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UNIVERSITY OF OREGON MEDICAL SCHOOL

SUMMER 1966





D O E R



N B E C H E R

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Being hospitalized has always been a lonely business... something like taking a solitary train or bus trip. You are in an alien environment surrounded by strangers and often apprehensive about the journey and what lies at its end. This state, coupled with illness or pain, or both, compounds your anxiety.

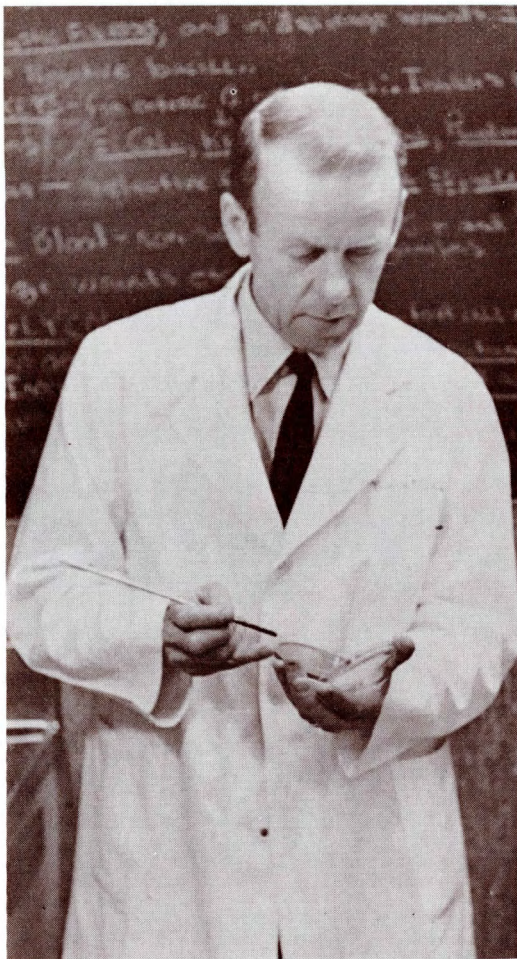
Now try to imagine you are two or three years old and in a pediatric ward for the first time. You hurt, and your mother said she would be back in just a little while, but how long is that? You are in a bed which, to a small child, seems about six feet from the floor. A strange lady with a white thing on her head has taken your clothes away and put you in a strange gown. Then a strange man comes in and talks to you. He smiles, but he has a black wiggly thing and he puts it in his ears. Then he puts the end of it right on your chest. It's cold...and you hurt...and where is mother?

A frightening experience? Yes. No matter how carefully a child is prepared, how gently he is handled, his first stay in a hospital can be profoundly disturbing.

Realizing this, doctors and nurses take infinite pains to shield youngsters from emotional as well as physical distress. It is not always possible, but we have come a long way since the old Doernbecher Memorial Hospital for Children, now the Clinical Laboratories Building, admitted the first patient August 2, 1926.

The building was financed by a gift from Frank L. Doernbecher, who died in 1921. He set aside \$200,000 in his will to be used for the benefit of the people of Oregon. His son Edward and daughter Mrs. E. W. Morse decided to build a children's hospital and give it to the University of Oregon Medical School where children would be assured the best kind of care.





*Dr. Richard Olmsted*

But they ran out of money before the 65-bed building was completed. It was then that the Doernbecher Hospital Guild came into being. A group of influential Oregonians rescued the floundering project with a fund-raising campaign that is still remembered with awe. Bank presidents, merchandising and lumber magnates, attorneys, corporation executives, everybody who could contribute to the Doernbecher fund. The five-story building was completed and furnished.

To this day the Guild underwrites a major share of the Hospital's non-budgeted expenses. Actual operating costs are provided by the state legislature, and parents of patients supplement Doernbecher's income by paying what they are able to.

On a snowy January morning thirty years and 71,223 patients later the now outmoded Hospital, which had fulfilled a crucial need, was emptied as small patients were wheeled across a new overpass to the 13th and 14th floors of the new Medical School Hospital.

During the past 40 years methods of caring for acutely ill children have changed radically. No more, if it ever was, is the practice of pediatrics considered a kind of "midget medicine"...limited to treating runny noses and diaper rashes.



*Head Nurse Sarah Rich gives home-care instructions to a mother with her anxious-to-go-home son.*

Instead it is recognized as one of the broadest, most important specialties in medicine. And pediatric training has become equally valuable to all medical students whether or not they choose it as their specialty. For physicians and teachers now realize that understanding of the child's development is essential to understanding of the adult.

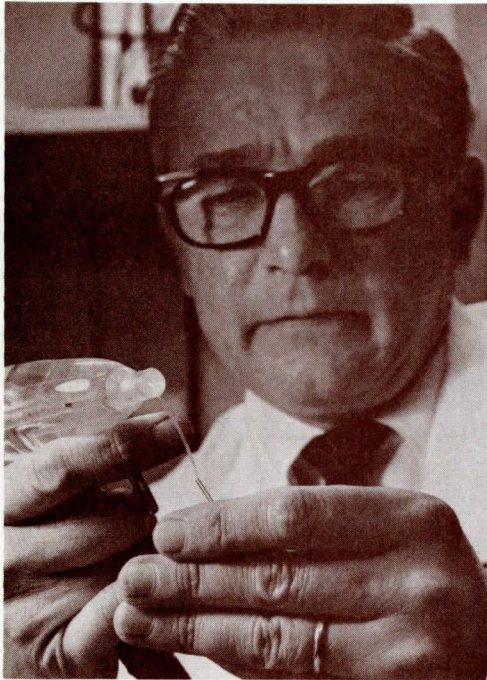
"There's a sense of urgency about pediatrics practice," Dr. Richard Olmsted said quietly, his eyes earnest, intent. The chairman of the pediatrics department is deeply aware, as are all pediatricians, that their patients are in the most rapid phase of their entire growth and development.

A baby's brain almost doubles in size its first year, he pointed out, a two-year-old child's brain has reached nearly adult size. During these crucial first years an illness such as meningitis may impair brain development. An older child is less likely to be affected, his brain already has been formed.

A period of starvation is relatively harmless to an adult. When he resumes a normal diet his weight and strength return. But for an infant, inadequate diet can retard his growth permanently.

Some babies are born unable to utilize certain chemicals which are necessary for





*Dr. Robert Campbell measures acid content of blood from little cystic fibrosis patient.*

normal development of the brain and body. Diagnosing these metabolic disorders requires intensive biochemical and laboratory investigation. But unless the studies are done very early in life, even in the first few days, the child's physical and mental growth may be impaired permanently.

Emotionally deprived children, the unloved, the ignored, make up another growing area of concern for pediatricians. And there is strong evidence to indicate that lack of emotional and mental stimulation, vital as food to a baby, begins to stunt normal development in the first months of life.

"What are we doing to keep pace with the problems?" Dr. Olmsted smiled as he considered the question, then began counting off some of the changes that have been initiated in the past few years.

"We have more than doubled our full-time staff with some of the best physicians in the country," he said. The smile became an unabashed grin, "We fought for them, snatched them away right under the noses of the Philadelphia and Boston Children's Hospitals, Johns Hopkins, Columbia, even England and Scotland. The competition for top people is fierce you know, but we have some pretty good bait out here. Where else can you find a progressive pediatric

department that has a close working relationship with a state-wide crippled children's division, a regional primate center, a county hospital and the multiple divisions and departments of this Medical School?"

Obviously the "bait" has been effective. Assistant Professor of Pediatrics Richard Behrman, one of the outstanding new men, is now working under a joint Medical School-Primate Center appointment doing research in primate fetal physiology. His studies, supported by National Institutes of Health funds, form one more frontal attack on birth defects which affect six to seven percent of all live births.

In another joint venture Dr. Olmsted and Dr. Richard Sleeter, Crippled Children's Division director, parlayed their mutual need to obtain a Federal Children's Bureau grant for a genetics program headed by Dr. Frederick Hecht. It was a natural alliance. The CCD staff works with parents of thousands of Oregon children who have birth defects, and Doernbecher physicians treat many of these youngsters.

Both groups of scientists have a tremendous interest in genetics, the study of heredity. In 1965 the first genetics clinic at the Medical School was established to provide special care for children with inherited defects and a counselling service for their parents. A laboratory also was equipped where chromosomes could be typed. Identifying abnormalities of these gene-carriers, which determine hereditary characteristics, often provide clues to diagnosis of mongolism and many other congenital flaws.

Dr. Robert Koler, head of the experimental medicine division, and his research team are equally concerned with this "red hot field" as Dr. Olmsted calls it. So an interdepartmental program was set up to unify the investigation with Dr. Hecht appointed assistant professor of pediatrics and experimental medicine. Now he and Dr. Koler have a federal grant to train physicians in genetic research.

"As for progress in the field of metabolic disorders," Dr. Olmsted's grin was that of a poker buff who had just filled an inside straight, "in July we will have a new assistant professor to head this part of our work. He is Dr. Neil Buist, an exceptionally competent pediatrician and biochemist who is a graduate of St. Andrew's University in Dundee, Scotland."

Many chronic diseases are under attack at Doernbecher Hospital. Assistant Professor Dr. Robert Campbell, along with full-time Fellow Dr. Julia Grach and other staff pediatricians are probing for causes and better means of combating cystic fibrosis, the most common serious inborn error of metabolism. Funds for the study,











now in its third year, come from the National Cystic Fibrosis Foundation.

Working closely with specialists in the departments of internal medicine Doernbecher pediatricians also have established an evaluation center for children with rheumatoid arthritis.

While new areas of medical service and research are adding milestones to a long list of advances at the 101-bed hospital, Dr. Olmsted admits frankly that much more emphasis is needed on the study of emotional and cultural factors affecting children's psychological health.

"We need additional facilities, more staff members trained to evaluate and treat emotionally disturbed and deprived children," he said. "The field of pediatric mental health is so broad, so complex, that it demands cooperative effort from every related specialty."

But while a child is hospitalized at Doernbecher his emotional hungers are fed by specialists whose understanding predates by centuries the skills of the psychiatrist. These are the nurses, temporary mothers who administer love and compassion as regularly as they do medication.

Pediatric nurses are hand-picked. From the isolated premature nurseries to the sociable school-age wards (a unit of Portland Public School District I) small patients are watched over by women who bring a unique blend of nursing skills, patience and love of children to their work.

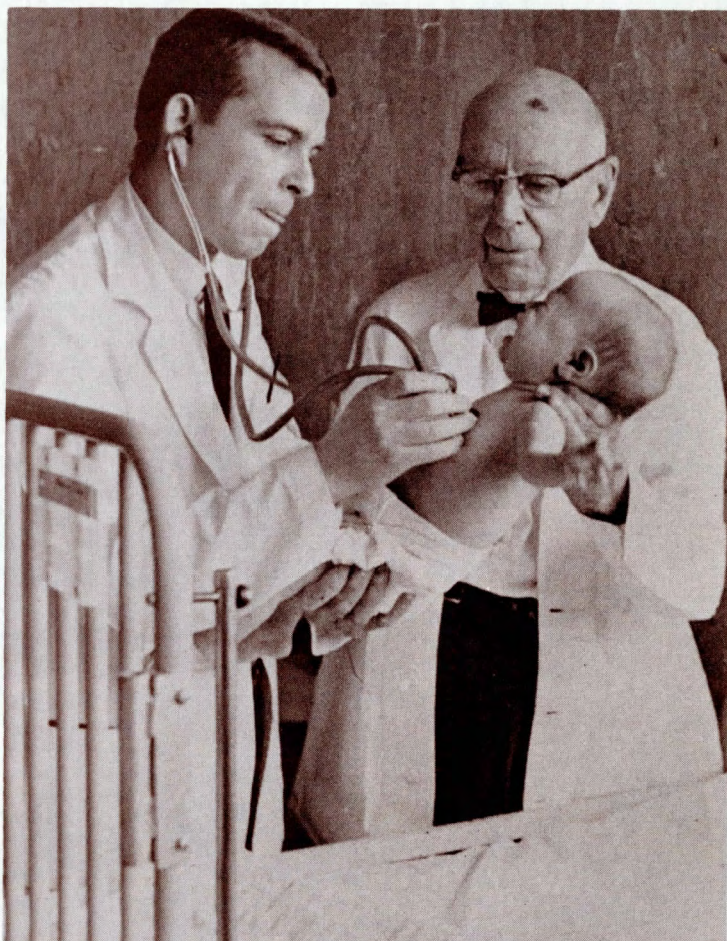
Betty Weible, Doernbecher's supervisor, is such a nurse. So is Shirley Thompson, director of nursing services for the entire Medical School Hospital, who headed the Doernbecher nursing staff from 1944 until the new Hospital opened in 1956.

This talented twosome has no qualms about using every weapon in a formidable arsenal to instigate policy changes they feel are advisable. They can wheedle, plead, coerce, nag, press an advantage or ignore an alternative until, as one administrator said, "You might just as well give in. There's no getting around a woman whose mind is made up. Besides, they're generally right."

A classic example is the matter of visiting hours. When Miss Thompson first arrived Doernbecher had two one-half hour visiting periods weekly. When a child was admitted he was carried away, generally screaming and sobbing, while the parents stood helplessly in the lobby listening to anguished cries for "mamma."

When visiting day finally came it brought scant comfort. Parents were swathed in gowns which covered them neck to fingertips and allowed to peer through a glass partition at their child.

"Visiting time was a nightmare," Miss



*Junior medical student Frank Thomas and clinical professor Dr. Joseph Bilderback, dean of Portland pediatricians*





*Doernbecher nursing supervisor Betty Weible (left) and Shirley Thompson, director of nursing services for the Hospital*

Thompson recalled. "Tears flowed like fountains on both sides of the partition... it took hours for us to settle the youngsters again. And this was in the days when we had many more emergency patients. We often saw 20 to 25 in one night in the admitting department which took over for the Outpatient Clinic after hours. There were very few pediatric wards in other Portland hospitals. We had pneumonias, burns, poison cases, accidents, mastoids, communicable diseases - every summer we converted the fourth floor to a polio ward... pressure for beds was terrible."

But as time went by visiting restrictions were eased. First parents were allowed to uncover their hands, then - oh day of days - they were permitted to stand by the beds. Finally they could touch their children.

Now parents go with their youngsters to their rooms and stay until they are settled in bed. Visiting hours are from 2:00 p.m. until 8:00 p.m. every day in the week. Cuddling is encouraged.

What brought about this gradual revolution in visiting policy? Miss Thompson's smile was angelic, "Changes in thinking on the merits of isolation," she said. "We have come to realize that emotional distress can be worse for a child than physical distress."

Today Doernbecher Hospital admits a higher ratio of gravely ill children, since they are referred from all parts of the state for treatment, study and research. The number of youngsters admitted for heart surgery or related problems has jumped astronomically. Not so long ago nothing could be done for many of these children. Now their faulty hearts are repaired surgically and they go back to school, to run and play and live normal active lives.

Another project which began as a nurse's notion is the premature nursery, now the largest unit of its kind in Oregon. In 1950 it was launched in a converted tonsil and adenoid ward and equipped by the Doernbecher Guild in honor of the late Dr. L. Howard Smith, father of Dr. Lendon Smith, assistant clinical professor of pediatrics. Miss Thompson pushed for the conversion, Miss Weible was the first head nurse.

In the past 40 years, 83,715 children have been treated at the hilltop Hospital. A few were born without a chance to live, some arrived too late for medical help. Others were burdened with diseases for which scientists are still seeking cures.

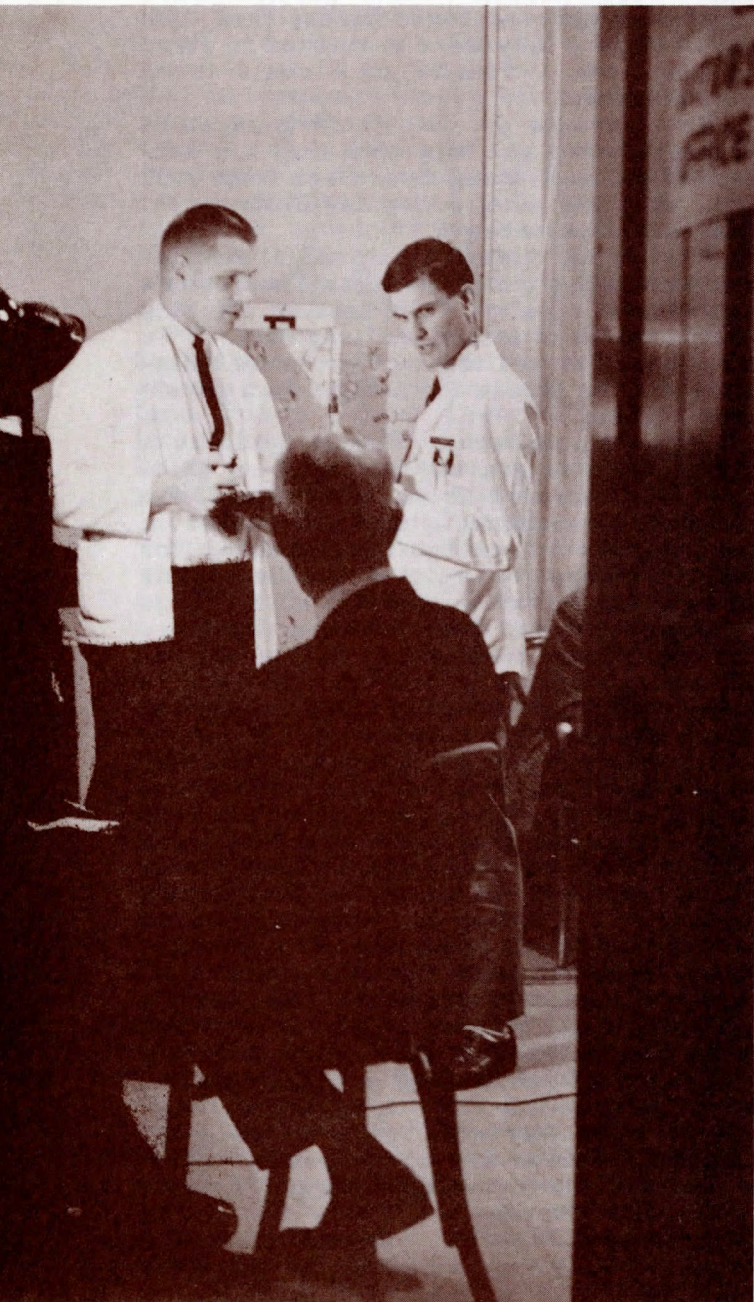
But for the tremendous majority, thousands and thousands of boys and girls, Doernbecher Hospital continues to fulfill its purpose...giving children the priceless gift of health.

by Thelma Wilson



# Night Clinic on Skid Row

*Junior students Steve Wilhite and Dan Roberts with Dr. Warren Hale*



The scene is a small upstairs room at the Friendly Home on Northwest Third in Portland's skid row area. Several white coated young men stand around the cluttered room. They speak earnestly. At a desk in a corner a physician looks up from his writing and nods approval to their remarks.

"Many of these men would go without any treatment at all if we weren't here and easy to get to....It's a great learning experience; as a freshman it's my first contact with medical reality....Along with pills and medical advice we suggest ideas for Christian living."

These casual remarks illustrate the reasons for founding the now two-year-old medical clinic. Manned by University of Oregon Medical School student members of the Christian Medical Society and a supervising physician, the clinic's doors are opened every other Monday at 7:30 p.m. Anywhere from five to twelve patients, usually residents of the Home, come for medical aid.

The students treat those they can with supplies donated by local physicians, and refer patients who need more extensive care to appropriate hospitals and clinics.

Senior Medical Student Ron Tolls, who has been in charge of the clinic this year, says, "We see a little bit of everything... emphysema, bronchitis, carcinomas, an occasional pneumonia, heart conditions by the dozen, tuberculosis, alcoholic gastritis, leg ulcers. One of our latest patients injured himself when he fell off a freight





train on which he had hooked a ride."

A sophomore student was elated when his diagnosis of pneumonia, based on classical symptoms, was confirmed at the Veterans Hospital where he had referred the patient. "It was the first real patient diagnosis I had made, with the disease exactly as the books say it will be," he commented. "This clinic brings textbook and classroom learning to life right in front of me."

There has been one lone woman treated among all the other patients. The men range in age from their early twenties to late seventies and "come from an amazingly wide range of backgrounds." Dr. Warren Hale, one of 15 Portland physicians who spends many an evening helping the students, commented, "Many patients come from good families, but have had bad luck. Along with the transients we have treated laborers, restaurant workers, loggers and a minister, among many others."

"This is the type of patient the boys will see in the Outpatient Clinic up at the Medical School...so it is good experience for the freshmen and sophomores. And it gives the upperclassmen a chance to practice medicine under supervision, helping those who greatly need and appreciate help."

Junior Dan Roberts (below), added, "We all enjoy aiding these men, by giving not only medical treatment, but sometimes advice for non-medical problems too."

Dr. Hale added, "Often they reciprocate by following orders better than some patients seen in private practice. And they

do little things that say 'thanks,' like building shelves and cases to hold our records." (Complete patient records are kept chronologically and alphabetically, including resumes of diagnosis and treatment given.)

Senior Medical Student Dave Oehling first considered the venture in 1963 after noting the all-around success of similar clinics. He and other Christian Medical Society members polled downtown and UOMS clinical physicians to see if professional support would be available. Doctors willingly agreed to act as consultants.

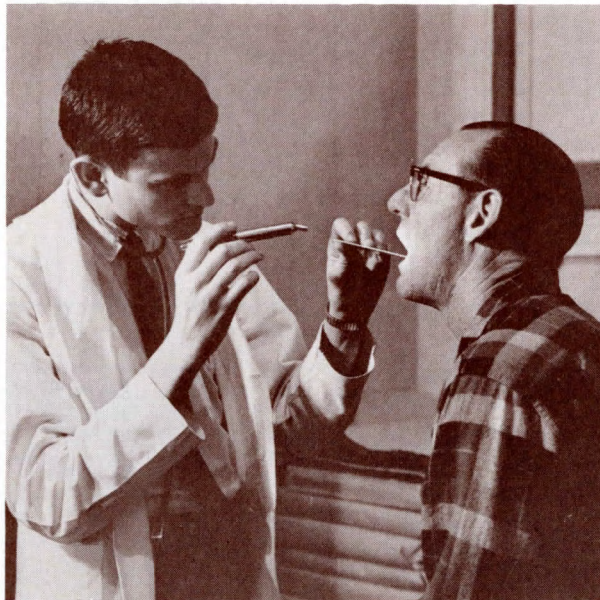
Then the Union Gospel Mission was approached for space for the clinic. Administrators of the Mission were enthusiastic about the idea and offered a room in their hotel. Plans progressed and the clinic has run smoothly ever since.

"As a matter of fact," Ron Tolls said, "We never have run into any trouble of any type. Our only problem is that many medical students don't think they have the time to participate in an activity of this kind. We need their help, but in addition, I think they would profit from time spent here. If more students would participate we would be able to open the clinic every week...something we've wanted to do for a long time."

The last patient of the evening got up to leave. "Goodbye Doc," he said to the student, "I'll be in again just as soon as you come back. Thanks for everything."

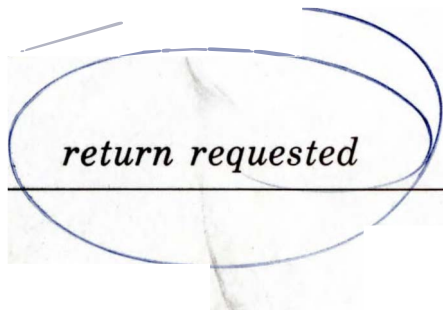
by Carolyn Prendergast

*Bob Chapman, sophomore student, Dr. Hale and patient*





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