thomas Jefferson University."



Each year, these employees and the other staff members of University Hospital's surgical service provide the teamwork necessary to complete 8,000 surgical procedures. Large bottle above, Yvonne Swift, R.N., assistant head nurse for gynecology, positions an intravenous fluid bottle during surgery. Top left, Sarah Pierson, R.N., calms an infant receiving anesthesia; Margaret French, R.N., anesthesia head nurse, replaces supplies. Center photo, Marjorie Bahr, hospital aide, and Winnifred Tyler, associate director of surgical services, work out a procedural problem. Photos below, Bonnie Bloye, scheduling secretary, checks with admissions office; Ernest Lomax, hospital aide, assists nurses and technicians with clean-up after a surgical procedure.

## Surgery employees work together for successful merger

*A program to unite the surgery staffs of the north and south units of University Hospital is now in its final stages.*

Success hasn't come overnight, but the patience, cooperation, and hard work of University Hospital's surgical service staff is paying off.

For the last year and a half, the surgical services of the north and south hospital units have been in the process of merging.

Now that the merger is nearly complete, Mark Scott, director of surgical services, is commending his staff on a job well done.

"When I came to the Center more than a year ago, the operating rooms in the north and south units were completely separate in all respects—scheduling, purchasing, policies, and procedures," explained Mr. Scott.

"We began from scratch to look at the two departments and put them together as one surgery unit."

His first step was to promote two R.N.s, Lee Lehmer and Winnifred Tyler, to the rank of associate director of surgical services.

Ms. Lehmer now controls purchasing and patient scheduling for both surgery units. By consolidating purchasing, hospital administrators have tightened financial control. By centralizing patient scheduling, they now

know exactly what is going on in each area at all times.

"This is the first time that doctors have been able to call up and schedule surgery through one person, Bonnie Bloye," said Ms. Lehmer.

Ms. Bloye added, "While we're talking to the doctor, we can connect the call with the admissions office and hold a three-way conversation, sharing information and avoiding conflicts."

Physicians may now schedule their procedures as much as 60 days in advance. "We're encouraging them to be more organized and plan ahead," Ms. Lehmer explained.

The second new associate director of surgical services, Winnifred Tyler, is in charge of clinical nursing care and staff performance. She oversees hiring, staff guidance, orientation, instruction, and personnel problems.

Ms. Tyler explained that because most nursing schools have decreased emphasis on operating room nursing training (due to overcrowded curricula), instruction of new nursing personnel takes up a major portion of her staff's time and energies.

(Surgery staff are working with the HSC School of Nursing in an effort to include operating room nursing as an elective course.)

In addition to the centralization of administrative duties, the merger has brought a clear delineation of which surgical specialties will operate in which of the two surgery units.

Specialties now using the north surgery unit are orthopedics, gynecology, and general surgery (the only specialty which is still split).

Specialties using the south unit are general surgery, ophthalmology, otolaryngology, urology, oral surgery, pediatric surgery, neurosurgery, and open-heart/thoracic surgery.

*"I think the entire surgical services staff has performed extremely well under the inevitable stresses of the merger. Their commitment and positive attitude will be important as we set out to achieve next year's goals."*

The south surgery unit has seven operating rooms and four cystoscopy rooms. Although University Hospital North also has seven operating rooms, only four are in use because of the fewer number of beds occupied in that hospital. The surgical suites in the north and south hospitals are equally modern.

Renovation of the north unit is scheduled for next year. It will involve remodeling the nurses' dressing room, creating an anesthesia work room, expanding storage capacity, and remodeling the employee/doctor lounge.

The merger required a number of staffing changes and new appointments in clinical areas:

In order to assist the staff in standardizing all policies, procedures, and nursing techniques (for example, draping the patient, and positioning of instruments, prepping, and positioning), Mr. Scott appointed an inservice director, Becky Kribs, R.N.

In addition, assistant head nurses were appointed for each surgical specialty.

Mr. Scott praised the cooperation of his entire staff of registered nurses, and voiced special appreciation for the work done by support personnel, such as surgery technicians, aides, and secretaries.

"These are the employees who keep things going," he said. "Each is under a lot of pressure, and each plays a vital role. When they do their jobs well, it makes the day successful for the whole staff."

He commented, "I think the entire surgical services staff has performed extremely well under the inevitable stresses of the merger. Their commitment and positive attitude will be important as we set out to achieve next year's goals."

One of surgery's goals is establishing a training program for new employees. Before they begin working in the operating rooms, new R.N.s and surgery technicians would attend intensive training sessions.

Mr. Scott explained that another of surgery's goals is to write five- and ten-year plans for the department.



Photos, clockwise beginning left: Dietetic intern Joyce Opp stops by to make sure that this youngster's meal measures up to expectations. Clinical dietitian Virginia Hollow, left, and intern Dodi Peterson participate in medicine conference. Internship director Ruth Mercer is feted at recent party in her honor.

## Dietetic internship geared to Oregon's growing needs

Nutrition, one of the most neglected sciences concerned with human health, is coming into its own.

As physicians and researchers discover more about the body's complex machinery, there has been a tremendous increase in understanding of the role which nutrition plays in the prevention and treatment of disease.

As an outgrowth of this new knowledge, scientific journals and national medical organizations devoted to the study of nutrition and health are being established throughout the U.S.

At the Health Sciences Center, the Dietetic Internship Program is training a new generation of nutritional specialists who will translate Oregonians' dietary needs into actual food and formula preparations.

Working in hospitals, clinics, research programs, industries, and schools, these professionals will make a vital contribution to community health.

At health-related educational institutions, such as the UOHSC, their roles are of special importance as they interact with medical, nursing, and dental students, enhancing the students' understanding of nutrition and health.

This year, the Center's Dietetic Internship Program will seek the State Board of Higher Education's approval as an allied health program. A budgetary allocation to cover staffing costs will then be sought from the state legislature.

The Dietetic Internship Program began nearly 50 years ago and has been sponsored at various times by the Oregon State Dietetic Association, Multnomah County Hospital and, most recently, by University Hospital. The HSC internship is the only program of its kind in the Northwest.

*At the Health Sciences Center, the Dietetic Internship Program is training a new generation of nutritional specialists who will translate Oregonians' dietary needs into actual food and formula preparations.*

As of July 1 of this year, the program, which is accredited by the American Dietetic Association, gained new sponsorship under the academic aegis of the School of Medicine.

Ruth Mercer, who has directed the internship since 1953, recently stepped down as chief dietitian at University Hospital North to devote her full energies to the dietetic internship.

She now reports to Dr. William Connor, an M.D. nutritionist and professor of medicine,

who will oversee the program for the School of Medicine.

According to Miss Mercer, applicants to the 12-month internship program come from throughout the U.S. Applicants must have a bachelor's degree and must have completed courses in such divergent areas as organic chemistry, physiology, bacteriology, economics, and personnel management. From among approximately 100 applicants each year, 11 interns are selected. Many come from Oregon State University, which offers a comprehensive Human Nutrition program. Interns receive no stipend and pay no tuition.

At the Health Sciences Center, the interns gain experience in the two hospital cafeterias, the Outpatient Clinic, University Hospital's patient wards, the Clinical Research Center, and the Veterans Hospital.

They learn how to administer a food service, how to order food and supervise personnel. They learn about sanitation and safety requirements and gain familiarity with cost accounting records and fiscal control. They also study food production, clinical dietetics, and office procedure.

But one of the most important aspects of their training involves their contributions to the Center's patients, students, and staff.

"The interns work eight hours a day, 40 hours a week," explained Miss Mercer. "They do everything the staff dietitian does—first with her, and then alone.

"There is enough of a workload for eight full-time clinical dietitians. But, in fact, there are only six. The dietetic interns make up the difference."

In University Hospital, the interns interview patients about their lifestyles and eating habits, then translate this information into an individualized and appetizing meal plan.

They teach patients about the diet modifications required by their disease condition and make sure these are acceptable to the patient.

They assume the role of a consultant to the physician, advising him of how the information they've acquired in their diet history may affect the patient's disease and prognosis.

The dietetic interns go on rounds with and attend conferences with staff physicians, medical and nursing students, and medical and dental residents. Their contributions play a role in decisions about the patient's course of treatment.

In the Outpatient Clinic, they provide patients with dietary instruction on a one-to-one basis. They also teach classes to mothers-to-be and diabetics. In addition, they teach classes in nutrition to medical students.

Dr. Connor, who now oversees the dietetic

internship, sees this contact between dietitian and medical student as significant. He believes that in the past, "Nutrition has been the stepchild of medicine."

"Nutrition was taught in medical schools in a fragmented fashion," observed Dr. Connor. "Graduated physicians have repeatedly acknowledged their imperfect understanding and application of this subject in the care of their patients."

*"... The public spends hundreds of millions of dollars on vitamin and mineral supplements which they don't need."*

Dr. Connor's emphasis on the important role which dietitians play goes further. He pointed out, "Studies of the nutrition of the American people have shown prominent faults. Much of the public fails to respond to information about the relationship of diet to disease.

"And there is the problem of nutritional misinformation and food faddism. For example, the public spends hundreds of millions of dollars on vitamin and mineral supplements which they don't need.

"Increasing the number of trained nutritionists is important in combatting public ignorance and in bringing up the nutritional I.Q. of the public," said Dr. Connor. "The dietetic internship is a prime component of the overall effort that must be made."

Last year, Dr. Connor served on an ad hoc advisory committee appointed by former HSC president Dr. Lewis Bluemle. The committee was charged with studying the dietetic internship and advising the president on its future.

Also serving on the committee were Dr. Robert Neerhout, chairman of the department of pediatrics; Dr. Matthew Riddle, head of the division of metabolism; and Doris Julian, associate professor of CCD and maternal child health.

The committee strongly recommended continuation of the program and stressed its impact on the state and its contributions in many areas of the Health Sciences Center.

Dr. Neerhout explained, for example, that on pediatric wards—and elsewhere—dietetic interns "provide a large percentage of patient care in exchange for the education they receive."

He pointed out that on children's wards, the dietetic interns' skills are challenged daily.

Not only must the interns plan special meals for children with diabetes, cystic fibrosis, and other diseases, but they must also deal with youngsters' likes and dislikes.

For example, some sick children refuse to eat what traditionally is considered nutritious, and the dietetic intern must devise a healthy meal centered around what may be more acceptable—hot dogs and hamburgers, or peanut butter or baloney sandwiches.

Dr. Neerhout emphasized the "increasing recognition of the importance of nutrition in medicine in all its aspects," and he added, "The dietitian is central to this need."

Oregon's need for dietitians is increasing rapidly. A Washington State University manpower study last year showed 53 unfilled, full-time positions for dietitians in the Northwest, plus 22 part-time openings and 60 openings for consultants.

Nationally, hospitals report difficulty recruiting clinical dietitians. Government agencies have a 20 per cent vacancy in budgeted positions. Greater demand for dietitians in industry is expected.

Although Oregon continues to face a deficit of nutritionists, the HSC dietetic internship's national reputation is drawing top talent from throughout the country to Oregon. A high proportion of interns remain in the state after their training.

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In addition, according to Carol Knutson, past president of the Oregon Dietetic Association, "The UOHSC dietetic internship program has a strong, positive influence on all dietitians throughout the state of Oregon.

"It is a resource where dietitians can make inquiries about the current state of the art of research and clinical dietetics. The dietetic internship program is also a center for the provision of continuing education for Oregon dietitians."

Dr. Donald Kassebaum, vice president for hospital affairs, is hopeful that the dietetic internship "may be afforded the status it richly deserves, that of a fully-supported allied health training program. That way, the dietetic internship will be integrated with the broader curriculum in nutrition of our several academic schools."

Dr. Kassebaum also points out that the area health plan being developed by the Health Systems Agency calls for greater attention to nutrition training in both undergraduate and graduate health professions education.

# Dentists explain benefits, drawbacks of group practice

What is a dental group practice?  
It is a practice in which two or more dentists work cooperatively to provide dental care.

Such a practice might involve sharing equipment, bookkeeping, clinical space, and dental auxiliaries.



Photo by Tim Marsh

A co-founder of the Northwest Academy of Dental Group Practice, Dr. Duane Jue, of Astoria, likens such practices to a "one-stop shopping center" since a patient can have many dental needs taken care of in one location.

"When there are other dentists in your group, you can consult with them on cases and need not send your patient elsewhere for specialized care since it can probably be done within the group," said Dr. Jue, a 1957 HSC School of Dentistry graduate.

According to Dr. Jue, dental group practices are becoming more and more common in Oregon, the Northwest, and nationally.

One reason is economics.

"It's been found group practice dentists have a higher income than those in private practice, primarily because of the efficiency of the operation," he explained.

Some dentists dislike the business aspect of a private practice and opt for a group situation in which they can devote more time to their patients, commented Dr. Lewis Blue of the Oakway Dental Group, Eugene.

But he added, "It's something to look at very carefully. I don't think it is for everyone. In a group you lose control of your environment and don't make all the decisions. You're one of a decision-making group."

"Costs can be hard to control in a group practice if they are not well managed."

On the plus side, he said, a group practice allows use of some specialized equipment which a dentist in private practice might not be able to afford.

The Oakway group employs a preventive assistant whose duties include counseling in nutrition and disease control, and teaching proper oral hygiene to patients.

Also, the group uses a \$10,000 X-ray machine, which produces panoramic full-

Dr. Chris Spielberg, 1970 HSC School of Dentistry graduate and Saturday in Eugene's Oakway Dental Group, works Saturday morning on a ten-year-old. He is aided by dental assistant Winnie Mart.

mouth X-rays, and an automatic film processor.

Started in 1971, the Oakway group has expanded from four to eight dentists, four of them associates. Four dentists are graduates of the HSC School of Dentistry and two auxiliaries are graduates of the HSC dental hygiene program.

Dr. Jue and Dr. Stewart Johnson, of Ashland, both of whom are in group practices, founded in 1972 the Northwest Academy of Dental Group Practice, which includes group practices in Oregon, Washington, Idaho, Montana, and British Columbia.

Affiliated with the American Academy of Dental Group Practice, the Northwest Academy has grown from a handful of practices to about 40. Practices range from about two to 27 dentists each.

The academy holds a meeting and a workshop yearly at which mutual problems are discussed.

These problems include such things as the use of computers in group practice, division of income, sharing of facilities, and purchasing of equipment.

Perhaps different from private practices are the work schedules of the dentists in a group practice.

A two-week Oakway group schedule shows dentists in the office six days a week from as early as 7:30 a.m. to as late as 8 p.m.

Such schedules are the result of "trial and error to make them acceptable to all," explained Dr. Blue. "Group dentists like their schedules and seem to have more free time than those in private practice."

Free time and other advantages of group practice have attracted former private practitioners as well as new dentists.

"It's an easy way for a young dentist to begin," Dr. Jue said. "He or she gets into an established practice without all the headaches of finding office space, patients, personnel, and purchasing equipment. It's a much better way to live."

## New security director named

James G. Taylor, former district sergeant in the Oregon Liquor Control Commission (OLCC), has been named director of security at the Health Sciences Center. He assumed his new post August 1.

Mr. Taylor has been employed by the OLCC for nearly nine years. In his former position, he had responsibilities in the enforcement division for all of the Portland metropolitan area east of the Willamette River.

Mr. Taylor's professional police background includes serving as chief of police of Madras, Mount Angel, and Mill City. For four years he was a deputy sheriff of Marion County.

He is a graduate of the National, Oregon and Portland police academies and has at-

tended Portland State University; University of Florida, Tampa; Clackamas Community College, Oregon City; and Portland Community College, from which he holds an associate of arts degree.

Taylor, who has received many police awards, certificates and citations including the Citation for Bravery, the Honor Legion, and the Certificate of Commendation of the National Police Hall of Fame, is currently secretary-treasurer of the Oregon Narcotics Enforcement Association.

**JAMES G. TAYLOR**  
HSC director of security



## Doctors serve as camp medicine men at OMSI outpost

Setting the tibia of a 20-million-year-old mammal may sound like a peculiar way for an orthopedic surgeon to spend his summer vacation.

But at Camp Hancock, in the fossil-rich John Day River valley, camp doctors have an opportunity to blend their personal and professional talents and predilections in unique ways.

Ever since the camp was organized 23 years ago under the sponsorship of the Oregon Museum of Science and Industry, physicians from the Health Sciences Center and elsewhere in Oregon have volunteered their time as "camp medicine men."

Camp Hancock is organized around studies of the earth sciences, biology, astronomy, ecology, and archeology and is open to all interested youngsters ages 10 to 18.

According to Dr. Charles Bird, assistant professor of orthopedics and rehabilitation, "Camp Hancock is more than just a summer camp. It's a learning camp. Kids go there and work like the devil."

Dr. Bird has served as physician for several

camp sessions during the last three years. His daughter has attended Camp Hancock along with him.

Dr. Bird commented, "I've learned a heck of a lot. I always hated botany, but now I can identify plants. And it's been a great way for me to spend more time with my seventh-grade daughter."

During the camp's more than two decades, hundreds of teenagers have roamed the surrounding hills under the careful supervision of professional scientists, digging and identifying fossil flora and fauna, studying the structural geology of the area, and carrying on field investigations along the lines of their special interests.

Other students conduct studies of present-day plants and animals. Budding botanists collect wild flowers along the meadows and roadsides, and junior astronomers study the stars and planets, which, not having to compete with city lights, make bright targets for the camp's big telescopes.

According to Dr. William Sweetman, private practitioner and UOHSC instructor in

cardiopulmonary surgery, who has spent a number of summers at the camp, physicians who serve as camp doctors during the six-to-ten-day sessions find the experience "a pleasurable way to combine a good deed with a relaxing break from routine."

"It also provides an exceptional opportunity to study a group of teenage specimens in their vacation habitats and incidentally get some insight into what makes one's own teenagers go."

He added, "A camp doctor's duties are seldom onerous, amounting to band-aid distribution, diagnosis of sore throats, colds and allergies, and jousting with various mild viruses. Only very occasionally does a bone break or an appendix act ominous, and for such events, the camp has emergency air rescue service available if needed."

"There is plenty of time for joining the daily hikes, fossil digs and swims. And the companionship of other professionals in various scientific fields adds savor to the experience."

Dr. Edward Tank, associate professor of urology has served as a camp doctor at several

sessions during the past three years. He is interested in finding other UOHSC physicians who would like to volunteer part of their summer vacation at the camp.

He explained that physicians are permitted to bring along one of their children at half-price. (Attendance by more than one youngster is discouraged—so that doctor and child are able to be more completely integrated into camp activities.) The physician's wife may also attend. Room and board are provided.

Dr. Tank stressed the fact that there are generally few accidents at the camp and that doctors are usually free to join in camp activities. Any physician interested in volunteering for a camp session next summer should contact Dr. Tank as soon as is convenient.

HSC physicians who have served as camp doctors in recent years include Drs. Tank and Bird; Dr. Colin Kaeder, resident in anesthesiology; Dr. Steven Jones, associate professor of medicine; Dr. Richard Bryant, professor of medicine and head of the division of infectious diseases; and Dr. Paul Rasmussen, professor of pediatrics and CCD.

# Plan calls for greater emphasis on cultural differences

*A plan for introducing cultural diversity throughout the School of Nursing curriculum will be introduced this fall to members of the School's faculty.*

Traditionally, health personnel have been taught to diagnose cyanosis (deficit of oxygen) by assessing a patient's skin color. Cyanotic patients turn bluish.

This diagnostic technique works well unless the patient is Negro. In Black patients, a pale oral cavity is a clue to cyanosis.

Only recently have health educators begun to place increased emphasis on this and many other cultural and racial differences that affect health care.

This fall, faculty at the School of Nursing will consider a plan for introducing cultural diversity throughout the School's curriculum. This model was developed by Naomi Ballard, assistant professor of medical-surgical nursing, with input from the School's Minority Affairs Committee.

"We've been working on the project for about a year," explained Mrs. Ballard. "This fall, we plan a workshop to introduce it to the faculty. They will have a chance to review and

modify the model. Faculty will identify objectives for introducing cultural differences into their courses."

Mrs. Ballard pointed out that the School of Nursing's commitment to curriculum changes to reflect cultural differences has developed over a number of years.

In that time, she and Donna Schantz, assistant dean, participated in two projects sponsored by the Western Council on Higher Education in Nursing (WCHEN).

An outgrowth of WCHEN projects, which dealt with minority student recruitment and retention and curriculum development, was a learning module called "Ethnic Awareness," developed by Mrs. Ballard, Mrs. Schantz, and Nancy Caldwell, former clinical instructor in nursing and assistant director of minority recruitment.

This module is now used in 26 schools of nursing and is part of the sophomore curriculum for nursing students at the HSC.

Another outgrowth of the WCHEN projects was a series of workshops from 1972 to 1974 for HSC nursing faculty. Developed by Mrs. Ballard and Mrs. Schantz, the workshops were concerned with minority students and patients.

"The goal of our workshops was to increase the faculty's sensitivity to minorities, and I think we've made progress toward that goal," said Mrs. Ballard.

However, she believes that a much larger,

long-term effort—beginning with a broadened curriculum—must be made if student nurses are to achieve an understanding of the many ways in which different racial characteristics and cultural styles can affect health care.

For example, explained Mrs. Ballard, the curriculum might help put students in tune with cultural differences such as the following:

—Some groups have definitions of illness and health that differ from those of white middle-class Americans. Individuals in these groups may not define themselves as ill until they are too sick to receive optimum benefit from health care.

—Some groups have different communication patterns. For example, among some Blacks, if a doctor is described as "bad," the speaker actually means that he thinks the doctor is "good."

—When they tell patients to take one pill after each meal, nurses must be aware that some groups do not eat three meals a day.

—Some ethnic groups use folk medicines such as poultices and herbal teas. Students may study these to learn which are beneficial and how they affect the patient.

Mrs. Ballard commented that including this and other kinds of information on cultural differences in the curriculum will have two major benefits.

"First," she explained, "it will promote safe, effective care for all ethnic groups, and, sec-

ond, it will enable students to grow as individuals through increased self-understanding and understanding of others."

## New fire engine added

Portland Fire Department Engine Company Number 2, located on the south side of the HSC campus, has a new fire engine.

As a test, the engine is painted yellow to determine if the new color is more visible than the traditional red.

The new engine requires fewer fire fighters, and according to Captain Joseph Fahey, has a semi-automatic pump, which does not need to be monitored as did the Company's former engine.

Captain Fahey said the new engine, which is called a "mini-pumper," is the first in the Portland Fire Department. "The fact that the mini-pumper is smaller than our old engine gives us easier access to campus areas," he observed.

Captain Fahey explained how his Company serves the HSC campus: "When an alarm is turned in, our job is to locate the fire and determine the course of action which should be taken. A lot of fire equipment from eight companies comes to the Center automatically on an alarm. We determine if it is needed and, if so, where it is needed."

## News-makers

Dr. Robert S. Stone, vice president of the Health Sciences Center and dean of the School of Medicine, has been elected as the first delegate to the American Medical Association House of Delegates representing the new AMA Section of Medical Schools.

The new section, which had its inaugural meeting in San Francisco earlier this summer, represents 87 medical schools and provides medical educators a formal voice in the AMA.

A product invented by Dr. Roy L. Swank, professor emeritus of neurology, was the subject of a feature in *The Oregonian* July 26. A number of years ago, Dr. Swank developed a filter to remove clumps from blood being transfused. His company, Pioneer Filters, of Beaverton, now makes several types of filters for medical use.

Jay Wylam, junior dental student, was among the lucky fans at the Portland Trail Blazers' season-ticket lottery last month. The final 1,500 season tickets to be sold for the 1977-78 season were distributed by the drawing.

Mr. Wylam, who had sent in 21 applications listing the names of various relatives, had four of his applications drawn.

Doug Lindley, 1977 School of Dentistry graduate, and his wife Stephanie, a dental hygienist, will spend the next two years in British Columbia providing dental care to persons in outlying areas of the province. Then they hope to travel to Africa—perhaps to the Cameroons and Tunisia—to offer oral care to persons who might otherwise never see a dentist.

Dr. Rolland A. Martin, School of Medicine Class of 1950, has been named medical director of Teledyne Wah Chang Albany Corporation. A former Albany private practitioner and medical director of Oregon Workmen's Compensation Board, Dr. Martin is chairman of the medical committee of the International Association of Industrial Accident Boards and Commissions. He is also author of a book, "Occupational Disability, Causes, Prediction, Prevention."

Dr. Thomas A. McKean, former postdoctoral fellow at the HSC and currently associate professor of zoology in the WAMI medical education program at the University of Idaho, will serve as acting director of WAMI while the current director is on sabbatical leave. WAMI is a regional medical education program serving Washington, Alaska, Montana, and Idaho.

## Retirements



**GWYNN C. BRICE**  
former assistant administrator, outpatient clinics

### Gwynn C. Brice

Gwynn C. Brice, assistant administrator of University Hospital outpatient clinics, retired in August after 35 years of service to the Health Sciences Center.

Miss Brice, formerly administrative director of central services for University Hospital and Clinics, was appointed assistant administrator of clinics in 1973.

She began her career at the Health Sciences Center in 1942 as secretary to the assistant business manager, and during the ensuing

years, she rose through administrative ranks in the institution. Miss Brice was an associate professor of health administration and service.

She attended New York University and the University of London School of Economics.

Dr. Charles Holman, former dean of the School of Medicine, worked with Miss Brice for many years on the Hill. He commented, "Any organization fortunate enough to have a Gwynn Brice on its staff is among the favored few."

"For 35 years, she has cheerfully undertaken a myriad of assignments in the administration of the medical school and of its hospitals and clinics."

Dr. Holman continued, "Whenever a special task came along which did not fit the usual administrative pattern, Gwynn drew the assignment. Her characteristic ingenuity and tireless pursuit of the project established her reputation as an expert trouble-shooter."

"Of all her personal characteristics, the one which most endeared her to the school's administrators and her co-workers was her outstanding loyalty to the objectives of the medical school and her completely selfless efforts toward their attainment."

"Her universal friendliness toward, and support of, her associates was appreciated by all. I, among many others, have countless reasons to be grateful to her."

### Ed Walls

After 21 years with the Health Sciences Center, plant operations foreman Ed Walls retired in May.

Mr. Walls, who supervised 10 employees, was in charge of heating plants in University Hospital South and Katherine Hall as well as the new plant on the south campus.

Of his co-workers, Mr. Walls commented,

"We all got along fine. I enjoyed every minute of it."

He added, "There's no finer man than Leonard Grubowski (superintendent of operations), my immediate supervisor."

Now that he has retired, Mr. Walls intends to keep busy. He explained, "There are so many things I want to do—hobbies, traveling, metal sculpture, refinishing antiques—that I won't be able to find enough time to do it all."

Mr. Walls began doing metal sculptures of small flowers and trees in brass and copper two years ago and now sells some of his work.

He returned in July from a 2,000-mile, month-long trip through the Northwest in an old school bus which he had renovated. His trip included a big family reunion in Hope, Idaho.

### Ruth Kuns

Ruth Kuns, R.N. in the Outpatient Clinic since 1956, retired in June.

Mrs. Kuns was head nurse in the obstetrics clinic for 10 years and worked part-time in recent years.

"I'm going to miss working with the nurses and clerks in the Clinic. They were really a friendly group," said Mrs. Kuns.

She and her husband, who recently retired as a civilian draftsman with the Army Corps of Engineers, live on four acres "so there's plenty for us to do," Mrs. Kuns explained. She added that much of their time is taken up with yard work, caring for their ponies, and working in the garden.

They also plan to travel and may take a trip to Europe in the next couple of years.

Mrs. Kuns, who worked at the OPC one day a week during the month of July, has offered to continue working in the Clinic now and then when the nursing staff is shorthanded.

## HEALTH SCIENCES CENTER NEWS

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