

Transfusions, such as the one being received by this UOMS patient during hip surgery in April, are possible only if enough donor blood is available. A new blood replacement program is underway here to improve the Medical School hospital's low replacement record.

UOMS volunteers undertake blood replacement program

Blood is a one-of-a-kind substance. There is no substitute. Blood used for life-saving transfusions can only be obtained from other human beings.

In the last six months, almost 9,000 pints of blood were needed by patients at the Medical School Hospital. Yet only one-third of the blood used was replaced by recipients and their families and friends.

At other Portland hospitals, the rate of replacement is consistently higher than at UOMS. Most of these hospitals have active blood replacement programs.

In view of our low record in this area, the UO blood bank and transfusion committee decided to organize a blood replacement program here under the auspices of volunteer services.

Volunteer services undertook the new project April

1. UOMS volunteers involved in the program are Mrs. Bea Sternberg, Mrs. Fritzi Hicks, and Mrs. Clara Strickler. They are under the supervision of Director of Volunteer Services Marla Clark.

Volunteers have already begun contacting patients and their families, urging that blood used by the patient be replaced at the Red Cross Blood Bank or at a bloodmobile.

Patients and their families are given a number of cards corresponding to the number of pints of blood transfused. These cards bear the patient's name and the hospital's name and are to be presented when blood is donated. In this way, UOMS is credited for the replacement.

A pre-admission blood replacement program has also gone into effect. Physicians have been asked to explain to the patient and family the possible need for blood and the amount that might be needed. The patient is given the proper number of cards stamped with his identiplate. These are presented when replacement blood is donated.

Another aspect of the replacement program involves waiting several months and then contacting the family of a deceased person who has received transfusions. The need for replacement blood for others is stressed, and a plea is made for donations by family or friends.

Medical School employees may help in the blood replacement effort when the Red Cross bloodmobile is on campus. Volunteers will be on hand to distribute blood replacement cards bearing the names of patients who have received blood here. Employees may present these cards when they give blood so that the Medical School will receive credit.

Bloodmobiles will be on campus twice this year, June 4 and December 10. Persons who wish to give blood at other times may acquire a blood replacement card through UOMS volunteer services. The card should be presented at the Red Cross Blood Bank when blood is given.

Persons between the ages of 17 and 65 who are in good health and weigh at least 110 pounds are eligible to donate blood. Before giving blood, each donor is given a brief medical check up for his protection and to make certain his blood will be safe for the recipient. Seventeen-year-olds must have parental consent.

A person is ineligible to give blood if any one of the following applies:

If he has ever had hepatitis or has been in close
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Prentice to direct new planning office

A new UOMS planning office was established April 1 which incorporates certain function of the offices of program planning and facilities planning.

The new office, known as the institutional planning office, is under the directorship of William Prentice, former director of program planning. According to Prentice, the office will consolidate all planning on campus within one office.

Prentice and his staff will handle development and formulation of program planning projects, conduct site and space analyses including maintenance of all records, and generally advise and participate in all phases of institutional planning.

Prentice pointed out that the institutional planning office will provide support and service to the faculty planning council, the space committee, and other campus boards and committees requiring planning support.

Some responsibilities for design and construction which were formerly handled by the office of facilities planning are now carried out under the auspices of the physical plant under the direction of Ralph E. Tuomi.

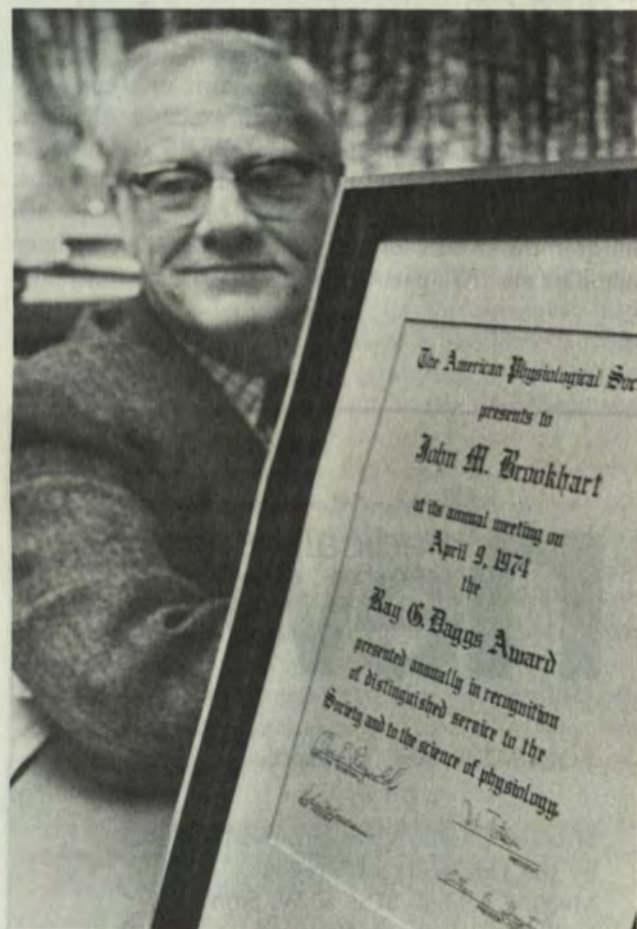
The new assistant director of the institutional planning office is Gordon Ranta, former research analyst for facilities planning.

A. J. Clemons, director of facilities planning, will retire July 1, after 24 years of service to the Medical School.



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university of oregon medical center



Physiology chairman honored by Society

Dr. John M. Brookhart, professor and chairman of the department of physiology, was awarded the Ray G. Dagg Award of the American Physiological Society April 9.

The award was made in "recognition of distinguished service to the society and to the science of physiology."

Dr. Brookhart is the first to receive this annual award, which was established last year to honor the society's former executive secretary-treasurer.

The UOMS professor was flown to Atlantic City to receive the award at the society's annual meeting.

Dr. Brookhart has served the American Physiological Society as council member from 1960-1964; president from 1965-1966; and chairman of the finance committee from 1967-1973.

Since 1964, he has been chief editor of the *Journal of Neurophysiology*, a publication of the American Physiological Society.

Dr. Brookhart has held the post of chairman of the U.S.A. National Committee for the International Union of Physiological Sciences since 1969.

In 1966, the Medical Research Foundation honored him for outstanding service.

Dr. Brookhart has been at the Medical School for 25 years.

Assistant dean discusses state retirement funds

The downward trend of the stock market in 1973 meant less profits for those investing in the market—including public employees in Oregon who participate in the state's compulsory Public Employees Retirement System (PERS).

But over the long haul, public employees here have fared well—in fact, better than many workers in other states with similar retirement programs—according to Joseph J. Adams, chairman of Oregon's Public Employees Retirement Board and assistant dean of the Medical School.

In a recent interview with *Medical Center News*, Adams noted that many employees were irate when they received their annual statements from PERS for 1973 which showed zero return on their pension funds for that year.

"Many employees were unaware that a portion of their retirement fund was invested in the stock market," Adams observed. "It is time to clear up the confusion about how retirement funds are invested."

The UO assistant dean explained that under a 1945 state statute, the governor appoints a Public Employees Retirement Board of five members who serve four-year terms. Two members represent the public at large, and the other three are appointed from the ranks of those who are members of the retirement system. This board elects a chairman (currently Adams), and selects and retains an executive director. The present executive director of PERS is James L. McGoffin. He is assisted by a staff of some 60 persons.

Board members meet at least bi-monthly to administer the affairs of the system's 81,000 employee members and 657 participating employers.

PERS members include all state employees, employees of municipalities, firemen, police, teachers, and other public employees.

Adams pointed out that the members of the system as well as their employers contribute to the retirement program. These monies are invested promptly through the State of Oregon's five-member Investment Council, which was created by the legislature in 1967. Funds are routed through the state treasurer's office to the Investment Council, the state treasurer being a member of this body.

Employees participating in PERS have their contributions invested in the "fixed fund," which consists of investments in corporate bonds, mortgages, small business loans, and treasury securities.

In 1967, however, the legislature authorized the Oregon Investment Council to invest up to 10 per cent of the "fixed income" in stocks. That authorization has now been increased to 35 per cent. This was done as a long-range anti-inflation procedure. Since 1970, approximately 25 per cent of trust funds have been in stocks.

Adams added that during the three years after the Council began investing fixed funds in common stocks, the rate of interest distribution to employees' accounts jumped from 4.65 per cent to 7.46 per cent.

"It was not the bonds and mortgages that made possible this increase of more than \$22 million," Adams commented, "but, rather, the return on the common stock portion of the fixed fund."

Employees who choose the variable fund option may elect to have up to 75 per cent of their contributions invested in stocks. Twenty-five per cent of the remainder is already in stocks. This means that an employee may have as much as 81.25 per cent of his contributions invested in stocks, if he chooses. The money is invested by six money management firms who have full discretion to buy and sell, Adams explained. These money managers are selected by the Investment Council and include the very top firms in the nation, he added.

The variable fund is basically the same as a mutual fund, and fluctuates in value to reflect the nation's economy. In 1970, 1971, and 1972, employees in the variable program received generous returns.

Of the approximately \$625 million dollars in the retirement fund as of December 31, 1973, \$25 million was in the variable account, which experienced a loss of 16.39 per cent.

The other \$600 million—in the fixed account—was invested by the Investment Council under the guidelines established by former legislative assemblies. Of this amount, approximately \$440 million was in true fixed investments, i.e., mortgages, bonds, small business loans, etc., with an average net yield of 6.7 per cent, or an interest income of approximately \$29½ million for 1973.

Thus, in the fixed fund, the combination of these two investments, totalling \$600 million, produced a net gain in distributable interest income of approximately \$3 million, which was credited first to the reserve for pensions already granted, as required by statute.

Executive Director McGoffin commented recently in a statement sent to all employees involved in PERS, "The high rate of return on the fixed income during the past three years can only be attributable to the income from the equity portion of the fixed fund."

"If you will average the earnings of this fund over the past four years (including 1973 when no interest was distributed) you will still find that the average trust return has been nearly 4.75 per cent. This places the return to your Oregon trust portfolio in an extremely favorable position with those granted in other jurisdictions, public or private," he continued.

"For instance, some of the nation's largest bank investment trusts—Chase Manhattan, First National City Bank, First National of Chicago, and Bankers Trust—had an average loss in 1973 of 28 per cent. The State of California PERS program recorded a loss of 28+ per cent, and Idaho recorded a 23+ per cent loss," McGoffin added.

"Interestingly enough, the 24-year average of returns to the PERS trust portfolio prior to the time

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Commencement

Hall to speak

Dr. Wesley W. Hall, Reno surgeon and past president of the American Medical Association has accepted an invitation to deliver the UOMS-UOSN commencement address June 7.

A native of Mississippi, Dr. Hall received his medical degree from Tulane University and served his internship and surgical residency at Baroness Erlanger Hospital in Chattanooga, Tennessee.

He was in private practice in Mississippi for ten years before going to Reno in 1946. The father of UOMS senior, Lee Hall, Dr. Hall has been active in AMA affairs for the past twenty years, having served as a member, vice-chairman and chairman of the board of trustees before being elected to head the Association in 1971.

The many honors received by Dr. Hall include the A. H. Robins Award for Outstanding Medical Service, The Golden Arrow Award and an Honorary Doctor of Science Degree, both from Mississippi College, and the University of Nevada's "Distinguished Nevadan Award."

Campus will have new copy center

In an effort to improve photocopying services on campus and decrease the cost of these services, a committee of UOMS administrators and others has recommended the establishment of a new copying center to replace the present center in the Administration Building.

The new center, which will probably open this summer, would be in the basement of the Administration Building in room 13.

A high-speed offset duplicating machine, capable of making 9,000 impressions an hour, would be used in the new copying facility.

"We are switching to offset duplicating because it is faster, cheaper, and more efficient," commented one member of the committee. "We find the reproductive quality to be equal or better than that of machines we are currently using."

The new center will provide better photocopying services to the campus along with "better or equal access for the same or less money," according to the committee.

The UOMS printing department will make use of the new high-speed equipment to run their duplications during off hours. So the equipment will get double use.

Copies run on the new offset machine will cost two cents a copy, and copies on the Xerox machine will still be three cents a copy.

Those on the committee are M. R. Parelius, business manager; J. J. Adams, assistant dean; Dick Herren, director of instructional aids; Del Brumble, supervisor of printing; Ann Hoffstetter, assistant business manager; and Pauline Brown, who supervises activity in the present photocopying center.

medical center news

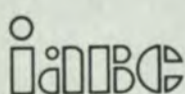
VOLUME 3, NO. 3 — April, 1974

Medical Center News is published by the University of Oregon Medical School, 3181 S. W. Sam Jackson Park Road, Portland, Oregon 97201 to inform students, employees, faculty and friends of the institution of programs, activities and events of interest to them.

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"Put your hands on your head!" is part of an exercise to give disabled children greater awareness of themselves and their surroundings. Above, Mrs. Elizabeth MacKay plays the learning game with her two-year-old son, Andrew.



Being rolled around on top of a big inflated ball is not only fun for five-year-old Christopher Ford, but teaches him about balance and relaxation. Guiding his movements are Pat Toal, right, CCD physical therapist, and therapy trainee Mary Ann Oka.

Preschool gives headstart to handicapped children

"Billy: If he falls, do not rush over to help him up. Wait at least one minute, then help him by allowing him to pull himself up on a chair. Clap your hands to reinforce correct behavior. Imitate his sounds."

"Jason: Ignore crying—walk away from him, do not interact. When not crying, engage in 'child's game'—no questions or commands. Use graduated rings or pull toys."

Instructions like these are clearly printed on big colored cards that hang above the window, one for each of the ten students. Not an ordinary method of teaching a pre-schooler or reminding a student-teacher, but the parents, teachers, and students in this special UOMS class are far from ordinary.

The Developmental Disabilities Preschool, housed in the Child Development and Rehabilitation Center, is helping Billy and Jason and about 15 other handicapped children learn the necessary survival skills to participate in other school settings.

Children in the program are taught by Consuelo Escoc, child development specialist, and Carla Dowling, assistant. Dr. Gerald Smith, associate professor of special education at CCD, and Diana Devers from the Multnomah County Intermediate Education District, supervise the program, which is financed by federal funds administered by the State Mental Health Division.

What makes this program different is that it serves children from infancy to six years of age, and parents are totally involved in the training of their child, both in the classroom and at home. Emphasis is on giving the child early stimulation and training to offset developmental delays.

"When the child does not acquire skills early in the appropriate developmental sequence, his delays are greater at school age," explained Miss Escoc. "Parents are trained not only in recognizing delays, but also in actually helping their children by carrying out treat-

ment programs in the classroom as well as at home."

The "home start" phase of the two-part program begins with the Denver Developmental Screening Test to assess the child's needs. Then an individualized program is established for the child, which the parents carry out in the home.

For example, a four-month-old infant who has Downs Syndrome (mongolism) may have to be taught to respond to sounds, such as the ringing of a bell, by "shaping" his response, i.e., turning his head toward the sound until he responds without assistance.

In the classroom, parents maintain a clipboard of charts on their child's progress, and the activities are continued or altered as the child achieves specific goals.

Parents are visited in the home on a regular basis by the teachers, who demonstrate appropriate techniques for working with specific behaviors.

"The program is for both the parent and child, with the parent often deciding which behaviors they would like to change," Miss Escoc commented.

Handicapped children between the ages of two and six participate in the classroom phase from 9 to 11:30 daily. In class, children learn from parents, teachers, and trainees. Siblings are allowed to participate and are often used to model a behavior.

"We try to provide a variety of sensory experiences so that the child will learn to interact and respond to his environment," explained Miss Escoc.

For instance, they may finger paint with shaving cream, dress-up with wigs, play in a bin full of styrofoam "popcorn," or sit around the table and play in a basin full of water.

To teach children about diversity in taste and texture, parents bring different kinds of food for the children to eat at snack time. Two favorites are buttered popcorn and gingerbread men. At rest time, the children may listen to records or storytelling.

Good behavior or success at a task is rewarded by the use of primary reinforcement or small treats. Pulling up a sock could win a raisin or Cheerio with a hug and praise. Speaking a clear word or recognizing one's name might be worth playing in the cornmeal "sand box" or listening to the tinkle of a music box. And a successful trip to the toilet is at least worth playing with a small hand mirror or a bottle of bubble soap and a pipe.

Not all sensory experiences are pleasant, however, as was discovered by one five-year-old who was constantly grinding his teeth. He now gets a squirt of lemon juice and a firm "No" from his teacher at each slip-up. As he improves, the lemon juice will be phased out, and he will be praised for his new appropriate behavior.

Parent participation in the classroom insures successful home learning and helps parents become more objective about their child's behavior, Miss Escoc pointed out.

"The parents are in the best position to change behaviors on a consistent day-to-day basis," she observed.

Parents work individually with the child, the teachers, and the trainees in changing behaviors. For special problems of any nature, specialists in 12 different disciplines such as dentistry, nutrition, speech pathology and pediatrics are on hand as consultants.

"We feel this is a big plus for the program, because the expertise is available to work with the total child in an interdisciplinary approach," Miss Escoc emphasized.

Sex ed class is educational for students and teachers alike

"Fifth graders know a lot more about sex than you'd expect," commented Betty Krause, one of four junior nursing students who taught a short course in sex education in a Portland elementary school in February.

Betty, Ellen Burgess, Debbie Sexton, and Peggy Buel taught the class as a term project for their pediatrics seminar class which was taught by Barbara Snell, instructor in pediatric nursing.

After much research on how to gear a sex class to youngsters, the four nursing students got permission from school administrators to teach the two-session course at Martin Luther King Elementary School. Permit forms were sent to parents of all children in the class.

Aspects of sex education discussed in their course included changes in boys and girls in puberty, venereal disease, masturbation, and birth control.

"We tried to establish a rapport with the children," said Betty. "We all sat in a circle, and the kids tried to sit as close to us as they could. They really enjoyed the class."

"They knew more than we thought they would, and were more open to discussing sex in class than we'd expected. By the end of the course they were not as hesitant about saying terms and words related to sex," Betty continued.

"In the beginning, they giggled a lot. But by the end, it was honest laughter—they laughed because something was funny, not because they thought it was dirty."

At the end of the course, the nursing students gave the fifth graders a test over the material covered. The youngsters had high scores.

Betty said the course was so successful that other teachers at the school have requested it for their classes.

"Debbie and Ellen and I enjoyed it so much that we hope to go back this term and teach another course. We have let other pediatrics classes know that sex ed courses are in demand," Betty commented.

For their work on the project, the four nursing students received A's.

Tuition is up five per cent

Tuition increases of about 5 per cent were recently approved for the 1974-75 school year by the Oregon State Board of Higher Education.

Tuition and fees per term for resident students will be: medicine \$331, up \$15; baccalaureate nursing and medical technology \$197, up \$7. For non-resident students studying medicine, tuition and fees will be \$728, up \$37; for those in nursing and medical technology, \$504, up \$33.

Graduate students in all programs will pay \$289 per term, an increase of \$12.

Rooms in the Women's Residence Hall will cost slightly more as well. Rates are set at \$550 a year double, up from \$500; and \$725 single, up from \$700.

New breed of specialists emerges at UOMS

In the state of Oregon alone, the number of open heart surgery teams has almost doubled in the last five years.

These teams and many others like them across the country are beginning to look to the special talents of a unique group of technical assistants known as cardiopulmonary surgery physician assistants.

And chances are good that many of these specialized assistants in practice today throughout the U.S. learned their skills at the University of Oregon Medical School.

At the present time, UOMS is the only institution in the nation with a training program in this area. Here, trainees study all phases of cardiac patient care and supervision, and learn to be vital members of the surgical team.

Roots of the year-old teaching program go back about ten years, when the department of cardiopulmonary surgery, under Dr. Albert Starr, began on-the-job training of heart-lung technicians.

In 1970, Oregon passed a law outlining the requirements for physician assistants. At this time, Dr. Starr decided that UOMS should aim toward preparing its heart-lung trainees for state certification under the new law.

The department of cardiopulmonary surgery itself has five of these specialized assistants, all of whom were trained here. (Although there are hundreds of physician assistants in the U.S., training them in a specialty area, such as cardiac surgery, is a relatively new idea.)

One of the primary duties of UOMS cardiopulmonary surgery physician assistants is operating the heart-lung machine during open heart surgery.

The heart-lung machine routes blood out of the body and through the machine so that the surgeon can operate in a bloodless field.

The physician assistant who operates this complex machine is essentially taking over the functions of the patient's heart and lungs. During surgery, he must also periodically test the blood to make certain it remains within physiological norms.

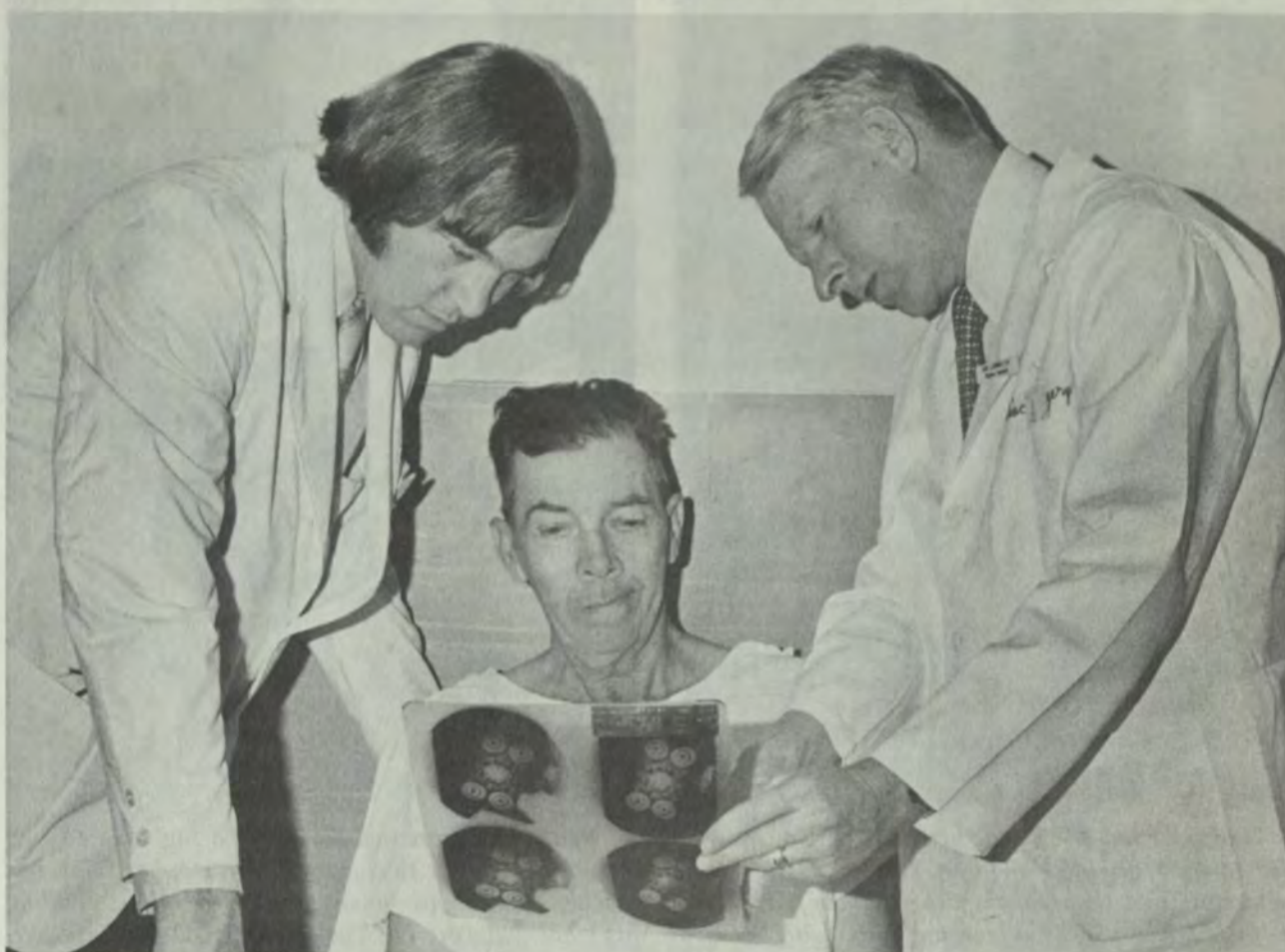
Students are also trained to assist at the operating table. During minor procedures they may act as first assistant, or in more complex operations, as second or third assistant.

Monitoring the pacemaker clinic is another aspect of the physician assistant's role at UOMS. They schedule and interview patients, check pacemakers, perform preliminary examinations, and read EKG's and X rays, thus, providing a vital link between the patient and the often harried physician. Students also assist in the chest and cardiovascular evaluation clinics.

Physician assistants are able to spend much of their time with patients, answering questions and responding to individual problems.

Trainees are taught to remove stitches, start I.V.'s, remove chest tubes, suture wounds, run blood gas analyses and perform cardiopulmonary and mouth-to-mouth resuscitation.

They also play a major part in the department of



Showing a patient x rays of his pacemaker and taking time to answer questions about his progress are aspects of the cardiopulmonary physician assistant's role. Above, Jeri Dobbs, director of the cardiopulmonary physician assistant program, and Garry Scott, trainee, confer with James Gideon, patient, at the UOMS pacemaker clinic.

cardiopulmonary surgery's animal research program. They perform operations on animals, and assist in surgery to implant experimental heart valves and pacemakers in dogs and other animals.

Physician Assistant Jeri Dobbs, who was UOMS's first certified cardiac specialist, is now director of the training program and instructor in surgery. He is in charge of the animal research program and the pacemaker clinic.

His special duties include managing the pacemaker telephone follow-up system, a program in which patients from all over the state are able to relay their pacemaker signals to UOMS using special telephone transmitters. In this way, their pacemakers may be monitored without frequent clinic visits.

Dobbs also instructs new residents in surgery who are unfamiliar with the use of new heart pacemakers.

The cardiopulmonary surgery physician assistant program accepts two new students each year, and trains them for a 24-month period.

Prerequisites for training include two years of college science and some patient care experience. Many applicants already have a bachelor of science

degree, according to Dobbs, who was instrumental in designing the new training program.

"Before we outlined the program, we talked with physician assistants outside the medical school to find out what they felt were their weak areas and what they would do over again, if they could, as far as their training was concerned," explained Dobbs.

"We also talked with physicians and surgeons in order to determine the areas they felt such specialists could be of most use to them," he continued. "We wanted to make sure our students received the best possible training."

Students receive didactic and clinical training, with many courses given in conjunction with the School of Nursing. Course work is given in such areas as physiology, anatomy, pharmacology, basic electronics in medicine, surgical techniques, and patient care.

To be licensed in Oregon, graduates must pass a state examination which is administered by the State Board of Medical Examiners.

Throughout his career, each physician assistant must be sponsored by a physician.

Livingstone speaks on proposed laws

Forthcoming federal health legislation was discussed in detail with members of the UOMS Advancement Fund Board of Directors at their April meeting by Dr. Ernest T. Livingstone, second from left. The chairman of the American Medical Association's committee on legislation, Dr. Livingstone, a Portland internist, also served as 1972-73 president of the UOMS Alumni Association and is an associate clinical professor of medicine.

Members of the UOMS Advancement Board shown above at the University Hospital North meeting were from left, W. A. Zimmerman, associate dean for business affairs; J. J. Adams, assistant dean; H. E. Butler, vice president and trust officer, U. S. National Bank of Oregon; Larry Koch, assistant development officer; Dr. Donald Olson, former president of the UOMS Alumni Association and associate professor of medicine; and Roscoe Nelson, Portland attorney. The nineteen-member board, made up of prominent members of the community, meets on the campus quarterly.



Report to the Alumni



'Homecoming' draws nearly 500 to campus

Dr. Lalli named alumni president

Dr. Richard A. Lalli, '56, was elected to head the University of Oregon Medical School Alumni Association during the coming year at the group's 59th annual business meeting in April. Dr. Lalli will succeed Dr. Ernest Livingstone, '51, to the presidential post. Serving with him are Dr. John D. O'Hollaren, '47, vice president; Dr. Phyllis B. Church, '67, treasurer; Dr. Daniel L. Dennis, '58, secretary. All are Portland physicians. Regional vice presidents elected include Dr. Leland Hall, '55, Hanover, NH; Dr. William Lee, '64, Bend, OR; Dr. Edmund Olson, '47, Olympia, WA; Dr. Thomas Stern, '50, Kansas City, MO.

Dr. Lalli served as program chairman for the 59th annual scientific meeting and was vice president of the Association during the past year. As a student he was a member of the prize-winning Forcep Four barbershop quartet. An ophthalmologist, he interned at the UOMS and was a National Institutes of Health trainee during his residency at the UOMS Hospitals and Clinics. Dr. Lalli is an assistant clinical professor of ophthalmology at the Medical School.

Dr. O'Hollaren also serves on the UOMS volunteer faculty as assistant clinical professor of medicine. He had been in practice in Portland since 1959.

The new Alumni treasurer, Dr. Phyllis Church, began her medical education in 1943 and finished her classroom association with the UOMS in 1967. Time out to raise her family was taken after her junior year. Dr. Church is a clinical instructor in medicine at the UOMS.

Dr. Dennis, newest of the Alumni officers, interned and began a medicine residency at Highland-Alameda County Hospital followed by a surgery residency at the UOMS where he was also an American Cancer Society fellow. Dr. Dennis served on the full-time faculty from 1965-1970 at the UOMS. He continues as a member of the volunteer staff.



Top: Dr. Richard Lalli, Dr. John O'Hollaren
Bottom: Dr. Phyllis Church, Dr. Daniel Dennis

UOMS graduates, nearly 500 of them, returned to the campus April 17-19 for the 59th annual Alumni Association scientific meeting.

The sessions, held in conjunction with the Sommer Memorial Lectures, were back in the familiar setting of the Library Auditorium for the first time since 1969.

Homecoming graduates had the opportunity not only to hear an outstanding panel of speakers, but to see the many changes that have taken place on the campus in the last five years. Many took the opportunity to tour new buildings, particularly the Basic Science Building and its multi-discipline teaching laboratories, talk with old friends, meet medical students, greet former teachers.

Not only did graduates have the opportunity to hear Sommer Lecturers, Dr. J. Englebert Dunphy, surgery department chairman at the University of California School of Medicine and former departmental chairman at the UOMS; Dr. John F. Murray, professor of medicine, University of California School of Medicine; and Dr. Howard M. Spiro, professor of medicine at Yale, but they also listened to Alpha Omega Alpha Lecturer Dr. Norman Shumway, chief of the division of cardiovascular surgery, Stanford, and Alumni speakers, Drs. Paul Blachly, professor of psychiatry, Richard Bryant, head of the division of infectious diseases and Sonia Buist, assistant professor of medicine, all UOMS, and Dr. John Zook, Portland surgeon.

Dr. John Zapp, department of congressional relations, American Medical Association and former deputy assistant secretary for legislation (health), Department of Health, Education and Welfare, was the speaker at the annual Alumni Association luncheon, held this year in the Student Activities Building. Senior medical students were Alumni guests at the session.

Seven class reunions were scheduled during the annual meeting including a get-together of the Class of 1924. Photo highlights of that 50th anniversary reunion appear on page III.

Alumni cite executive secretary

Joseph J. Adams, assistant dean, who served as University of Oregon Medical School Alumni Association Executive Secretary for 22 years, was honored during the 59th annual Association meeting with an Award of Extraordinary Merit.

In making the presentation at the annual Alumni luncheon April 18, Dr. Phyllis Church, '67, Alumni Association Secretary, pointed out that Adams had resigned the Alumni post in March, 1973, to take on additional institutional responsibilities.

"While his Alumni work was classified as 'part-time,' the job he did more than equalled a full-time one when you consider his accomplishments for us: in his years with the Association he helped organize on a full-time sustaining basis this Association; he published our first directory; started a quarterly magazine that has been widely quoted and copied and has been a consistent award winner; assisted in organizing the three-day scientific meetings; worked with the Executive Council to initiate awards to both Alumni and laymen for their contributions to medicine; helped obtain tangible evidence of Alumni support on the campus in the Alumni fountain, the greenhouse, the funding of athletic activities, the Alumni Scholarship program, the drive to establish the Laurence Selling Chair of Medicine Foundation, and now the annual giving program."

Dr. Church and Alumni President Dr. Ernest Livingstone, '51, presented the outgoing executive with a certificate signed by the 20 living presidents of the Association under whom he served, and an engraved silver tray.

LIFETIME MEMBERSHIPS AWARDED

During the annual business meeting on April 17, the Alumni Association honored 21 graduates with Lifetime Membership Certificates in recognition of their long and outstanding service to medicine and for their continued interest in Alumni activities since graduation.

Dr. Willard J. Stone, Salem, Class of 1931, received a Lifetime Membership as did the following members of the Class of 1934:

Drs. John Abele, Portland; Arthur Alne, Fullerton, CA; Russel L. Baker, Progress; Galen Belden, Salt Lake City; Frank Boersma, Vancouver, WA; George Bracher, Hilo, HI; Ralph Brown, Olympia; E. G. Chuinard, Portland; Joe B. Davis, Portland; Robert S. Dow, Portland; Ernest G. Everett, Ashland; Richard S. Fixott, Colorado Springs; Melvin E. Johnson, Phoenix; Robert W. Lloyd, Eugene; Philip H. Moore, Sitka; H. Minor Nichols, Portland; Frank E. Sohler, Ashland; James T. Speros, Portland; Dan N. Steffanoff, Portland; Carl Tryggvi, Seattle.



Joseph J. Adams, long-time Alumni Association Executive Secretary, in the top photo, unwraps the silver tray presented to him in recognition of his "loyal, able and valuable assistance to the Association for 22 years" at the annual Alumni Luncheon April 18. Dr. Charles Holman, '36, Medical School Dean, watches. Bottom photo shows recipients of Lifetime Membership Certificates after receiving their awards in the UOMS Auditorium during the annual Alumni Association business meeting April 17. Present for the awards ceremony were, left to right, Drs. Ralph Brown, Frank Boersma, John Abele, Arthur Alne, Frank Sohler, Richard Fixott, Robert Dow, James Speros, Willard Stone and Dan Steffanoff.

President reports focus on students

The University of Oregon Medical School Alumni Association has focused its attention on students and on "education," Dr. Ernest T. Livingstone, Alumni Association president said as he reviewed the year's activities for returning graduates during the 59th annual Association meeting in April.

In his report to the membership, Dr. Livingstone said that in the past nine years, the Alumni Association has awarded 37 first-year medical student scholarships for a total of \$18,500. These Alumni Scholarships have been the only true scholarships available to first-year students and are awarded on the basis of scholastic achievement in the undergraduate years, he said. Funding for the Alumni Scholars program has come from graduates' annual dues to the Alumni Association.

In addition, Alumni officers maintain a continuous liaison with medical students through a series of informal luncheons with class representatives. "This," Dr. Livingstone said, "has served as an excellent communications vehicle between graduates of the School

and students. Information on student reaction to educational programs, for example, has been accumulated and routed to the Dean of the Medical School," he said.

A major project of the Alumni Association continues to be the Dr. Laurence Selling Chair of Medicine Foundation, Dr. Livingstone indicated. The annual meeting of the Selling Foundation, he reported, of which the Alumni Association is trustor, was held in late November with representatives of the U. S. National Bank. Dr. Willis Irvine, '48, succeeded Dr. Donald E. Olson, '47, to the Selling Committee and Dr. Lendon Smith, '46, was named chairman of the Foundation Committee. Dr. Livingstone reported the principal asset value at market of the Foundation on October 31, 1973, was \$235,833.15 and that benefactors had contributed an additional \$26,685 during 1973. Available for distribution from earnings during the year was \$8,766.54.

Earnings from the Selling Foundation are distrib-

uted by the Dean of the Medical School and go toward the partial support of salary and for other department of medicine activities. Dr. J. David Bristow, '53, chairman of the medicine department, is the current Laurence Selling Professor of Medicine.

DATES FOR THE 60th annual Scientific Meeting of the UOMS Alumni Association have been announced by Dr. Richard Lalli, president. April 16-18, 1975, have been selected for the meeting which will again be held on the Medical School campus in conjunction with the Sommer Memorial Lectures.

50th anniversary of graduation celebrated by class of 1924



Dr. Bernard Barkwill, La Mesa, CA, pictured center left, with UOMS Dean, Dr. Charles Holman, was chairman of the class of 1924 reunion April 18 at the Benson Hotel. Also attending the 50th anniversary celebration were Drs. Lewa Wilkes Ager, Roseburg; H. C. Christopher, Des Moines, WA; Vernon Douglas, Portland; Hugh A. Dowd, Salem; Carl Phetteplace, Eugene; Otis Schreuder, East Hampton, CN; Max Simons, Portland and Richard Thompson, Portland. Shown above reminiscing at the evening get-together are Drs. Max Simons, Vernon Douglas and Richard Thompson. In the center photo, right, are Dr. Carl Phetteplace, Mrs. Max Simons and Dr. Hugh Dowd. Bottom row: Still in practice in Connecticut, Dr. Otis Schreuder came back to Portland not only for the 50th anniversary reunion but also to attend the Alumni scientific sessions—which he did. Another member of the Class of 1924 who has rarely missed a scientific meeting is Dr. H. C. Christopher, Des Moines, WA, right.



Dr. W. R. Todd, professor emeritus of biochemistry, and Dr. John Brougher, '28, Vancouver, WA, physician, left, inspect the first of the cabinets installed in the UOMS Library as a part of the Alumni Association's medical museum project. Begun in 1971 and spearheaded by Dr. Brougher, Dr. Howard Stearns, '29 and Dr. E. G. Chuinard, '34, the fund drive among alumni raised enough money to provide cabinets for the central reading room to display historical medical objects of interest.

UOMS graduates' contributions reach \$51,000

More than \$51,000 has been contributed by alumni to the U.O. Medical School, since November, 1973, according to Dr. Ernest Livingstone, outgoing Alumni Association president.

In his report to the membership at the 59th annual Association meeting April 17, Dr. Livingstone indicated that \$33,000 so far had come from graduates through the new annual giving program and that another \$18,000 came from the final dues solicitation. The dues program is being phased out in favor of the annual giving program, he said.

Funds from the combined fund drives this year go not only to support Alumni Association activities, but in support of projects at the Medical School for which no budgeted funds are available—scholarships, books, and periodicals for the library, new equipment in the hospitals, for modern teaching aids and the like.

"Our goal is to raise \$100,000 this year from UOMS graduates to support the institution. Unless otherwise designated by the donor, these funds are 'unrestricted' so that expenditures can be authorized by the institutional executive in the areas of greatest need." Monies received go to the UOMS Advancement Fund and are tax deductible.

Dr. Livingstone reported that not only graduates of the Medical School have been solicited in this annual giving program, but faculty members, who are associate members of the Alumni Association, as well.

The drive has been spearheaded by a steering committee of Alumni: Drs. Herbert Griswold, '43, Merl Margason, '23, Thomas Montgomery, '32, and Gordon Summers, '65. Also serving on the committee are Roscoe Nelson, Portland attorney and member of the UOMS Advancement Fund Board, Joseph Adams, assistant dean, Mary Ann Lockwood, Alumni executive secretary, and Larry Koch, assistant director of development. Dr. Livingstone has served as chairman of the steering committee.

Dr. Livingstone commended those members of the Alumni Association who are serving as class chairmen for the annual giving program. Each, he said, has contacted members of his class to gain support for the drive.

Physicians serving as class chairmen for the annual giving program include: Drs. Merl Margason, 1923; Bernard Barkwill, 1924; Paul Spickard, 1925; William Grieve, 1926; A. O. Pitman, Sr., 1928; Morton Goodman, 1929; Howard P. Lewis, 1930; E. Murray Burns, 1931; Ben Vidgoff, 1932; Russell Johnsrud, 1933; E. G. Chuinard, 1934; S. Gorman Babson, 1936; Roderick Begg, 1937; John Tuhy, 1938; Forrest Rieke, 1939; David Taylor, 1940; Raymond Reichle, 1941; W. J. Sittner, 1942; Howard Cherry, 1943D; Joseph Nohlgren, 1943M; Richard Hopkins, 1944; Thomas Talbot, 1945; Paul Myers, 1946; Robert Koler, 1947; George Nash, 1948; Stanley Boyd, 1949; Gordon Myers, 1950.

Ernest Livingstone, 1951; Ugo Raglione, 1952; Guy Gorrell, 1953; Marcel Empey, 1954; Charles Fagan, 1955; Richard Lalli, 1956; Richard Zimmerman, 1957; Richard Brust, 1959; Alexander Schleuning, 1960; George Caspar, 1961; Edwin Everts, 1962; James Brooks, 1963; John Bergstrom, 1964; Gordon Summers, 1965; Larry Eidemiller, 1966; Robert Hakala, 1967; David Durfee, 1968; Ronald Marcum, 1969; Larry Rich, 1970; Edwin Cadman, 1971; Robert Nimmo, 1972.

In closing his presentation, Dr. Livingstone stressed the importance of demonstrating to foundations, corporations and others that alumni and faculty actively support, through donations, institutional objectives and he reminded fellow alumni, "Physicians have a position of privilege, leadership and respect in their communities largely based on their education. I urge each of you to contribute a minimum of \$100 each year to the Alumni Association's annual giving program."

ALUMNI OF THE University of Oregon Medical School will now receive *Medical Center News* on a regular basis so that they may be informed of programs, activities and events that may be of interest to them.

CAPSULES

The Early Years

New address for Dr. G. A. Massey, '10, is 1920 Arthur Avenue, Klamath Falls, OR 97601.

Dr. John Martin Askey, who attended the University of Oregon Medical School for two years (1919-1921) before entering the University of Pennsylvania, wrote recently: "The friends I made at the UO Medical School have endured over 50 years. Edwin Osgood (Oz), '24, and I saw each other twice a year at meetings along with Merl Margason, '23; Homer Rush, '21; and Blair Holcomb (whose brother Roger was a classmate of mine)." Dr. Askey also recalled in his letter the especially fine personal rapport between teacher and student that he experienced during his two years of instruction at the UO Medical School. Although he retired some time ago, Dr. Askey certainly has not divorced himself from medical science. He recently wrote an article entitled "History of Medicine—The Auscultatory Gap in Sphygmomanometry" which was published in the January 1, 1974, issue of *Annals of Internal Medicine*. Dr. Askey is now living in Los Angeles, CA, and can be addressed at 6401 Drexel Avenue, 90048.

Dr. Clinton Thienes, '23, presented a paper at the International Congress of Neurology on a new treatment of multiple sclerosis which he developed at the Huntington Institute of Applied Medical Research in Pasadena, CA. Dr. Thienes is now living in Sherman Oaks, CA.

New address for Dr. Robert Herbert Miles, '29, is 924 Grand Street, Alameda, CA 94501.

The Thirties

Dr. W. Penn Wilbur, '31, has been practicing medicine in Lakeview, OR, since 1933. He was a co-founder and owner of the original Lakeview Hospital and served on the school board for 24 years. Dr. Wilbur has three grown children and can be addressed at 102 North "D" Street, 97630.

Dr. Wendell H. Hutchens, '32, can now be addressed at Route 1, Box 117, Rockaway, OR 97316.

New address for Dr. John A. Gius, '34, is 862 Highpoint Drive, Claremont, CA 91711.

Dr. James F. Dinsmore, '36, retired after 32 years of general practice in Canby, OR. His address is 136 North Grant Street, Canby 97013.

Dr. John J. McCallig, '37, is now living at 1456 S.W. 44th Street, Pendleton, OR 97801.

From bellhop at the Seaside Hotel to orthopedic surgeon—that is the path to success which Dr. George Cottrell, '39, a new addition to the staff at Seaside General Hospital, has followed.

Dr. Cottrell came to Seaside, OR, in 1935 during his first year in medical school looking for a job. Instead of using the standard approach, "Do you have a job?" Dr. Cottrell boldly walked into the Seaside Hotel and asked if anyone "could use a good, snappy bellhop?" The startled manager replied "yes," then realized there were no uniforms to fit Cottrell's 6'3" frame. Dr. Cottrell promptly replied he would buy his own and got the job. He continued working for the hotel three years during the summer months.

Dr. Cottrell started practice in Portland, OR, in 1939 and currently travels to the Seaside area every Monday to perform orthopedic surgery and to provide consultation for area residents. He is also available to the Seaside Hospital for special duties over the weekends should crises happen.

One area of concern for local residents expressed by Dr. Cottrell is the development of a physiotherapy section at the hospital. Dr. Cottrell is a member of the Rehabilitation Institute of the Oregon Board and of the Board of the United Cerebral Palsy Association of Oregon. He feels it is important for the hospital to offer a rehabilitation program as a follow-through in patient care.



Warm, sunny weather greeted returning alumni at least one day during the April Alumni Association meetings and allowed acquaintances to be renewed on the Library steps near the Alumni fountain (background).

Dr. Forrest E. Rieke, '39, Portland physician specializing in industrial medicine, has been named 1973 Doctor-Citizen of the Year by the Oregon Medical Association.

Dr. Rieke, a trustee of the Association, was honored for his long record of volunteer service and his contributions to civic and cultural affairs in the Northwest. The citation mentioned his membership on the Oregon State Board of Health for ten years and that he was an advocate of health planning, preventive medicine, and gave early warnings about health manpower shortages.

Dr. Rieke is president of the Oregon Partners of the Americas and heads the Committee on Health and Environment of the National Association of the Partners. He is also on the board of directors of the Comprehensive Health Planning Association of Portland.

Dr. Rieke was the recipient of another honor this past year. The Portland Chamber of Commerce awarded him with the Chamber's Distinguished Service Award on November 12 in recognition of his work as a member of the board of directors and the Executive Committee. He is the anchor man for the Pacific Northwest Occupational Health Conference and has been identified with the Health Affairs Committee and this program for over 20 years. In Chamber of Commerce activities, the doctor, a former basketball player, has been a member of the Sports Committee and has provided medical aid for the State High School Basketball Tournament and the Farwest Classic.

The Forties

Dr. A. Bruce Cattle, '41, can now be addressed at 2244 West 18th Street, Yuma, AZ 85354.

New address for Dr. Alfred O. Heldobler, '41, is 400 Canal Street, San Rafael, CA 94901.

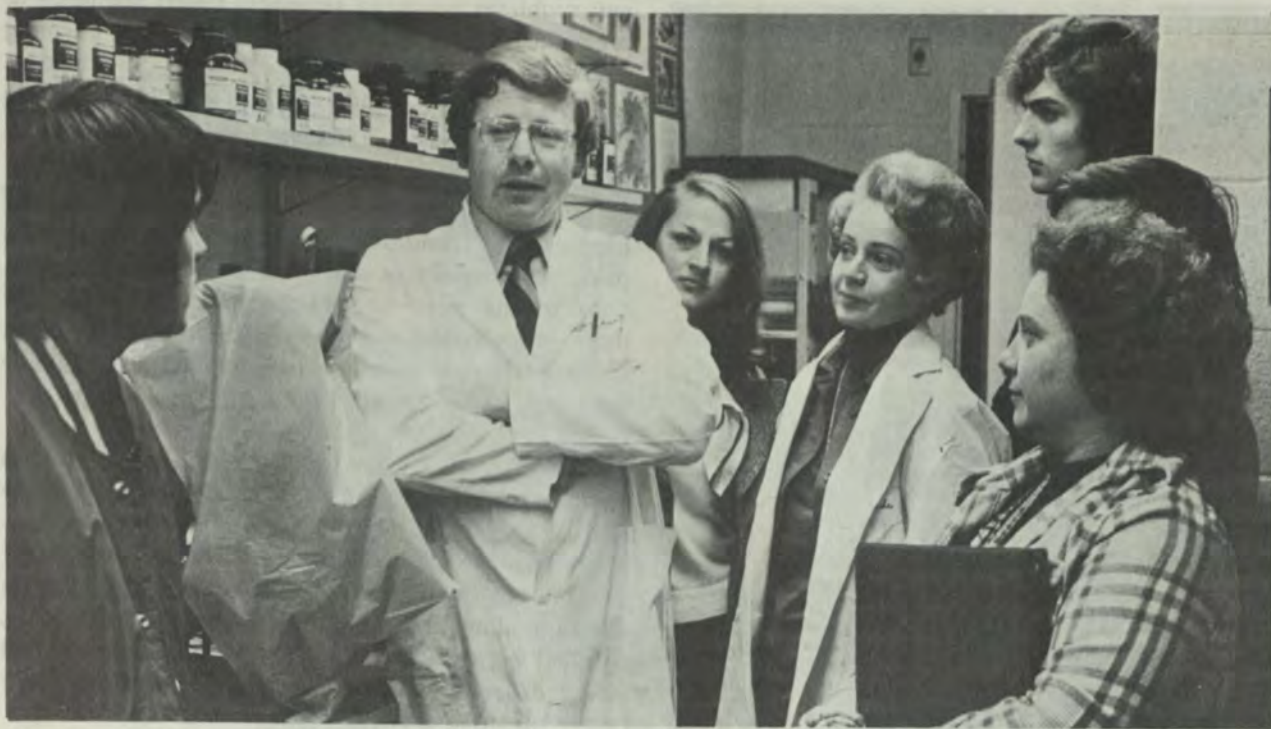
Dr. Andres Karstens, '43, was awarded the Hubertus Strughold Award by the Aerospace Medical Association in Las Vegas, NV, early this fall for his dedication to the advancement of the science and the art of space medicine, the allied sciences and manned space flights. Dr. Karstens, son of a Helix, OR, wheat rancher, is a retired colonel in the United States Air Force. He conducted numerous medical experiments in the fields of aviation and aerospace. Dr. Karstens is currently residing in Seabrook, TX.



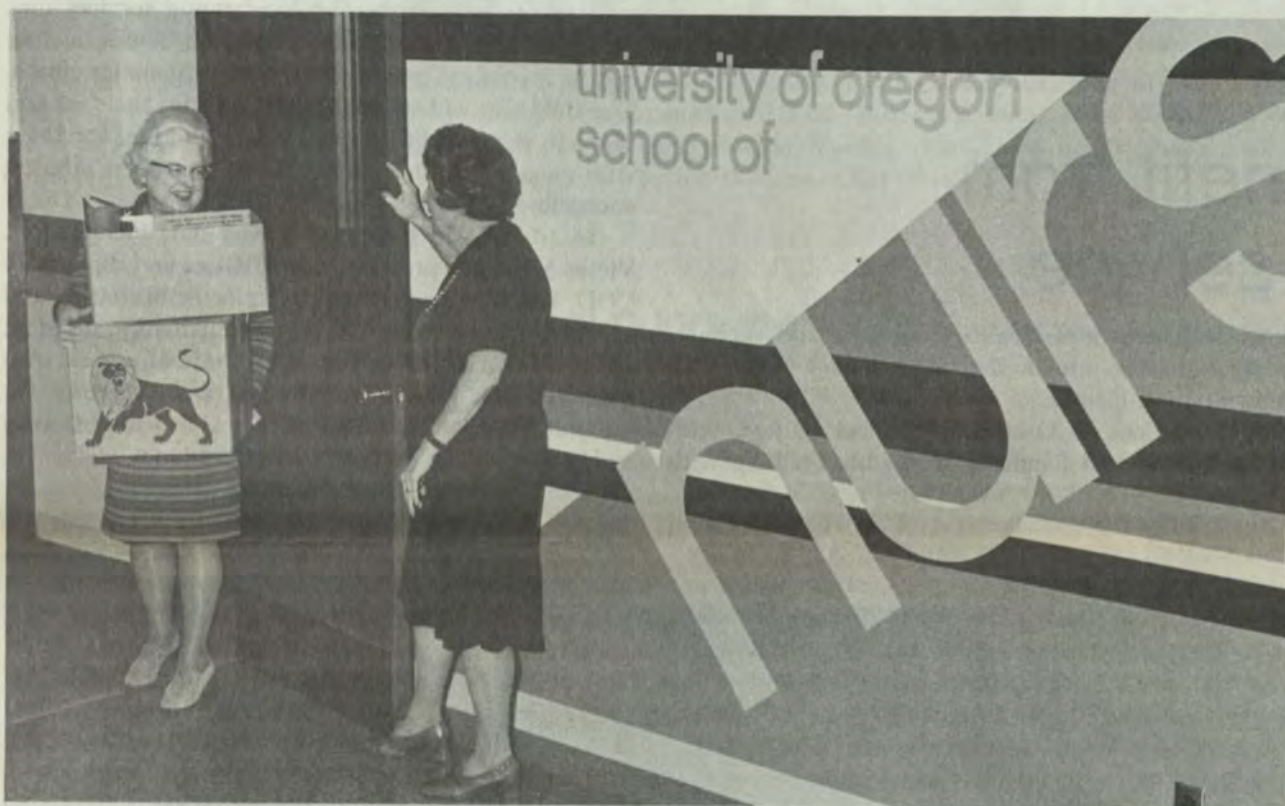
Outgoing Alumni president, Dr. Ernest Livingstone, '51, is congratulated on a successful administration by past president Dr. Albert Oyama, '53. Dr. Livingstone's year was highlighted by the initiation of the Alumni Association's annual giving program.

IN MEMORIAM

Alumni	
E. J. Wainscott, M.D., '07	April 22, 1973
Dwight Miller, M.D., '13	July 9, 1973
John Rose, M.D., '13	March 16, 1973
Morris Bridgeman, M.D., '24	
Russell Christiansen, M.D., '24	
C. D. Moffatt, M.D., '24	
Sherman Rees, M.D., '25	May 8, 1973
Webster K. Ross, M.D., '26	
John Brand, M.D., '27	March 30, 1974
John White, M.D., '27	November 13, 1973
Irvin Schatz, M.D., '30	August 12, 1973
James Campbell, M.D., '32	
Lyle Bain, M.D., '34	September 12, 1973
Neil Black, M.D., '35	
Robert Quinn, M.D., '35	July 20, 1973
Leslie Chaffee, M.D., '38	
Alfred Marshall, M.D., '37	November 6, 1973
Arthur Sullivan, M.D., '38	May 5, 1974
Herbert Hughes, M.D., '39	
Laurence MacDaniels, M.D., '41	September 10, 1973
Avery Nelson, M.D., '41	December 7, 1973
M. R. Mongrain, M.D., '46	September 18, 1973
Richard Lende, M.D., '51	November 17, 1973
Thomas Wyatt, M.D., '72	
Faculty	
William S. Conklin, M.D.	February 24, 1974
Charles Sparks, M.D.	October 14, 1973



Activities of the Faculty Wives Club took on a new dimension recently as club members began guiding tours of the Medical School. Above, high school students from the Tree of Learning school hear about the anatomy lab from Dr. Reid Connell, associate professor of anatomy, as three faculty wives, left to right, Mrs. James Smith, Mrs. Norman Bergman, and Mrs. Michael Baird, watch. In February, the wives established a student loan fund which they initially funded with \$786. Loans may be awarded to students seeking a degree or certificate in any UOMS program.



Moving into the modern, eye-catching new nursing office suite earlier this month were Jean Boyle, dean of the School of Nursing, and Bernice Cochran, associate professor of nursing. Located on the fourth floor of Mackenzie Hall, the suite was formerly part of the department of microbiology. Remodeling began last year.

The suite includes 25 faculty offices with stations for 34 faculty members. There are six stations for staff personnel, plus a laboratory, conference room, work room, and storage space. Supergraphics in red, purple, and grey cover the walls of the suite and entrance, shown above. Modern furniture, including bean bag chairs, was selected for the new offices.

Dr. Neil M. Buist gets research grant

Dr. Neil M. Buist, associate professor of pediatrics and medical genetics, has been awarded a \$9,548 March of Dimes clinical research grant for one year.

He will study premature infants who receive all their nourishment by vein to learn how they metabolize protein sub-units (amino acids and peptides). Better understanding of how newborn babies break down, build up or discard various protein components could be vitally important in nutritional management of premature, underweight or very ill infants.

Dr. Buist's study may clarify important aspects of protein metabolism involved in growth, brain development and survival in the newborn period.

Baird clarifies admitting policy

Hospital and clinic admitting policies at the Medical School were recently clarified by Dr. Michael D. Baird, medical director and administrator of hospitals and clinics.

Admitting procedures for University Hospital North (UHN), formerly Multnomah Hospital, are being brought into alignment with those of the Medical School Hospital (MSH), Dr. Baird explained.

Prior to takeover by the State Board of Higher Education last year, the former county hospital based its admissions on county residence and financial need. A few non-county patients and persons without financial need were admitted only as emergencies. Almost all patients were admitted through the county physician's office.

Now University Hospital North accepts patients on the same basis as the Medical School Hospital: teaching value. The teaching value of individual cases is evaluated by admitting officers in the various departments.

There are several ways in which a patient may be referred to one of the two UOMS hospitals. One way is referral through the UOMS Outpatient Clinic physicians. Patients may also be referred directly for admission by one of the faculty physicians.

Referrals are regularly accepted by admitting offices from community physicians who send their patients to the clinics, hospitals, or individual faculty members for consultation and treatment.

Admissions may occur directly from the emergency room to either hospital. The hospitals act as a "back up" to emergency services. Admission limits are determined by availability of beds.

Admissions to the UOMS Outpatient Clinic occur in a number of ways. A person wishing to be under the care of a physician may "refer" himself to the clinic, where he will be assigned to the appropriate department. Patients may also be referred by a community physician or agency. Frequently follow-up referrals come from emergency services.

The only limiting factors for clinic admissions are availability of appointments, space, and time for the service needed.

Dr. Baird commented that now that admitting procedures at MSH and UHN are being brought into alignment, admissions at both hospitals will reflect the Medical School's primary role as a teaching institution. But he stressed that the Medical School will remain a community resource for health care.

Admitting procedures pose complex problems

Because admitting practices at the Medical School Hospital and University Hospital North have differed basically for so many years, bringing UHN's procedures into alignment with those of MSH has posed complicated problems for hospital administrators.

The Medical School Hospital has traditionally based its admissions on teaching value alone, and the former Multnomah Hospital has always based admissions on a patient's financial need.

Under new policies, the two hospitals may neither discriminate for nor against those in financial need. All admissions must be based on teaching value. However, patients admitted to the University Hospital continue to reflect greater financial need.

In its last session, the Oregon State Legislature decreed that a certain percentage of the two hospitals' operating budgets must come from paying patients. At MSH, this figure has been set at 56 per cent for 1974 and 64 per cent for 1975. (From 1971 to 1973, paying patients contributed only 47 per cent of MSH's budget.)

The legislature has ordered that 50 per cent of this year's University Hospital North budget be paid from fees to patients, and next year 55 per cent.

In past years, about 50 per cent of UHN's budget has come from Multnomah County taxes, and the other 50 per cent was made up by fees to patients, Medicare, etc. Because hospitals' rates have been largely frozen for three years while their expenses have steadily increased, it has become more and more difficult for UHN to derive 50 per cent of its budget from patient fees and government health care plans.

In its phase-out, interim financing of UHN, Multnomah County is continuing to support county patients at UHN. This funding amounts to \$3.25 million for 1974, and \$2.5 million in 1975.

Hospital administrators say they find it difficult to break UHN's traditional policy of accepting patients in financial need from Multnomah County. Yet as state and county support are decreased, their aim must be to meet the budget percentages set by the state.

Whether or not UOMS can meet its obligation to the state to finance 50-55 per cent of University Hospital North's budget from paying patients depends on the discretion of those physicians who admit the patients, according to Dr. Michael Baird, medical director and administrator of hospitals and clinics.



A mother seeks answers to problems of sexuality relating to her mentally retarded teenage daughter from Dr. Gerald Prescott, head of the new family planning service, and Karen Potampa, nursing coordinator.

Prescott heads project

Handicapped will benefit from new family planning service

A family planning service for the handicapped and their families opened last month at the Medical School.

One of three such programs in the nation, it is being funded with an initial grant of \$135,000 from the Maternal Child Health Division of the United

States Department of Health, Education and Welfare.

Headquarters are in the Child Development and Rehabilitation Center.

Any resident of Oregon, regardless of age, with physical or mental handicap is eligible for help with

any problems involving sexuality, family planning or pregnancy risks. No charges are made if payment would cause a financial hardship.

"We are certainly not pushing sterilization," said Dr. Gerald Prescott, associate professor of medical genetics, who heads the project.

"Instead, we hope to aid families with a history of handicapping conditions by spelling out the known risks, the alternatives and some of the possible solutions to the personal and interpersonal difficulties those with physical and mental impairments face when they contemplate marriage, have an afflicted child, or are trying to cope with a life-long disability, he continued.

Dr. Prescott said the genetic risk of any couple having a child with a major or minor handicap is one in fifty. "The problem is more widespread than is generally known," he added.

A survey done last year at the Crippled Children's Division alone indicated there were 1,300 patients enrolled between the ages of 15 and 21 who would benefit from the resources now available through the family planning services.

"Many of these children have varying degrees of physical or mental retardation, yet their social and sexual drives are often those of normal young people," he said. "As a result, the frustrations and heartbreak these youngsters and their families endure contribute enormously to their already heavy burdens. We hope to lighten this load a little."

Patients seen at the family planning services may be referred to any of the other UOMS clinics, including the infertility, prenatal diagnosis or genetics clinics. The staff also will work with agencies for the deaf and blind to develop literature, some in Braille, for those with visual or auditory impairments, as well as offering counseling services.

In addition to Dr. Prescott, the staff includes Dr. Victor Menashe, professor of pediatrics and director of CCD; Dr. Martin Pernoll, professor of obstetrics and gynecology and head of the perinatology division; Karen Potampa, R.N., nursing coordinator; and Angela Vendsel, patient coordinator and secretary for the unit. Dr. Daniel Brown, chief resident in obstetrics and gynecology is joining the staff in June.

SAMA report

Seven medical students attended the recent SAMA (Student American Medical Association) convention in Dallas, Texas.

In an interview with a reporter from *Medical Center News*, Delegate Cary Feibleman discussed the convention.

Q. What are the ramifications of the National Board of Medical Examiners' guidelines and priorities proposal? And what stand have SAMA delegates from UOMS taken on this proposal?

A. It isn't well known, but the National Board of Medical Examiners has made a revolutionary proposal that may become law. They propose, in effect, that medical graduates remain interns for four years before being allowed to practice medicine on an independent basis. They would be required to take four years of specialty training and their license to practice medicine would be renewed every five years upon passing a very thorough examination.

The Oregon group helped to bring the proposal to the attention of the national SAMA group, who unanimously voted to condemn it on the basis that it would eliminate the young medical school graduate's traditional option of going into general practice or working in a medically deprived area before starting in specialty training.

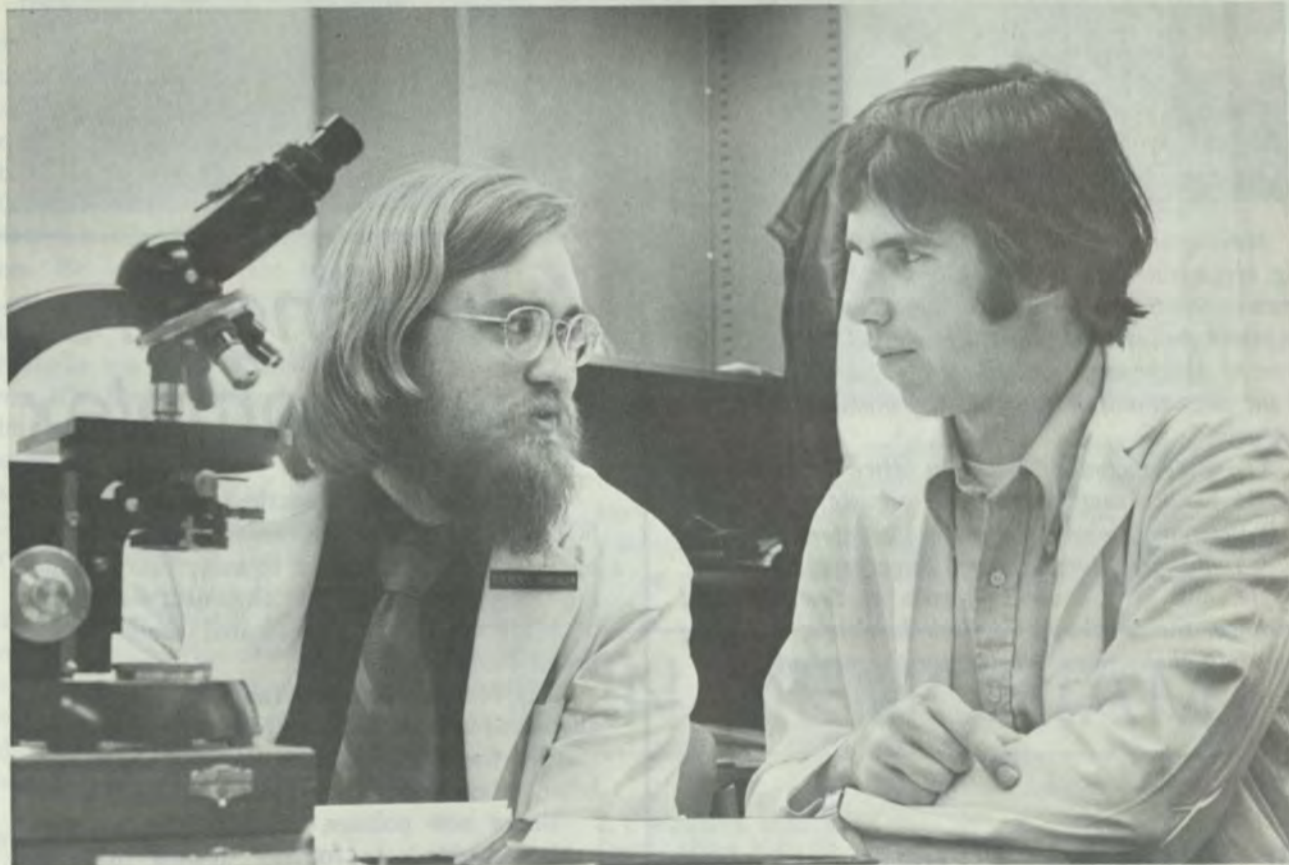
Q. Who were the Oregon delegates to the convention?

A. In addition to myself, there was Dave Watson, fourth year; Steve Dresler, third year; John Watson and Sherrie Gentry, second year; and Mike Garnett and Dave Young, first year.

Q. What were some of the other issues that the SAMA organization voted on?

A. SAMA delegates endorsed PSRO (professional standards review organizations) and supported their educational rather than punitive role.

We voted to urge Congress and the President to increase the total amount and individual limits for student loans.



New SAMA officers are Steven L. Dresler, president, and Dan Thomas, vice president.

The traditional role of the physician to prescribe the drug he wants has recently come under attack. SAMA endorsed prescribing specific drugs as a primary responsibility of the physician.

We voted to encourage the AMA to support a teacher training scholarship program to improve teaching skills, rather than buying only audio-visual aids.

SAMA encouraged the expansion of family practice training programs.

And, a very important achievement of the 1974 SAMA convention was the establishment of the SAMA Medical Education Committee, which will make speci-

fic recommendations to Congress and U.S. medical schools about the financing of medical education, effectiveness of teaching and curricula in ethical and humane issues.

Q. What about upcoming activities for the local SAMA group?

A. Plans are now being made for the fall annual barbeque for freshman students. In December, the AMA convention will be in Portland; we're planning tours of UOMS for visiting students, interns and residents who'll be at the convention.



Karen Hubbard, senior, demonstrates computer-assisted instruction for nursing students in the nursing Learning Resource Center for a group of high school counselors. Forty-three counselors from throughout the state were among two groups who recently visited the School of Nursing. The deans, directors and coordinators of nursing education programs in Oregon also toured the center last month.

VTPs

MARCH

Service Anniversaries—From Personnel

- 5** George Martin McCall, physical plant
Priscilla Jean Burk, biochemistry
Patricia Gail Linder, patients' business office
Sylvia S. Plough, MSH nursing
Mary Anne Wallace, MSH nursing
Winnifred Jean Mauch, MSH nursing
Margaret B. Cooper, MSH nursing
Nellie M. Bradwell, OPC nursing

- 10** Delphi Kay Daniels, otolaryngology

- 15** John F. Lauro, physical plant
Marie Owens, anesthesiology

Moving Up

- Sharon M. Kaufman, LPN 1 to LPN 2, ECG Lab
Carolyn Carey, RN 1 to RN 2, UHN nursing
Olive Verzcza, RN 1 to RN 2, UHN nursing
Carolyn Johnson, seamstress to cust wkr 2, UHN
Roxann L. Jones, cust wkr 1 to cust wkr 2, MSH hskpg
William Griffith, sci tech 1 to sci tech 2, research instrument
Catherine McMahan, cust wkr 1 to cust wkr 2, MSH hskpg
Sanae Hoaka, cust wkr 1 to cust wkr 2, MSH hskpg
Yvonne L. Myers, cust wkr 1 to cust wkr 2, UHN
Jackie L. Weaver, clerk 2 T to clerk 3 T, MSH patient's business office
Donella Miles, R N1 to RN 2, UHN

NEW FACULTY

Part-Time

- Jean Marie Savage, instructor in public health nursing

Volunteer

- Aftab Ahmad, assistant clinical professor of cardiopulmonary surgery
Peter Joseph Eidenberg, clinical instructor in family practice
John Halisey Kennedy, clinical instructor in physical medicine and rehabilitation
Robert Blakeslee Faust, clinical instructor in otolaryngology
Lawrence Thomas Eschelman, clinical instructor in otolaryngology
Jan Michael Collins, clinical instructor in medicine (nephrology)
Masud Ahmad, clinical instructor in medicine
Dennis Dudley Asby, clinical instructor in medicine
Craig MacCloskey, clinical instructor in orthopedics
David William Waldram, clinical instructor in orthopedics
Peter Joseph Kane, clinical instructor in medicine

Dean Louis Terkla nominated for 1974-1975 president-elect of AADS

The nomination of Dr. Louis G. Terkla, Dean of the University of Oregon Dental School, for president-elect of the American Association of Dental Schools was confirmed at the March meeting of the Association in Atlanta. The AADS executive committee and an ad hoc committee, in an unprecedented action, both nominated Dean Terkla for the 1974-1975 post.

Blakeley assumes presidency of Cleft Palate Educational Foundation

Dr. Robert W. Blakeley, professor of speech pathology (pediatrics) and professor, CCD, took office in April as president of the American Cleft Palate Educational Foundation in Boston. The ACPEF is a non-profit corporation affiliated with the American Cleft Palate Association.

Retirements

MARIE WAGNER

Marie Wagner, circulation librarian and assistant professor, retired last month after 27 years in the UOMS library.

Miss Wagner came here in 1947 as a library assistant, after serving as a teacher and a member of the Women's Army Corps.

"I didn't envision staying long, but I liked the atmosphere and the people, so I stayed on," she explained.

In 1945, she was promoted to faculty member with the rank of instructor, and in 1965, she was named assistant professor and head of the circulation department.

Miss Wagner plans to spend her retirement traveling, reading, writing letters, and enjoying the outdoors.

But loyalty to her job will make her a frequent visitor to the Hill. "I never did get done with all the things I intended to do before I left, so I'm still coming back to finish up," she explained.



retirement gardening, traveling, and "getting fat." He will also do volunteer work, and will return to the OPC pharmacy now and then for part-time work.

ESTHER FISH

"It seems almost like yesterday," reminisced Esther Fish of her arrival on the UOMS campus 23 years ago.

Mrs. Fish, who recently retired from Medical School Hospital dietary services, joined the Medical School cafeteria staff in 1951. At that time, the cafeteria was located on the opposite side of the hall from its present location.

In 1956, she was named cook and baker at the Dental School. "My cinnamon rolls were famous all over the Hill," she added with pride. She rejoined MSH dietary services in 1968.

Mrs. Fish plans to spend her free time fishing and gardening. When all threat of gas shortages has passed, she hopes to get in some traveling.

JOHANA HUTCHINS

After 12 years on the Medical School Hospital housekeeping staff, Johana Hutchins retired last month.

"We've had a ball!" she said of her job as custodial worker in the Women's Residence Hall where she was a favorite among nursing students.

"I enjoyed my work," she explained. "It was hard and dirty, but those of us who worked there (at Women's Residence Hall) were on our own without too much supervision. We worked hard and made our own decisions about how things were done."

As soon as she is "rested and relaxed," Mrs. Hutchins plans to do church work—recruiting new members and helping the sick and needy.



ED EMPEREUR

Ed Empereur, OPC pharmacy supervisor, retired in March after 20 years of service on the Hill.

Mr. Empereur first came to the OPC pharmacy as a part-time employee in 1954. He expected to work on campus only a short time, but soon he became an indispensable member of the pharmacy staff, and was hired full-time about a year later.

He has seen the Medical School and related facilities "grow so big, you can get lost up there." He emphasized how much his friends on the Hill have meant to him.

Mr. Empereur said he plans to spend his



Article on Kresge Lab wins Howard Stephenson Award

College journalists from throughout Portland participated in the 1974 Howard Stephenson Award writing competition sponsored by the Oregon Association of Editors and Communicators in March. Joanne Hagensick, Pacific University student, visited the Medical School's Kresge Hearing Research Laboratory, and submitted the following story which earned her first prize, \$100 in cash, and a by-line in Medical Center News.

by JOANNE HAGENICK

Kresge Hearing Research Laboratory, on the campus of the University of Oregon Medical School, is one of the few research facilities in the nation devoted exclusively to hearing research.

Scientists at the lab, which was originally funded by the Kresge Foundation, are discovering how and why hearing impairment occurs. Much of their research is aimed at identifying conditions which cause hearing loss. Emphasis is placed on the prevention of damage to the outer and middle ear.

Since the establishment of the laboratory in 1968, the staff has studied two primary causes for permanent and temporary hearing loss: 1) loud or intense noise, and 2) the consumption of antibiotic drugs.

Noise can produce temporary or permanent damage to the ear, depending upon the intensity of the noise and the duration of the person's exposure to it. Extremely intense noise can damage the eardrum. However, usually the cochlea, or inner ear, is damaged long before the eardrum is affected. There is no treatment available for this type of damage to the cochlea.

One problem in determining hearing loss due to noise is that a loss can be sustained without pain or even discomfort to the person. Therefore it is very important to discover which specific noises, and how much of this noise produce such damage.

After identifying such noise levels, researchers must establish at which stage the first signs of permanent hearing loss occur. The duration of

exposure to the noise plays an important role here, for although certain noises may normally produce only temporary hearing losses, if the ear is exposed to the noise for an excessive period of time the loss may eventually become permanent.

When damaging noise levels can be pinpointed, the amount to which the person is exposed can more easily be limited and, thus, permanent hearing loss can be prevented. Research in this area is one of Kresge Lab's primary concerns.

Kresge scientists are also studying how antibiotic drugs cause hearing loss. In some cases, hearing loss resulting from drugs lasts only as long as the patient is taking the drug. For example, research has shown that people who take large doses of aspirin may suffer some hearing loss, though it will last only as long as they continue taking aspirin.

Aminoglycoside antibiotics, on the other hand, can produce permanent damage to the ear. These include streptomycin, neomycin, kanamycin and gentamicin.

Harmful side effects of streptomycin on hearing were not discovered until after several people had suffered permanent hearing losses. Not all persons who take the drug suffer a hearing loss. In some cases, hearing impairment did not develop until several months after the drug was taken.

Research shows that the effects of streptomycin on the ear can be minimized if the drug is administered properly.

Because of the research done by Kresge scientists and others to determine the effects of noise and drugs on the ear, steps are being taken against these causes of deafness. Laws and regulations, such as the Noise Control Act of 1972, have been passed which outline noise levels beyond which employees may not be subjected.

Kresge scientists are also making innovations in the development of improved hearing aids and ear anesthesia. Staff researchers at Kresge hope one day to be instrumental in creating an artificial ear which could restore hearing to persons who have suffered severe, structural damage.

UOMS physicians aid in zoo birth

When "Thelma," an orangutan at the Portland Zoo, went into labor with a breech baby March 29, two UOMS residents in OB-GYN were rushed to the scene to help.

Dr. Jon A. Cutting and Dr. Donald A. Montoya aided the zoo veterinarian, Dr. Michael Schmidt, in the delivery of a baby girl orangutan, Thelma's second offspring.

When the new baby developed breathing and eating problems, Dr. Schmidt called in for consultation Dr. S. Gorham Babson, professor of pediatrics and director of the UOMS neonatal intensive care unit, and Dr. George H. Benjamin, family practice resident. The two physicians were accompanied by NICCU staff nurse, Julie Eisele.

After the four cleared the baby orang's stomach and breathing passages, the infant was returned to its mother.

The zoo has named the new arrival "Julie" after Mrs. Eisele. Julie and her fellow orangutans are an endangered species, the zoo reports.

NEWSMAKERS

Dr. Albert Starr, professor and head of the division of cardiopulmonary surgery, will be a featured speaker at the 1974 Scientific Sessions of the Oregon Heart Association, May 16-17.

The controversy surrounding the validity of I.Q. tests was discussed March 27 by Dr. Joseph D. Matarazzo, professor and chairman of the department of medical psychology, in the first of a series of programs sponsored by the American Psychological Association.

Oregon Governor Tom McCall appointed Dr. Matarazzo to the State Board of Psychologist Examiners in March.

PERS funds

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when money was invested in stocks was approximately 2.2 per cent," he said.

"Past history indicates the market has rebounded and will rebound, not only wiping out this temporary 1973 loss, but yielding generous returns for active, as well as retired, employees in the future," said the executive director.

Chairman of the PERS Board Adams concluded, "Members should be reminded that contributions to this mixed fund will result in about 45 per cent of their final average salary as a retirement allowance after 30 years of public service. This is what the retirement system is all about, and the daily or weekly fluctuations in its investments should not cause undue concern."

UOMS undertakes blood replacement program

(continued from page 1)

contact, within six months, with an individual having hepatitis.

If he has heart disease, history of convulsions or a bleeding stomach ulcer.

If he has a cold, flu or sore throat.

If he has symptoms of hay fever or allergy on the day of donation.

For seven days following an allergy desensitization injection.

If he has taken antibiotics within the last two weeks.

If he has taken immunization shots or vaccine within 24 hours (two weeks for smallpox, yellow fever, measles, mumps and Sabin polio; three months for German measles (rubella)).

During pregnancy or for six months following delivery.

For six months after major surgery or receiving blood, or blood derivatives.

For six months after a malaria attack or taking anti-malarial drugs.

Those donating blood may designate it as a replacement for someone who has received blood or anticipates usage in the near future.

Following their donations, blood donors will receive by mail a wallet card showing their blood type and RH factor.

Young and Hollyfield receive honors

Dr. Norton B. Young, associate professor of speech and hearing, CCD, and Merwyn (Skip) Hollyfield, instructor of esophageal speech at the Portland Center for hearing and speech, have been awarded Honors of the Oregon Speech and Hearing Association. They were chosen for their outstanding ability and dedication to their profession.

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