Kirk Jacobson, Student American Medical Association (SAMA), was introduced as a representative for the UOMS medical students at the Faculty Planning Council meeting November 15. Over the past 16 months a group of medical students has raised $1,000 to be used in the exploration of an effective campus learning resource center. Mr. Jacobson gave instances of where visual aids might be used, and gave a demonstration of video taping capability. He said students prefer satellites with learning units throughout the campus rather than a central teaching learning resource center. He said the students wanted the money to be used as seed money in helping develop a teaching learning resource center. Members of the Planning Council include, clockwise, Dr. Louis Terkla, dean, dental school (back to camera); Dr. Harold Osterud, chairman, public health and preventive medicine; Dr. Tyra Hutchens, chairman, clinical pathology; William Prentice, director, program planning; J. J. Adams, assistant dean and chairman, Planning Council; Barbara Hiatt, assistant administrator, University Hospital North; A. J. Clemons, director, facilities planning; Dr. M. Roberts Grover, associate dean; and Mr. Jacobson.

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Accreditation given

The master of nursing degree in the graduate program of the University of Oregon School of Nursing was granted initial accreditation December 7 by the National League for Nursing's Board of Review for Baccalaureate and Higher Degree Programs.

Accreditation is effective as of the date it is granted by the Board of Review and is retroactive to the eight-month period prior to the Board's decision. UOSN applied for the accreditation in 1971 and at that time was granted reasonable assurance of accreditation. However, the review procedure permits granting of initial accreditation only after the first student is graduated from the program under review. In 1972 the first graduate was conferred the master of nursing degree and by 1973 there were five graduates.

According to the dean of the School of Nursing, Jean Boyle, "Being granted accreditation is one of the ways in which to foster, develop and improve nursing education to the end that the nursing needs of the people will be met.

"It assures a quality of education and leadership that can fulfill the nursing needs of the people. It gives our graduates the recognition needed for job preference and for acceptance into doctoral degree programs. The accreditation also helps attract better qualified students and faculty, she added.

The accreditation of educational programs in nursing is one of the ways in which the NLN fosters continuous improvement as newer scientific and nursing knowledge evolves. The NLN accrediting services for the various types of educational programs in nursing are administered and conducted through four departmental units of organization's national headquarters: the Department of Associate Degree Programs, the Department of Baccalaureate and Higher Degree Programs, the Department of Diploma Programs and the Department of Practical Nursing Programs.

NLN is officially recognized as the national accrediting agency for nursing education by the U. S. Department of Health, Education and Welfare. The department of Associate Degree Programs and the Department of Baccalaureate and Higher Degree Programs are also recognized by the National Commission on Accrediting and by the regional accrediting associations.

According to the Association, the purposes of accreditation is to foster continuous improvement of programs in nursing throughout the United States and its territories and thus to promote improvement of nursing service; to involve the faculties and students of nursing programs in the process on continuous self-evaluation and improvement of their programs; and to evaluate nursing programs in terms of their ability to meet their own goals and objectives together with NLN criteria for accreditation.

TBH closes

The State Board of Higher Education's Finance Committee recommended closure of the Medical School's University State Tuberculosis Hospital January 1 and transfer of patients to University Hospital North on the campus at its meeting December 18.

Included in the recommendation, which is subject to approval by the Exceutive Department and confirmation by the State Emergency Board, was transfer of funds between the hospitals to allow opening 16 additional beds at University Hospital North to care for the tuberculosis patients. During the past several months daily census at the TB Hospital has run between 15 and 16 patients.

The 79-bed TB Hospital has been in operation since 1939 except for four years beginning in 1963 when, by act of the legislature, it was closed and patients were transferred to the larger State Tuberculosis Hospital in Salem. When the statewide TB census dropped to less than 80 in 1967 the Salem hospital was closed and all patients were brought to the TB Hospital on the Medical School campus.

Since then the number of tuberculosis patients needing hospitalization has continued to lessen.

The 1973 Legislature approved a budget for operation of the TB Hospital for one year only, and the ways and means subcommittee requested that a plan for future care of tuberculosis patients be developed and brought back to either the 1974 special legislative session or to the Emergency Board prior to July 1.

The continued decrease of tuberculosis patients since that time spurred the Board of Higher Education's recommendation. Outpatient services provided at the TB Hospital will be transferred to the School's general outpatient clinic beginning July 1.

It is expected that positions for most TB Hospital employees can be found among current openings at the Medical School.

(See also Page 3)

Dean's office receptionst Judy Yaillen, has made her coat an important part of her ensemble since the oil shortage hit UOMS at the end of November. Temperatures in offices have been reported as low as 48 degrees and many people forgot about fashion and bundled up in long underwear, overcoats and other cold weather garments.

UOMS chilly

Temperatures dropped to the low 60's and even to the high 40's on the Hill in laboratories, classrooms and offices during December and part of January as it became increasingly difficult for the physical plant to get enough residual fuel oil (the type used on this campus) to heat the buildings.

Non-essential use of steam was curtailed, major fan systems (which brings in both fresh air and heats it) in non-patient areas were turned on only from 6 a. m. to 10 a. m. weekdays, and chemical hoods were in operation only in Mackenzie Hall and the Administration Building. Another effort to slow down the use of rapidly dwindling oil supplies was to lower water temperatures in the building heating systems from 190 to 140 degrees.

Heat was maintained at normal levels in patient care areas.

However, later on in January, the oil situation looked more hopeful, since a federal mandate was

(Continued on Page 2)

CCD awarded annual grant

An annual grant of $98,504 for a two year project to aid children with cerebral palsy has been awarded to the Crippled Children's Division at the University of Oregon Medical School.

The UOMS program is the only one on the West Coast to be named one of 14 Projects of National Significance by the granting agency, the Division of Development Disabilities of the U. S. Department of Health, Education and Welfare.

Formally titled a "Consortium Approach to CAIR" (Community Alternatives and Institutional Reform), the plan is geared to function as a partnership between the CCD Training and Service Program, the Parents' Group of United Cerebral Palsy and the Fairview Hospital Training and Service Program in Salem.

Dr. Leroy O. Carlson, director of the CCD Child Development Program, said the cooperating agencies have three goals they hope to reach by providing training programs for the parents and community organizations involved and for health professionals at institutions caring for cerebral palsy victims. Through this project, directors feel they can reduce the number of mentally retarded children with cerebral palsy who are likely to be placed in institutions. They also want to remove as many multiple-handicapped youngsters as possible from institutions and restore them to their own homes or local community agencies.

Lastly, they hope to up grade the quality of institutional care given children and young adults who, Dr. Carlson said, "are not markedly retarded, but are trapped in their own malfunctioning bodies and have no other place to go but institutions at the present time."

The CAIR project calls for the development of teams consisting of a public health nurse, an occupational therapist, a physical therapist and a speech clinician who will go out into the communities to help these youngsters function better. The teams will also work with parents or others caring for the children in their own home environments.

Cerebral palsy victims who are most likely to benefit will be selected to take part in the program by consortium members Dr. Richard Mitchell, director of United Cerebral Palsy, Dr. Larry Talkington, superintendent of Fairview Hospital, and Dr. Carlson.

The plan will go into operation for suitable children living in the Portland metropolitan area and at Fairview Hospital as soon as the teams can be recruited, according to Dr. Carlson, who heads the CAIR project.

medical center **news**

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Chairman named

Dr. William T. Moss has been appointed chairman of the department of radiation therapy at the University of Oregon Medical School beginning July 1, 1974. He succeeds Dr. Clifford Allen who retired in September, 1972.

Dr. Moss is currently professor of radiology at Northwestern University School of Medicine and director of the Radiation Therapy Center at Northwestern Memorial Hospital. In addition to his assignments at Northwestern he serves as chief of the Chicago Veterans Administration Hospital's Department of Therapeutic Radiology. He also serves as consultant to Children's Memorial and Hines Hospitals in Chicago, the U. S. Naval Hospital in Great Lakes and Walter Reed Hospital in Washington, D. C.

A graduate of Washington University School of Medicine in St. Louis, he did graduate work at Christie Hospital and Holt Radium Institute, Manchester, England, and at the Curie Foundation in Paris. Following staff assignments as chief of radiation therapy at Ellis Fischel State Cancer Hospital, instructor in charge of radiation therapy, Mallinckrodt Institute of Radiology, Washington University, and chief of Therapeutic Radiology, VA Research Hospital, Chicago, he joined Northwestern in 1957.

Dr. Moss, co-author of *Radiation Oncology,* is currently president of the American Society of Therapeutic Radiologists.

The recommendation of Dr. Moss's appointment followed a year-long search by a committee consisting of Drs. William Krippaehne, chairman, Ralph Benson, Howard Davis, Peter Dawson, Charles Dotter, Edwin Everts, and James Linman and Joseph Adams. Dr. Kenneth Stevens, Jr. will continue to serve as active chairman of the department until Dr. Moss arrives on campus.

Appointment made

The appointment of Gwynn C. Brice as assistant administrator of the University of Oregon Medical School Outpatient Clinics has been announced by Dr. Charles N. Holman, dean.

Miss Brice, formerly administrative director of central services for the School's hospitals and clinics, attended New York University and the University of London. She began her career at the Medical School in 1942 as secretary to the assistant business manager. During the ensuing years she rose through administrative ranks in the institution. In her new post Miss Brice will assist with administration of Clinics, which record more than 165,000 patient visits each year.

Officers elected

Officers were re-elected for an additional one-year term of office at the annual meeting of the Board of Directors of the University of Oregon Medical School Advancement Fund November 19.

Serving another term will be Harold E. Sand, president; Dr. David D. DeWeese, vice president; Howard A. Rankin, secretary; and H. E. Butler, treasurer. Also unanimously passed was the motion to re-elect to the board for another three-year term H. E. Butler, Edmund Hayes and Leland Johnson, whose terms are expiring.

Visits slated

The Presidential Search Committee for the University of Oregon Health Sciences Center has continued its regular weekly meetings without a lapse since late September, according to Dr. John M. Brookhart, chairman.

During the period since its last report *(Medical Center News* November, 1973), its advertisements and mail queries have borne a heavy crop of suggested names. November and December have been devoted primarily to the task of evaluation, the committee chairman said.

Sufficient information has been gathered about the individuals on a list of almost 200 to enable the committee to identify between 20 and 30 people for more inquiry in depth. Several invitations to visit have been issued and more will be made in the months to come.

The committee has given careful and serious consideration to the program for visitors, Dr. Brookhart explained, since a great deal of balancing and compromise have been necessary. For this preliminary visit the primary objective is an estimation of levels of mutual interest. Two full days, including evenings, are the most that can be asked of the visitors. It is evident from correspondence and conversations that the visitors will be seeking information about all three schools, he went on.

Potential nominees will be interested in the present and planned educational programs, the students, administrative policies and personnel, fiscal realities and climate, relations with the Oregon State Board of Higher Education, legislature and community and professional groups, as well as the potentialities for resource development. To meet these desires, and to meet the needs of the various relevant groups in the area, a full schedule has been developed which exposes the visitor to over 70 people with a variety of interests. A mechanism has been developed to facilitate the return for committee guidance of opinions and impressions coming out of these meetings, Dr. Brookhart said.

"From these activities, the committee looks forward to completing the primary task given it by the Oregon State Board of Higher Education. That is to generate a list of from four to six nominees, any one of which would be able to assume and discharge the responsibilities of the presidency of the new institution."

Upon receipt of this slate, the Board will arrange an additional visit for each of the nominees. At the time of this second visit, the primary objective will be a meeting with the State Board of Higher Education. The second visit will also provide the nominee an opportunity to obtain further impressions and information which could not be obtained at the time of his first visit. Following this second visit, the Board will enter into negotiations with the individual selected. It is hoped that this entire process can be completed by the end of March so that there will be some time for the appointee to make his arrangements to take office by July 1, 1974.

NEW PERSONNEL DIRECTOR

New personnel director, Bill R. Kribs, was recently appointed at the University of Oregon Medical School. The former assistant director succeeds Byron Phillips, who resigned to become personnel director at Holladay Park and Dwyer Memorial Hospitals.

A graduate of Oregon State University, Kribs joined the Medical School in 1964.

Temperatures, continued

(Continued from Page 1)

issued which allocated 100 per cent of fuel needed to hospital areas. Non-patient care areas on campus will probably receive less than 100 per cent of the oil used last year. But Physical Plant Director Ralph Tuomi said, "As soon as federal guidelines are complete, the buildings will be heated in accordance. Indications are that labs, classrooms and offices will be heated longer hours than before, probably from 6 a. m. to 5 p. m. weekdays."

Era ends

An era ended when the Tuberculosis Hospital at the University of Oregon Medical School closed January 1, 1974.

The Oregon Board of Higher Education's finance committee voted to close the hospital due to the decline in the number of patients in recent years. Only 16 patients, of whom most will be transferred to University Hospital North, remained in the old structure when the decision was made. The decline in the number of patients beginning in the late 1950's has been attributed to the discovery of drugs which simplify treatment.

The University State Hospital was the last of six hospitals and sanatoriums to close in Oregon that at one time were operated to combat the dreaded disease.

When TBH opened in 1939, it added 80 beds and brought the total number of beds in tuberculosis facilities to 605. At that time it was estimated that 20 per cent of Oregon's population carried tuberculosis baccilli in their lungs, and the death toll was running 500 to 700 per year compared to 23 deaths from TB in 1973. Last year's rate was one for every 100,000 residents in the state compared to one per 1,000 residents more than three decades ago.

Treating a patient for tuberculosis in 1945 were Dr. Pomeroy and Nurse Barnett. Pictures show TB hospital patients when the disease was at its height.

Settlers Bring Disease

Early settlers to the Northwest brought the disease with them. The first recorded case was that of Dr. Meredith Gairdner at Ft. Vancouver, Washington, in 1833. In the years that followed thousands were stricken and few survived. Dr. J. C. Grubbs proclaimed in 1869 that TB was contagious and was spread by coughing the tiny germs in the air.

Little was done in Oregon until 1903 when the State Legislature established the Board of Health. At that time some 500 of the 500,000 residents were dying of TB. The new board passed an ordinance against spitting in public and published a bulletin on the prevention and care of tuberculosis.

The next year civic-minded Oregonians raised $4,000 and purchased 14 acres on Milwaukie Heights, south of Portland, where they built a small administration building and raised tents for the care of 15 to 20 patients. The first tuberculosis sanatorium in the Northwest was opened there in 1905 with Dr. E. A. Pierce, a member of the State Board of Health, as medical director.

Dr. Pierce remained until 1912 when he opened his private open air sanatorium for wealthy patients. This facility later became the Matson Sanatorium and Clinic.

Dr. Pierce supported a state sanatorium but the Legislature was slow to act. A bill finally was passed in 1909 authorizing a hospital, and a 50-bed facility was opened a year later in the former school for the deaf six miles east of Salem.

Five years later Multnomah County opened a TB pavilion adjacent to the county farm near Troutdale and the total bed capacity in the state was increased to 150. The death rate was still running over 600 per year.

Citizens Inspired

In 1915 the national Tuberculosis Association met in Portland and inspired 92 local citizens to form the Oregon Association for the Prevention of Tuberculosis. It was the forerunner of today's Oregon Lung Association. Purposes of the organization were to provide knowledge of the disease, investigate its prevalence, cooperate with public authorities, promote local societies, encourage establishment of sanatoria and dispensaries, and the employment of visiting nurses in outlying communities and counties. The Association initiated the sale of Red Cross seals, which was the beginning of the Christmas seals sold today.

The end of World War I brought many new cases of TB to Oregon, but there were only 75 beds for the 153 new cases reported. The next Legislature appropriated funds for another open air pavilion at Salem. Also, a demand for a TB hospital east of Portland resulted in a 100-bed hospital being opened at The Dalles in 1929. Meanwhile the Salem hospital was expanded to 190 beds, with one-third of the patients being from Portland.

Due to the large number of patients from Portland, the Legislature in 1937 voted to grant $110,000 toward a new facility. This was matched with $130,000 from the Federal Public Works Authority and $50,000 from Mrs. Julius L. Meier and family for an outpatient clinic in the hospital. Thus the University State Tuberculosis Hospital, built into a hillside facing the U. S. Veterans Hospital Road, opened for business.

Dr. Ralph Matson was the first chief of staff at University State and was credited with much of the success of the institution. He was assisted after 1940 by Dr. William Conklin, who became skilled in surgery and directed that work until about three years ago. He was at the Salem hospital during the four years the Portland patients were treated there, and he returned to Portland in 1967.

The new hospital also served as a teaching unit for medical and nursing students from University of Oregon Medical School and University of Oregon School of Nursing.

Mobile Unit Outfitted

In 1945 the Oregon Tuberculosis Association outfitted its first mobile X-ray unit and put it on the road. During its 20 years of statewide coverage the unit has taken 1.5 million X rays, discovered hundreds of potential and active cases, and helped people to doctors and hospitals.

By 1954 there was no waiting list at the state hospitals and sanitoria. However, Dr. James T. Speros, the assistant medical director at the State Hospital and now professor of medicine at UOMS, felt the absence of a waiting list did not mean there were fewer cases, but that patients stayed a shorter time. Instead of staying at the hospital for two years, they remained only a few months.

Also, about that time, drugs created a breakthrough that started a decline in TB. By 1957 there were only 570 active cases reported in the state, but it was estimated that 300,000 people carried the germs.

The need for hospitals declined and The Dalles facility was closed in 1957 and converted to care for mentally retarded patients. Only the Portland and Salem TB hospitals remained operational.

Salem Unit Closed

In 1963 the Legislature closed the University State Hospital and had the 40 patients transferred to Salem. The Julius L. Meier clinic remained open with Dr. Speros in charge and Barbara Hiatt as assistant administrator at Salem.

The population at the Salem hospital continued to decrease and by 1967 was down to 78, less than the 80 beds at the Portland hospital. The Legislature then closed the Salem hospital and moved the remaining 57 patients back to Portland. Since then the number of patients has continued to fall off and by last summer there were only 35.

A bill has been prepared for the special session of the Oregon Legislature rescinding all existing state legislation which gave the UOMS authority to operate a tuberculosis hospital and instead provide funds for the use by the State Board of Health in providing the kind of care necessary under a new program. The bill asks for $553,000 available July 1, 1974, to finance the program.

Vet studies rare species

New hope for endangered species of wild animals may soon become an actuality through studies now being conducted by University of Oregon Medical School veterinarian, Dr. Stephen Seager. The assistant professor of animal care and surgery is the first scientist to artificially inseminate dogs successfully with semen which had been frozen and stored.

For the past two years, Dr. Seager has been adapting his technique to enable rare wild animals to conceive and bear their young, a function many of them cannot do in captivity, since they will not breed when removed from their natural environments. Working at the Oympic Game Farm near Port Angeles, Washington, where hundreds of the Walt Disney animals are raised and trained, at the Portland and Seattle Zoos, and more recently at the Wild Life Safari in Winston, Oregon, the scientist has collected semen from many species of the big cats including the rare clouded and black leopard, cougars, lynx, bobcat, ocelot and cheetahs.

Early in May a female wolf, impregnated with the frozen semen, gave birth to seven normal cubs, but due to the mother's neglect they died within a week. "This is always a danger," said the disappointed doctor, "but next time we hope it won't happen."

While at the Wild Life Safari last June, Dr. Seager collected semen from a hyena, a cheetah, a lion and a tiger which he will store for insemination into females when their reproductive cycles indicate ovulation is near. Animal scientists believe most, if not all cats, ovulate subsequent to copulation. For this reason hormones are injected at the time of artificial insemination to produce ovulation.

For the procedure he immobilizes the males by injecting them with a tranquilizing drug, carefully regulating dosage according to the animals' size and breed. A low current is then passed through an electrode inserted in the rectum, causing a spontaneous ejaculation. The sperm is caught, diluted with egg yolk and glycerin, then released immediately, drop by drop, into a bed of dry ice and subsequently stored in liquid nitrogen at approximately –320 degrees F. At this temperature it will remain viable for many months.

"The transaction can be a bit hair-raising," the Irish-born veterinarian said. "Some of these animals are truly wild and can be extremely dangerous. One must be quite certain they are fully tranquilized, not just going in or coming out of the immobilized state. The entire process takes about 1½ hours."

The females are also immobilized for artificial insemination. All animals are treated very gently to keep them as calm as possible during the procedure. After thawing, a pipette is used to deposit the semen droplets in the vagina. With smaller animals Dr. Seager can elevate the female's hind quarters for ten minutes to prevent loss of the sperm. "I also give them a thorough physical exam while I have the chance," he added. "Blood counts have never been done before on many of these species. This information will give us valuable guidelines for future treatment of sick animals."

The importance of the UOMS veterinarian's work is hard to over-emphasize. Rare animals around the world may now be saved from extinction. Selective breeding through artificial insemination of wild animals as well as domestic species can reduce or eliminate many congenital defects. Shipping frozen semen instead of caged animals is far cheaper and eliminates stresses on them which reduce successful pregnancy rates. His technique also minimizes the very real danger that captive big cats may injure or kill each other when introduced for breeding purposes.

"In today's world, zoos have a greater responsibility than being just places to exhibit animals," Dr. Seager maintains. "If we are to preserve many of nature's most beautiful creatures such as the snow leopard, the cheetah, most all of the spotted cats and even dwindling species of rare birds, we must place greater emphasis on research that will assure them optimum care and continuation of their species. Maybe someday we will even be able to go to Washington, D. C., to see baby Giant Pandas born in captivity. That is one of my ambitions."

It's a rare occasion when people can hold ocelots in their arms. Holding the sedated cats are, from left, Ann Moody, veterinarian technician at the Portland Zoo; Larry Dennis, a student working in the laboratory of Dr. Stephen Seager, assistant professor of animal care at UOMS; and Herbert Wilton, owner of one of the animals. Dr. Seager, kneeling left, artificially inseminated the cats in an effort to preserve the species.

Bulletin board

The 1974 Alfred A. Richman Essay Contest has opened to all undergraduate medical students. The annual contest was instituted 25 years ago in the interest of motivating and encouraging scientific inquiry among medical students in the field of respiration and circulation. The contest offers medical students throughout the world the opportunity to submit manuscripts on any phase of the diagnosis and treatment of cardiovascular or pulmonary disease.

Three cash prizes totaling $1,000 are awarded annually. The medical school attended by the first prize winner receives a trophy inscribed with the name of the winner and the medical college.

Students wishing to enter must complete the application form available in the public affairs office, Administration 1011, no later than March 31, 1974.

The San Francisco Heart Association has announced the opening of its William J. and Dorothy Fish Kerr Student Fellowship Program in Clinical Cardiology to third- or fourth-year medical students.

Purpose of the eight-week fellowship is to broaden the students' clinical approach to cardiology, to further their careers in cardiology or internal medicine, and to stimulate interchange of medical schools. The opportunity to gain this experience is under supervision in clinical cardiology in an accredited medical center or hospital in San Francisco. Fellowships may be initiated any eight consecutive weeks between July 1, 1974, and June 30, 1975.

Projects must emphasize clinical aspects and not research. Preference will be given to students applying for fellowships outside of their own medical schools. Satisfactory class standing and recommendations are necessary.

Application forms must be completed in detail and submitted in duplicate before March 1, 1974 to: Dr. Manly F. Langston, Jr., Chairman, Kerr Fellowship Review Committee, San Francisco Heart Association, 259 Geary Street, San Francisco, California 94102.

The Student American Medical Association and the University of Texas Medical Branch have announced the 1974 SAMA-UTMB National Student Research Forum April 25-27 at Galveston, Texas. The forum is open to medical students, graduate students associated with medical schools, interns and residents. Research in both clinical and basic sciences will be included.

All participants in the competition for the "Excellence of Research Awards" must submit a manuscript with five copies, typewritten and double spaced. Pre-registration forms must be submitted before March 11, 1974. Material presented in the manuscript must not have been published before the forum.

For more information, write: SAMA-UTMB National Student Research Forum, room 209, Libbie Moody Thompson Basic Sciences Building, The University of Texas Medical Branch, Galveston, Texas 77550.

Teaching tool gains approval

A new teaching tool at the University of Oregon Medical School is gaining enthusiastic approval from both students and teachers. It is a one-of-a-kind micro-video system (MVS), designed and built at the School, which enables one instructor to teach, simultaneously, 114 freshman medical students seated at individual microscopes in eight different laboratories.

"The MVS is going to be tremendously beneficial to basic science students," says anatomy professor Dr. Robert Bacon, whose department sparked the plans for its construction. "It will ease some of the pressure on our busy faculty and, at the same time, assure every student an equal chance to see, study and understand the materials under examination."

The MVS is a condensed teaching laboratory on wheels. In one of its two (three by five foot) units is a TV color camera aligned with a special microscope whose battery of lenses enlarge specimens up to a thousand times actual size and transmit them to monitors in the student laboratories of the school's Basic Science Building. Students can compare this monitor picture with identical material under their own microscopes. The camera can also project slides, drawings, transparencies and bone or tissue specimens.

The MVS second unit holds a back-up black and white TV camera for projecting X-rays, text book material or the instructor's own graphs or illustrations as he draws them. Or, with the flip of a switch, the instructor can simultaneously project half color and half black and white on the monitors. This allows him to show, for example, a color slide of a bone and muscle specimen, then increase magnification to project individual muscle fibers. Now, using the split screen, he can show both the colored slide and a black and white textbook chart illustrating the microscopic breakdown of the tissue components.

A two-way sound system helps keep the lectures informally effective. If a student questions some part of the discussion, he pushes a button at his lab table which activates a coded light on the instructor's console, indicating which student needs help. The teacher can then summon one of the three roving instructors or, if the question is a common one, review the material for the entire class.

Dr. John Van Bruggen, director of the School's teaching laboratory services, says the MVS will save many hours of faculty time by eliminating the need to move from student to student repeating the same answers to the same questions. "And it will do this," he emphasized, "without short changing one student. This factor is most important, for in their first two years, medical students are acquiring their basic foundation – a sound knowledge of anatomy, pathology, histology and physiology."

Credit for building the MVS goes to UOMS experts Robert Stevens in the instructional aids division and Robert Morris, instructor in clinical pathology, who took the best ideas from two prototypes at Baylor University and University of Oklahoma Medical Schools to produce the Medical School's unique micro-video system. Cost of the $35,000 equipment came from the Basic Science Building Fund.

Because the MVS is portable it can be moved to various floors so that all basic science students can use the benefits of the space-age MVS.

Officers elected

Class officers of the entering sophomore class at the University of Oregon School of Nursing were elected recently. They are Susan Hochhalter, president; Carol Palanuk, vice president; Katherine Moore, secretary; Melinda Taddeucci, treasurer; and Rick Andriesian, Margaret Wainwright and Lorraine Decker, senators; and Wendy Murakami, social chairman. Faculty advisor is Pam DiDenti.

Kidney transplant success

After being dependent on a kidney dialysis machine for five years, Sue Morrow, who works in medical records at UOMS, is looking forward to her first vacation away from home.

"I think the kidney program is great," said Miss Morrow who had the kidney transplant last July. "For five years it has been necessary for me to live by a schedule. It was that or not be here. I was committed three times a week to the machine and couldn't get away for more than 2½ days at a time. I used to read travel articles and dream. Now I can make them a reality."

Sue Morrow came to UOMS about six years ago as an occupational therapist, a profession she practiced for 19 years. In 1968 her kidney disease was diagnosed, the first serious illness she had ever had.

"In 1969 I moved to medical records because I was no longer able to run around to the wards. The University was so good to me and transferred me to medical records. I am thinking about going back into occupational therapy again, but my present job suits my needs for now."

The UOMS employee was not very excited about a transplant at first. "I wanted them (the doctors) to have more experience doing transplants before I went through with it. Neither of my brothers would qualify for a related donor so I had to wait for a cadavar transplant. I was very lucky. When I finally made up my mind to have the transplant, a matched kidney was available.

"The care I have had at the Medical School Hospital has been excellent. Dr. Russell Lawson, associate professor of urology, did the transplant, and I had no trouble at all. I still go to the clinic every week but will gradually taper off to once a month."

The 48-year-old occupational therapist was very fortunate to have found a cadaver kidney match. In Oregon today there are 40 patients on the artificial kidney machine home treatment program under the Kidney Association of Oregon, and at last count 25 patients were waiting for a donor kidney at the Medical School Hospital and Veterans Administration Hospital. All of these people are waiting for a cadaver kidney as they have no relative with a close enough match.

Oregon's first successful kidney transplant, the tenth in the world, was performed in 1959 by Dr. Clarence Hodges, head of the division of urology at UOMS, on identical twins. Since then there have been over 133 kidney transplants performed in Portland, and 85 per cent of the patients are living either with functioning kidneys or are back on hemodialysis.

The University of Oregon Medical School, under the Oregon Kidney Donor Program, is setting up "kidney recovery teams" of physicians all over the state to remove kidneys of donors immediately following death.

When a person is taken to a local hospital who is carrying a kidney donor card, and his death is imminent, the recovery team is alerted. Very often, the next of kin of the deceased person is present at the hospital, and they are asked permission to remove the kidneys for transplantation.

As soon as a donor is identified, the local physicians notify UOMS. This alerts the transplant team at the Medical School that kidneys will soon be on their way.

The recovery team then proceeds to remove the kidneys from the donor and put them into a special container with a salt and ice solution. This helps keep the kidneys alive and preserves them for transplant. Into the same container is placed a blood sample of the donor.

They are then rushed by an Oregon State Police car or by aircraft to the Medical School. Time is extremely important, since the kidneys will stay alive for only a short period of time.

When the kidneys arrive at the School, the blood sample of the donor is typed. This typing will provide the Medical School physicians with the blood type and the tissue type of the donor in order to get as close a "match" as possible to a transplant patient.

As soon as the donor's blood and tissue type is determined, the physicians then search their files for the name of a patient who has the closest match. That patient is then asked to come to the Medical School and a transplant is performed.

ANATOMICAL GIFT

I _____
being of sound mind and at least 18 years of age hereby make this anatomical gift to take effect upon my death as indicated below:

I give: _____ my body
_____ any parts of my body
_____ the following organs or parts:
_____

To the following person or institution:
_____

For the purposes checked below:
_____ any purpose authorized by law
_____ transplantation
_____ medical or dental education
_____ research
_____ therapy
_____ advancement of medical or dental science or therapy

Signed by donor and the following two witnesses in the presence of each other:

_____ _____
(Signature of donor) (Birth date)

_____ _____
(Date Signed) (City and State)

_____ _____
(Witness) (Witness)

This is a legal document

The Anatomical Gift card is a legal document and should be carried in your purse or wallet. For other cards contact UOMS Kidney Donor program, Oregon Medical Association, Oregon Kidney Association or the Veterans Hospital.

Since two kidneys will normally be removed from a donor, this means that two transplant patients will be able to receive kidneys from each donor.

The key to the Kidney Donor Program is to have as many Oregonians sign and carry donor cards as possible. The more donors there are, the easier it will be to obtain close "matches" to patient recipients.

Donor cards, like the one printed here, are available from physicians throughout the state or by writing to the Oregon Kidney Donor Program, University of Oregon Medical School, 3181 S. W. Sam Jackson Park Road, Portland, Oregon 97201, or by calling 225-8470.

Cards are also available at the Veterans Hospital and at the offices of the Oregon Medical Association and the Kidney Association of Oregon.

Film strip orients hospitalized children

Orienting young grade school children to the hospital setting was the topic of a film strip prepared by a clinical pediatric nursing student group fall term.

The 15 minute film strip was made as part of a special requirement for Barbara Snell's Nursing of Children class. According to Bonnie Crawford, junior nursing student and class member, "This is a field where no one has done anything before. We did lots of research in an area where there is little written."

The film deals with four categories: admission, equipment, treatment and discharge. Using patients from Doernbecher Hospital, the students went through a child's stay at a hospital. All photos were taken by the students.

A copy of the film, which has been reviewed by grade school students, UOMS staff members, nursing students and interested public, will be available at the UOSN Learning Resource Center.

"As nurses we wanted to do something for the community other than giving shots," said Miss Crawford of the project done by the 12-member group. Students who participated were Judy Prexel, Marcy Green, Joanne Heiberg, Libby Hoyt, Martha Jarmer, Lynn Leeland, Kathy Neal, Linda Nickles, Allahna O'Connor, Joan Shannon and Mary Wallan.

Drug use decreases

Hospital admissions for illicit drug abuse are no longer increasing and are in fact probably decreasing, was the finding of Dr. P. H. Blachly, professor of psychiatry at UOMS, and B. J. Blachly, research assistant at UOMS, in a recent study done on "Medically Significant Drug Abuse."

The research team sampled records at regular intervals from 1968 to 1972 of admissions to emergency rooms of several major hospitals in Portland and Salem.

Results showed that while alcohol is a more frequent cause for admission to University Hospital North than drugs, the other hospital's admissions are now about the same for drug misuse and alcohol abuse. UHN and Emanuel Hospital get the bulk of admissions for drug and alcohol abuse in Multnomah County. Between five and ten per cent of all admissions to the ER at University Hospital North are directly related to drug or alcohol abuse.

The report states that, "Over-all drug abuse appeared to hit a peak in late 1970 and 1971 and appears to be less in 1972. This decrease is most marked for opiates and hallucinogens. Use of sedatives of the barbiturate type may be decreasing very slightly. Amphetamines may be just beginning to taper off."

The authors report that admissions to Dammasch Hospital reveal that the peak for heroin was in 1970 and 1971, and likewise for other opiates, amphetamines and LSD.

"The use of barbiturates seems to be unchanged or minimally decreasing, but this is more than compensated by other sedatives such as Doriden, Placidyl, Quaalude, etc. Volatile solvents such as glue account for very few admissions although there appeared to be some slight increase last year. Abuse of the stimulant, Ritalin, was quite a fad particularly among the Black community in 1970 and 1971, and it appears that this may be somewhat subsiding. Other stimulants, however, have become more popular such as methamphetamine and desoxyephedrin. Whereas cocaine was rarely used in the Portland community a few years ago, it seems to be gradually increasing once more."

The writers suggest five explanations for the overall decrease in admissions for drug abuse:

1. The fad of drug use is no longer as attractive.

2. Drug users have learned to control their drug use so that it less frequently gives rise to hospitalization.

3. There has been no waiting list for acceptance into methadone treatment since late 1971.

4. Physicians are being more cautious in prescribing drugs with potential for abuse.

5. Law enforcement efforts may be more effective in curtailing availability of drugs.

Retirement

Twenty-one years of changes at the Crippled Children's Division at UOMS have been seen by Dr. Herold Lillywhite, who retired at the end of the year.

The professor of speech pathology and pediatrics joined the CCD staff when it was housed in the old building on Fourth Avenue. He arrived in time to help the with the inside layout of the clinic that was erected on the Hill in 1954.

According to Dr. Lillywhite, the most important thing he has seen take place over the years is the role of CCD. "When I came, CCD was pretty much a bill-paying organization for clinics throughout the state. We had a lot of traveling clinics. There are still some, but they are being replaced by established satellite clinics which have separate staffs."

Dr. Lillywhite will not retire completely as he has been named professor emeritus. He will no longer work in the clinic, but will finish writing the publications he has started in an office at CCD.

Of mice and men

Scientists study mice

Studies of mice are answering questions on subjects ranging from reproductive physiology to aging, from cancer and transplantation immunology to behavior and environmental stress.

Their fertility, convenient size, short gestation period, manifold variations, resistance to open infections and susceptibility to certain diseases all combine to make the mouse the study model preferred in most research projects. They are of great use in medical research because of the many close physiological similarities between mice and man.

Variations of the word "mouse" found today in many European languages can be traced back to *mush* in Sanskrit, the mother tongue of the human race. In Sanskrit, *mush* is derived from a verb meaning "to steal." This suggests man's first acquaintance with mice produced an image of ill-repute.

Unpopularity Traditional

Since 4000 B. C. the mouse has retained the image of being undesirable, evil, unclean and diseased. Save for a few brief few periods of history when mice were believed to possess pharmaceutical virtues, man's negative feeling has remained unchanged to this present day.

Yet, as early as the nineteenth century millions of the animals have been used when special mice were bred for scientific investigation of inheritance characteristics.

Medical research today requires the use of more than 25 million mice annually; this accounts for over 70% of all laboratory animals used by researchers.

Man's advancement into the dark mysteries of cancer has been possible only through the use of the mouse as an excellent and abundant laboratory substitute for man himself. Cancer research far surpasses other research in the number of mice utilized, with millions being used each year in studies of leukemia and malignant tumors.

In cancer research much work is done on tumors which are induced or transplanted, or which arise spontaneously, and the growth of these tumors is largely, often entirely, dependent on studies of a particular strain of animal used.

These special strains, over 200, are for the most part inbred; that is, strains that have been mated sister to brother for so many generations that they achieve the highest possible degree of homozygosity (identical hereditary characteristics) and genetic uniformity. Each inbred strain possesses specific physiological traits closely resembling those found in man.

Susceptibility to develop spontaneous cancer differs from strain to strain, with genetic factors controlling the degree of susceptibility to cancer producing agents. Researchers are trying to identify this same principle in man.

Some strains of inbred mice are affected with heredity tumors, those involving mammary glands of the female being most common. As in mice there is also a genetic predisposition to the disease in some persons and some families (more breast cancer in some families, for instance).

The University of Oregon Medical School Division of Environmental Medicine, with the aid of a government grant, is researching skin cancer growth caused by external factors. Painting the tissue of mice two to three times a week with suspected cancer producing or aiding substances can provide positive or negative results with or without subsequent tumor growth.

Dr. Wesley A. Horton, professor of environmental medicine, said, "Industrial chemicals and oil fractions which are in contact daily with worker's skin can be tested in the laboratory for their inhibiting or accelerating effects on skin cancers."

According to Dr. Horton, the reason for selecting the mouse as the experimental animal was its close similarity to man in skin susceptibility to the suspected chemicals and oils.

For his studies, Dr. Horton uses the male of the C3H mouse strain because it is more susceptible to the carcinogens than are the females. The females also spontaneously develop breast cancer, thus eliminating them as acceptable research models.

"The high resistancy of the female mice and low resistancy of the male to the industrial chemicals and oils is also found in man," stated Dr. Horton. "It is known that fewer women develop skin cancer from these industrial chemicals and oils than do men. The reason is believed to be in the involvement of the female's hormones."

Cosmetics Tested on Mice

In laboratories all over the world, consumer products, especially of cosmetic nature, are continually being tested on mice for their possible cancer influences.

Comparative pathological studies of the blood disease, leukemia, with the New Zealand Black (NZB) mouse, have shed new light on the unknown answers man searches for.

Dr. Benjamin V. Siegel, professor of pathology at UOMS, has found the rare physiological autoimmune traits—self produced antibodies which attack and destroy the host cells—in the NZB inbred strain to be a significant aid in developing some definitive information on why some individuals develop cancer, while others do not.

"The NZB mouse possesses an unusually large number of cells called hemato which are the site of the system's antibody production called hematopoietic stem cells. This mouse strain, which is intriguing to scientists, can spontaneously form antibodies against its own cells. A major disease, hemolytic anemia, is produced when its own red blood cells are attacked and destroyed by these antibodies."

Dr. Siegel found a tremendous immune response in the NZB when foreign tissue was introduced into their systems. Was this extreme responsiveness due to the immune stimuli, or to the excessive number of stem cells?

Radiation Studies

Radiation studies were undertaken which demonstrated the NZB strain tolerated dosage which would kill other strains many times over. Since radiation primarily affects the stem cell population and such a large amount could be tolerated, it was felt the enhanced immunologic responsiveness was due to the presence of a large number of stem cells.

The findings with the mice suggest that it might be feasible to identify early in life the propensity of some people to develop autoimmune diseases. Early diagnosis might suggest better and earlier treatment.

Dr. Siegel suggested that leukemia may be triggered or accelerated by the same factors which induce overactivity of the body's excessive antibody production.

"The presence of an enlarged stem cell population, whether it is natural to the host or enlarged by an outside adjuvant—or challenge—could provide a potential setting," he said, "for subsequent progression of this leukemic process."

The prevalence of synthetic materials of recent invention in our everyday environment is a striking tribute to the ingenuity of our chemists. These compounds are not found in nature and therefore, there is no advance accumulated knowledge of their biological effects. We wear them, ingest them, spray our crops with them and take them as medicine, and all the time chemists are devising new ones about which even less is known of their possible effect.

Strenuous investigation of new and old drugs can be evaluated for their toxity, dosage requirements, characteristics, long and short term reactions with the use of mice.

Dr. Sam Irwin, professor of pharmacology in psychiatry at UOMS, has found the mouse to be of excellent use in drug evaluation performed at the Medical School.

Behavior Stereotyped

"Not only are mice the cheapest, easiest to handle and test from a laboratory standpoint but their behavior is much more stereotoyped than the rat," said Dr. Irwin. "With a knowledge of behavior patterns and the analysis of drug effects on mice, the identification of a new drug is easily achieved."

Inbred strains can be differentiated much as races of man are studied to determine drug effects and illness susceptibility. Correlated studies of drug effects between man and mouse in single and multiple drug dosages have been completed with observations of drug induced changes.

Dr. Irwin summed up the mouse approach in drug research with, "The discovery and measurement of pharmacological activity with new drugs can by no means be done first on man so it has to be done on animals."

Recent years have brought an increased cry of concern for the human physiology in relation to the environmental effects new and old consumer products and industrial materials are generating.

In all the major breakthroughs in the field of medicine years of research preceded almost every one. At one step or another along the tortuous path of long-term research, man's furry little ally, the mouse, can surely be found. The last experiment may well be on man, but not until thousands of mice have given clear indication of the results to be expected.

ICU gives total care

Walking into an Intensive Care Unit (ICU) means entering a world where pressure and compassion go hand-in-hand. The patient may be a frail infant struggling from respiratory distress syndrome or a middle-aged man with a new heart valve, but each requires the specialized technology of the ICU.

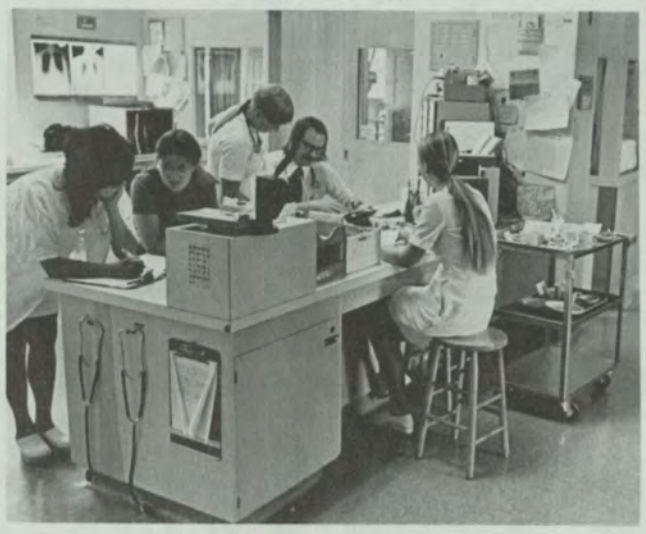
The goal of any ICU is to provide continuous skilled care for the acutely ill patient. Backed by sophisticated monitoring equipment the University of Oregon Medical School accomplishes this in five unique ways at the Medical School Hospitals: neonatal (NICU), pediatrics (PICU), thoracic (TICU), medicine (MICU), and surgical (SICU).

MICU is used for medical management of patients who do not require surgery. Medical emergencies such as heart arrythmias (heart beat irregularities), kidney failures, drug overdoses, or gastrointestinal bleeding all may warrant placing a patient in MICU for observation and treatment.

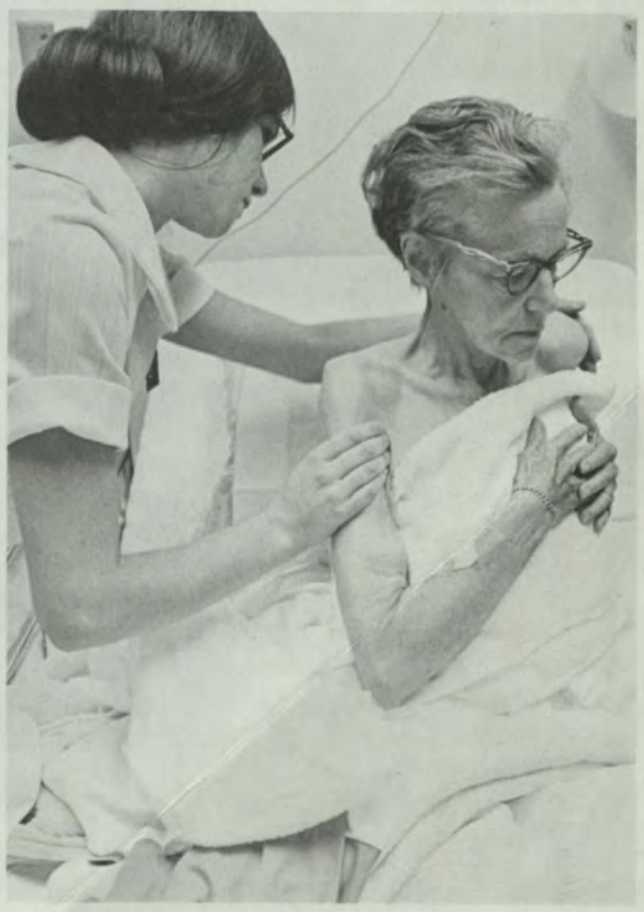
Patients who have had surgery are sent either to SICU or TICU. SICU is geared toward the patient who has any major surgery that might lead to heart or lung problems during recovery, while TICU is restricted to those people undergoing open heart surgery, valve replacement or cardiac bypass operations.

PICU and NICU treat the young, with the pediatric unit handling children from about one month through 16 years and neonatal only caring for infants during their first critical 28 days. It is here that specially designed equipment geared for small babies and parental visits become a major part of the therapy.

For 24 hours a day the ICU staff works to save the lives of patients who desperately require the constant attention and instantaneous response to their every physical change.



Nurse Janice Camp, above, checks on patient in cardiac recovery unit. Patients in this ICU require more oxygen than most people and are continually given ventilation as well as heart monitoring and intravenous treatments. Premature babies, far left, may have many problems requiring respirators and new overload "warmers" which respond to the baby's own body temperature to create a sheltering canopy of heat. Katie Simpson, assistant head nurse at NICU, checks on young patient. Most nurses agree that ICU care requires close teamwork between nurse and physician (top right). Because of the rapidly occurring changes in a patient, vital signs need quick, accurate evaluation even under extreme pressure. ICU nurses like Jan Iverson, center left, are specialists trained to act quickly and deal routinely with the delicate problems of the acutely ill patient. Intertwined in the workings of each ICU are technicians like the respiratory therapist, who transports ventilator machines throughout the hospitals and aids in administering inhalation treatment. Instructions are being given, below, by Carol Smith, physical therapist to Scott Butler and Franklin Ault, respiratory therapist students. Even in ICU a patient's personal identity must be remembered and Nurse Judy Donahue gives small comfort whenever possible. Often it is essential that the nursing staff be on a one-to-one ratio with the patients assuring each person maximum care.



NEWSMAKERS

W. T. Lemman, Jr. has been named vice chancellor for personnel administration by the State Board of Higher Education at its recent meeting.

Lemman was vice president for business and finance at Portland State University. He took over his new responsibilities January 1 and is now in the Board's office in Johnson Hall at the University of Oregon campus.

Chancellor Roy E. Lieuallen said the position was established to draw together various elements of personnel administration.

As vice chancellor, Lemman will be responsible for working for the State System, and with the nine public institutions, in such areas as affirmative action (equal job opportunity), position classification, salary administration, staff benefits and collective bargaining.

Matters pertaining to faculty personnel policy will continue to come under the vice chancellor for academic affairs, and other administrative responsibilities will remain with the chancellor and the vice chancellor for administration.

Two students have been appointed to the State Board of Higher Education by *Governor Tom McCall.* The two new members are *Valerie McIntyre* of the University of Oregon and *Marc Maden* of Portland State University. Maden will serve a one-year term and Miss McIntyre will serve for two years.

The 1973 Legislature increased the size of the board from nine to 11 members by requiring the appointment of students. Each student government in the Oregon State System of Higher Education nominated candidates for the two board seats. The nominees were reviewed by a citizens committee, which made recommendations to the governor.

Head of the division of immunology and allergy at the University of Oregon Medical School, *Dr. Bernard Pirofsky,* presented a teaching and training session of autoimmune hemolytic anemias at the annual meeting of the American Society of Hematology in December. The teaching sessions were designed to instruct hematologists in newer developments in various aspects of blood disease.

Dr. Pirofsky has also been appointed the U.S. representative of an international commission begun by the World Health Organization and the International Society of Blood Transfusion. The commission has been assigned the responsibility to establish standards for the use of enzyme preparations in immunohematologic procedures and blood banking.

At its annual meeting in Chicago last fall, the American Board of Otolaryngology re-elected *Dr. David De Weese,* chairman of the department of otolaryngology at the UOMS, as president. He will serve two additional years through December 31, 1975.

Elected treasurer of the Pacific Coast Association of Physical Plant Administrators of Universities and Colleges was *Ralph Tuomi,* director of the physical plant at the University of Oregon Medical School.

Dr. Nancy J. Russell, research associate in pharmacology at UOMS, winner of a two-year Pharmacology-Morphology Fellowship Award from the Pharmaceutical Manufacturers Association, was in New York City during the first week of December to attend a workshop of fellows of the PMAF.

A committee to make recommendations for the position of chairman of the department of pediatrics has been appointed by *Dr. Charles Holman,* dean. Chaired by *Dr. Frank Kloster,* committee members are *Drs. John Campbell, M. Roberts Grover Jr., Clarence Hodges, Barbara Iglewski, Martin Pernoll* and *Arthur Weins.*

Dr. Richard W. Olmsted, chairman of the department for the past 12 years, resigned December 31 to become associate executive director of the American Academy of Pediatrics in Chicago.

Faculty members having suggestions or recommendations regarding the position are asked to contact committee members.

VIPs

NOVEMBER

Service Anniversaries—From Personnel

5
Florence Rae Godick, clinic admitting
Gerda I. Benda, pediatrics
Martha Ann Jasprica, dormitory
Antonia Lammerts Van Buren, biochemistry
DeEtta B. Schulze, clinical pathology
Ingeborg Anne Vaden, surgery
Joan David Wood, photography

10
Lois M. Spangler, bookstore
Adelyn V. Brandow, research services
Lyle Cole, physical plant
Irene L. Smith, patients' business office
Mary D. Willis, pediatrics

15
Margaret Curtis, cardiology
Betty Stephens, cardiac surgery
Barbara Weaver, hospital nursing

20
Jack Hutchinson, cardiology

Moving Up

Henry G. Russell, patrolman 2 to security supr 1, security and parking
Beatrice L. Hughes, cust wkr 1 to cust wkr 2, UHN housekeeping
Linda R. Koukol, clerk 2T to clerk 3T, MSH admitting
June A. Jansen, PBX opr 3 to admin asst 1, telephone exchange
Sandra L. Herz, clerk 2T to clerk 3T, purchasing
Peter L. Pray, programmer to analyst, computer center
Lynda Sampert, clerk 1 to clerk 2T, MSH admitting
Linda Smith, clerk 2T to clerk 3T, MSH nursing
Marie Vautier, seamstress to cust wkr 2, UHN housekeeping
Betty S. Tomlin, clerk 3T to cust wkr supr 1, MSH housekeeping
Melinda Sidman, clerk 1T to clerk 2T, OPC admitting
Ione Campbell, acctg clerk 1 to acctg clerk 2, UHN office
Chris J. Ebert, cust wkr 1 to cust wkr 2, MSH housekeeping
Eldon S. Grannell, bldg trade helper to plumber, physical plant
Luella May Hancock, cust wkr 1 to cust wkr 2, MSH housekeeping
Carol Johnson, RN 1 to RN 2, UHN nursing
Mozellar Hutcherson, cust wkr 1 to cust wkr 2, MSH housekeeping
Sylvia Winans, RN 1 to RN 2, UHN nursing
Marion J. Smith, cust wkr 1 to cust wkr 2, MSH nursing
Theresa M. Nice, RN 1 to RN 2, UHN nursing
Oliver R. Hughes, main repairman 1 to main repairman 2, physical plant

DECEMBER

5
Virginia Jo Winter, medical psychology
Robert Parker Roth, physiology
Eva Elizabeth Rosenfeld, MSH nursing
Lizzie Kinney, MSH nursing
Patricia Louise Snowman, MSH nursing
Donna Louise Mell, MSH nursing

10
William Putnam, animal care
Henry Ferguson, physical plant
John C. Williams, physical plant
Sandra Lee Reed, clinical pathology
Donna J. Larson, CCD

15
Dr. Ernest A. Meyer, microbiology
Elizabeth Stewart, MSH dietary

20
Charlotte Moffat, hematology

25
Russel Anderson, physical plant
Carrie Terry, TB Hospital

Moving Up

Sherry Ann Villa, cust wkr 1 to inst wkr 2, central services administration
Victor Spear, laundry wkr 1 to laundry wkr 2, UHN laundry
Hershel D. Miller, cust wkr 1 to cust wkr 2, MSH nursing
Gary Milleberg, RN 1 to RN 2, UHN nursing
Meliha Ergene, RN 2 to RN 3, UHN nursing
JoAnn Allyn, sec 2T to sec 3T, immunology
Sally L. Newbell, clerk 1 to caseworker 1, social services
Christine M. Dodds, clerk 3T to clerk 4T, med. correspondence
Kristine Lorenzen, RN 1 to RN 2, UHN nursing
Ouida A. Davis, cust wkr 1 to cust wkr 2, MSH housekeeping
Patricia G. Linder, sec 3D to clerk 4T, MSH patients' business office
Patsy Martin, office trainee to clerk 2T MSH patients' business office
Carolyn Audette, acct clerk 1 to clerk 4, CCD

NEW FACULTY

Full-Time

Dr. Gerrie A. Leslie, associate professor of microbiology
Edith H. Throckmorton, assistant professor, circulation librarian
Dr. Harry M. Weitlauf, associate professor of anatomy

Volunteer

Dr. Benjamin H. Bonnlander, clinical instructor in medicine
Dr. James E. Devorss, clinical instructor in medicine
Dr. George Douglass, clinical instructor in medicine
Dr. John A. Enbom, clinical instructor in obstetrics and gynecology
Dr. Christopher W. Hauge, clinical instructor in surgery

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