

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

# Grants mean more care for low-income elderly



More than a quarter of a million dollars in HEW grants have been issued to Dr. James S. Bennett, chairman of the University of Oregon Dental School division of extramural programs, to develop two programs for the elderly.

The first grant of \$203,580 will be used to develop and operate a prototype interdisciplinary training program of health service to the elderly.

The program's clinic, which will

not open officially until January 1, has already begun offering health services. Located at 1710 N.E. 42nd Avenue, the clinic gave flu shots to the elderly for a minimal fee for four days recently.

The health team at the new facility includes a physician, nurse, nutritionist, social worker, and dental hygienist. Beginning in fall term, 1975, students in these fields at the UOHSC will be able to join the team as preceptees.

Joan Britt, assistant professor of extramural programs and coordinator at the new clinic, explained that the facility will provide health screening, a

variety of examinations and lab work, oral screening by a dental hygienist, health maintenance education, and referrals to appropriate agencies, physicians, or dentists.

The two-year program will also involve an expanded curriculum in gerontology through the development of interdisciplinary courses at the Health ciences Center.

A second grant of \$82,966 is being used to establish a model dental program in the community for low-income elderly persons. The goal of the oneyear grant is to determine the cost Mrs. Pauline Treacy grins and bears flu shot at new clinic.

benefits and scope of necessary services of such care.

The clinic team consists of a dentist, dental hygienist, dental assistant, and logistics technician.

Hollywood East was chosen as the site for the clinic. However, the dental team may travel with portable equipment to call on nursing home patients or elderly persons in other housing authorities or even private homes beginning in January.

### Portland artist tells how he designed new UOHSC emblem



**BYRON FERRIS** Portland designer

Along with its new name, new president, and new sense of unity, the University of Oregon Health Sciences Center has a new emblem.

Created by Byron Ferris, of Byron Ferris Design, Portland, the emblem combines elements of the seals of the Medical, Dental and Nursing Schools.

In a recent interview with Health Sciences Center News, Ferris explained

the derivation of the new symbol.

"I modified the Dental School emblem slightly and used its silhouette as the outside shape of the new seal," the artist said. "The emblem also incorporates the silhouette of the emblem of the School of Nursing, a square.

"Inside the square is the 'O' silhouette from the Medical School seal. The 'O' also represents 'O' for Oregon and helps give a sense of containment and unity—a feeling of 'center' for the Health Sciences Center."

Ferris continued, "Then I added the Aesculepian snake and wand, which are the symbols of the healing arts, and combined that with the flame of education. This was placed in the center of the whole to give the visual language of health sciences."

"The type face selected for the emblem is a contemporary treatment of ancient Roman. The serifs (cross strokes at the top and bottom of letters) have been clipped off to give a cleaner

(continued on last page)





Harold and Jane Miller welcome Joseph J. Adams, left, vice president for planning and resource development, and William A. Zimmerman, vice president for administration, to their home.

## Couple gives home for president

A Portland couple has made a gift to the Oregon State Board of Higher Education of a six-bedroom house on Portland Heights, appraised at \$165,000.

The stately home of Harold A. and Jane S. Miller, built in 1925, will be used as a presidential residence for the University of Oregon Health Sciences Center, according to Roy Lieuallen, Chancellor of the state system. The University of Oregon Medical, Dental and Nursing Schools were consolidated into the UO Health Sciences Center November 12, when Dr. Lewis W. Bluemle assumed his new position as president.

Miller, a prominent Northwest lumberman, is president of Stimson Lumber Company in Forest Grove. Among other affiliations, he is chairman of the Board of Directors of the Western Forestry Center, vice president of the Medical Research Foundation of Oregon and a director of the Neurological Sciences Foundation of Oregon.

The Miller family has occupied the spacious colonial home since 1937. It is located on a graciously landscaped area with terraces, a greenhouse, dog runs and a playhouse for children.

The Chancellor, State Board members and Health Sciences Center officials were unanimous in expressing their gratitude to the Miller's for their munificent gift.

### Largest of 10 mental health grants goes to Health Sciences Center

The National Institute of Mental Health has given the University of Oregon Health Sciences Center the largest of 10 grants in the nation to support continuing education of mental health professionals and para-professionals in allied fields.

The first-year award, \$242,912, is supported by NIMH, a component of HEW'S Alcohol, Drug Abuse and Mental Health Administration and carries a recommendation for subsequent yearly funding of \$225,000 during the three-year grant period, providing a potential \$692,912 for the

HSC program.

Named to head the new program is Dr. Thompson L. Shannon, according to an announcement by Dr. Charles N. Holman, UOMS dean. As professor and director of continuing education in mental health, Dr. Shannon will work with the combined support of the University of Oregon School of Nursing, the UOMS departments of psychiatry and medical psychology and the graduate school of social work at Portland State University. He comes to his new post after seven years as president of the Institute for Human Development

at Texas Medical Center in Houston.

The new program calls for a state-wide interdisciplinary continuing education program for personnel of the Mental Health Division, a section of the State's Department of Human Resources. In addition to projects designed to enhance the skills of professionals in the fields of medicine, psychiatry, nursing, social work and psychology, the plan will offer special training for other related mental health personnel, such as policemen, teachers, counselors, clergy and welfare workers.

A major emphasis will be in the development and training of multi-disciplinary teams which can provide complete mental health services, from crisis intervention to aftercare for former State Hospital patients. Training will be given for direct treatment skills, administrative and programming skills and for supportive mental health services, such as consultation to community service agencies.

Dr. Shannon is a fellow in both the Yale School of Alcohol Studies and the Marriage and Family Studies of the National Institutes of Health.

### HEALTH SCIENCES CENTER

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### Drs. Leslie and Hallum awarded grants for research

Two research grants totalling \$361,975 have been awarded the University of Oregon Medical School by the John A. Hartford Foundation of New York, according to a joint announcement by the Foundation's president, Harry B. George, and Dr. Charles N. Holman, dean. The funds, allocated for a three-year period, will support studies conducted in the department of microbiology and immunology by principal investigators Dr. Jules V. Hallum, department chairman, and Dr. Gerrie A. Leslie, associate professor.

Dr. Hallum's research grant of \$148,084 will focus on the interaction of persistent virus infections with human cells. "The usual virus infection invades a cell, multiplies, then destroys it," the scientist said. "But in

persistent infections, such as cold sores and one form of encephalitis, an 'uneasy' truce is reached between the virus and cell. The cell lives, but is altered. The virus multiplies, but at a much lower level than in a usual infection."

Dr. Hallum is studying this truce
to find out what changes
take place. By understanding how
such natural enemies as viruses
and cells can live together,
he hopes to discover how
to cancel the truce, thus
eliminating the virus and the disease.

Dr. Leslie's grant of \$213,891 will be used in studying antibodies, a group of proteins in the blood. These "fighting soldiers" usually protect man against viruses, bacteria and other disease-causing microorganisms. However, sometimes antibodies become traitors instead of protectors, and attack their own host body. Some forms of allergy, autoimmune disease and transplanted tissue rejection are examples of such action.

Dr. Leslie's research will focus primarily on immunoglobulin D (IgD), one of five closely related but different protein antibodies. He hopes to learn the biological functions of IgD by studying the blood of patients with diseases such as allergy, chronic lymphocytic leukemia and autoimmunity.

"If we can unravel some of the mystery surrounding IgD we will then apply this new knowledge to a wide variety of human disease processes," Dr. Leslie said.



### Dr. Williams directs health service



DR. M. LANIER WILLIAMS Health service director

Dr. Martha Lanier Williams, assistant professor of pediatrics, has been named director of UOHSC health services.

Dr. Williams was acting director of the service for several months prior to her recent appointment. She has been a health service physician here for the last three years.

As director, she hopes to expand the health service's quarters into adjacent areas of the Outpatient Clinic. She is investigating the possibility of instituting a preventive psychiatry program of lectures and forums for students and their families.

The new director earned her A.B. at Smith College, Northampton, Massachusetts, in 1959 and her M.D. at Columbia University College of Physicians and Surgeons in 1963.

She served a mixed-medical internship at Passavant Memorial Hospital, Chicago, and a residency in pediatrics at Children's Memorial Hospital, Chicago.

### Ophthalmology clinic will expand

Expansion of the UOMS ophthalmology clinic is scheduled for early next year, announced Dr. Kenneth Swan, department chairman, earlier this month.

The expansion will involve construction on the tenth floor of the Medical School Hospital in an area which is presently the roof deck of the east wing.

Much of the 3,563 square feet gained by expansion will be occupied by the Elks' Children's Eye Clinic.

The project is being funded by the Aubrey Watzek estate and with contributions donated through the Elks' Vision for the Future program.

Dr. Swan explained that expanded facilities are needed because the Children's Eve Clinic is seeing an ever increasing number of children and because the number of serious cases has grown.

"About one out of every seven chil-

dren we see requires surgery," he pointed out. "We must keep up with the new techniques required to treat these difficult cases. And modern equipment requires more space."

He described the new clinic as "a model facility" with staff offices and examining rooms, a new orthoptics clinic, an infant examining and treatment facility with modern equipment, a playroom, waiting rooms and a darkroom.

There will be new equipment for electrophysiologic testing, new examination and operating microscopes and instruments for electroretinograms.

"The new facility will set a standard for pediatric ophthalmology," Dr. Swan remarked. "We will be fully equipped to handle children from newborn babies through teenagers. New equipment will enable us to do special examinations on infants just as well as we can on cooperative adults."



Norlyn Skallman, UODS

# The world of UOHSC's night people

Night work is a world unto itself. The setting is usually dark, quiet, and uncrowded. But in the wee, small hours in seemingly silent corridors, more than 80 custodians are busy doing work that is essential to the Health Sciences Center.

"I consider our job on the Hill to be just as important to the complete use of facilities as any other job," observed Jay Gould, supervisor of custodial services for the Medical School.

"Because of the cleaning we do, the employees who work in the daytime are more relaxed. They may not even consciously realize the service we're providing, but essentially we're making their work environment as comfortable as possible.'

Gould continued, "Our service includes sweeping, mopping, scrubbing, waxing, shampooing carpets, and emptying wastebaskets. And a very important part of our job is maintaining clean restrooms."

For many on "swing shift," working nights offers numerous advantages. In addition to earning more money per hour, they have more time to spend with their families, do house and business chores, go fishing or hunting, or go to school. A few even have daytime

Although some custodians eventually move to the day shift, most actually prefer night work. There are fewer people in the way, and custodians can do their duties rapidly.

One little-known, but important, service which custodians provide is watching for health hazards-from ungrounded light fixtures to paper clips on a slick floor or sand on the ground around cigarette urns.

At times, custodians themselves have suffered from others' carelessness. Many people forget that broken glass, old microscope slides, and hypodermic needles tossed into a wastebasket can cause serious injury to the unwary custodian.

Gould explained that custodians are just like anybody else-"They like to know they're appreciated."

"Custodians work diligently," he said. "They might be appreciated, but they don't know it unless the people who work days let us know in writing.

"If you think a custodian has done something well, please send us a memo. and we'll put it up on the bulletin boards in the various work areas." He added, "A pat on the back is okay, but seeing your name up in writing is tremendous encouragment."











Hazel Hall, hosp hskpg





Axel Erickson, Admin



Jim Cox, supv (UODS)





Jess Winters, CDRC

# Health Sciences Center budget gets a workout

Inflation is a fact of life.
It complicates not only
household budgets, but every
business and institutional
budget as well.

As financial systems become more complex and other economic pressures multiply, it becomes important to understand the Health Sciences Center's budgetary structure.

What is the budgetary process in the State of Oregon? How does that process relate specifically to the State System of Higher Education (OSSHE) and to the Health Sciences Center?

According to the recent Chronicle of Higher Education (Vol. IX, 5, O 21 '74), state appropriations for higher education have increased 29 per cent nationally and 38 per cent in Oregon in the past two years. An estimated two-thirds of that increase already has been gobbled up by inflation. Although appropriations for education have steadily climbed, the actual percentage of Oregon's general funds allocated to higher education has declined over the last four biennia.

In spite of cutbacks, higher education in Oregon is big business. During the 1973 legislative session, the House-Senate Joint Ways and Means Committee recommended a total budget of \$356,096,496 for higher education, \$192,485,198 of which is from state

general funds.

The action of this committee is just one of the stages through which a budget passes in the two-year period before funds are actually granted. Before the Ways and Means Committee can act on budget requests, a chain of events begins, in the case of the Health Sciences Center, in the offices of administrators, directors and departmental chairmen. This cycle begins over a year before the convening of the regular legislative session.

Robert Peterson, Medical School budget director, explained this budgetary cycle:

Administrators, directors and departmental chairmen determine their needs for the approaching biennium and submit budget requests to the institutional executive for review.

The president and other administrative officers consider the requests solicited from the various institutional areas and prepare a master institutional budget proposal.

This proposal is in two major parts: the base budget, which is that amount of money needed to carry on legislatively approved programs at existing levels; and new items, which include such ingredients as funds for workload increases, program improvements, operation of new facilities, and capital construction projects.

This proposal is submitted in a formalized request to the Chancellor for review by his staff. This review results in a recommendation to the Oregon State Board of Higher Education (OSBHE) after a preliminary review by the Board's Committee on Finance, Administration and Physical Plant.

After approval of the Board, a final version of the biennial budget is submitted to the Executive Department.

At this point, the budget has already been scrutinized and modified by the Chancellor's Office and the Board.

Within the Executive Department, an analyst is assigned to undertake the review of the HSC budget. The recommendations of the Executive Department are published as the *Governor's Budget*.

The next link in the chain is the state legislature. The Legislative Fiscal Office reviews the *Governor's Budget* on behalf of the legislature, and an analyst is assigned to review the HSC budget.

At all three levels (OSBHE, Executive Department, Fiscal Office), the HSC is afforded some opportunity to appeal the decisions made regarding its budget before recommendations are formally submitted to the next level of review. The appeal process can be as informal as a phone conversation or can be a series of formal high-level meetings.

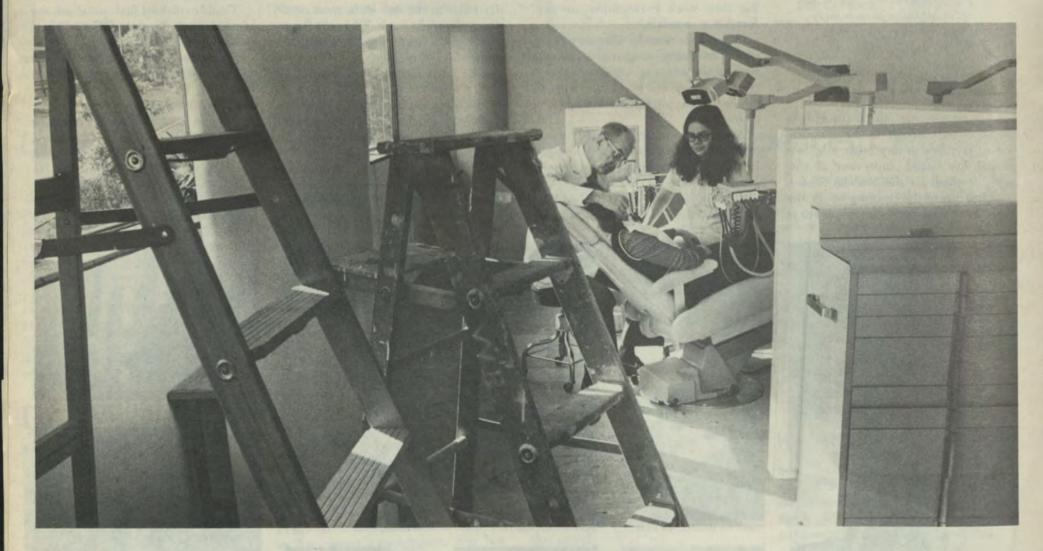
The Fiscal Office review culmi-

nates in a recommended budget to the Joint Ways and Means Committee. During the hearings of this committee, the HSC has the opportunity to answer questions and make final comments regarding the budget. This is handled, in large part, by the Chancellor on the institution's behalf as the legal head of this agency. Administrative officers of the HSC have an opportunity, however, to be present for all Ways and Means hearings related to the Center's budget.

The approved budget of the full Ways and Means Committee is acted upon by the House and Senate. The end products are the various appropriations which fund the many programs of higher education, including the HSC. The budget office of the institution formulates the appropriations into the operating budgets for the biennium.

Once the biennial budget has been finalized, modifications can be handled in two ways: funds can be reallocated within the institution's existing budget; or extraordinary expense requests that exceed the resources of the budget can follow the review process to the Legislative Emergency Board. This Board convenes on an interim basis when the legislature is not in session.

MARLYS LEVIN



### It was business as usual in spite of remodeling at Dental School

Bright colors and modern equipment were the keynotes in the Dental School's recent remodeling program.

Remodeling began last summer, and students arrived on campus this fall to find clinics and other areas midway between the old and the new. Modern new Relaxadent chairs lined the hallways, and clinics were strewn with paint cans, ladders, and other equipment.

But things soon settled down, and

now it's business as usual in the teaching clinics and corridors.

One of the most striking aspects of the \$862,000 modernization project was the replacement of 231 eighteenyear-old, obsolete teaching stations with Marco units, Dent-a-Ray lights and Relaxadent chairs.

The former dental hygiene clinic was converted into a general purpose clinic and has 38 new chairs and units identical to those in the main clinic.

All new stations have central evacuation, recirculating, constant temperature water (110°F) for three-way

syringes and outlets for water-cooled hydrocolloid impression trays and ultrasonic scalers.

There are also new shelves, mobile cabinets and operating stools at each station.

The present dental operatory lights are being modified and installed in the third floor technique laboratories.

The new six by eight foot teaching stations allow students to learn modern oral health care delivery systems, especially those utilizing chairside dental assistants in the practice of sitdown, four-handed dentistry.

The new supergraphics and wall colors and treatments were designed by Biruta Johnson Associates, of Portland. Upholstery and equipment colors were chosen to coordinate with wall treatments.

Early next year, remodeling will begin in the main lobby of the Dental School. Changes will include new carpeting in tones of gold, purple, and burgundy; cube tables; modular seating units in oak and vinyl; new wall treatments; and refinishing of the main columns.

# Iodine study raises questions about cretinism

Retarded growth of rat babies whose mothers were fed low iodine diets may have direct implications for humans, according to Dr. Monte A. Greer, professor of medicine and head of the division of endocrinology, in a recent report made to the University of California at San Francisco and the European Thyroid Association in Prague.

The studies have shown that while the rat babies apparently develop normally in the uterus and while being nursed, they do not gain weight and continue to grow as well after weaning.

In the study, one group of male and female rats was fed a diet consisting mainly of corn meal grown in iodine-deficient areas. Another group was fed a high iodine diet. Thyroid activity and growth of the offspring from the two groups were then compared.

Working on the project with Dr. Greer were Dr. Hitoshi Fukuda, research associate in endocrinology, and research assistants Patricia Panton, Susan Greer, and Maria Kutas.

Dr. Greer pointed out that thyroid adaptation to iodine deficiency in the rat is almost identical to that in humans, but occurs in weeks instead of years. Thus scientists may readily observe effects throughout their short life cycle.

"The iodine-deficient rat fetus has a very large and active thyroid in the uterus and grows normally, even though it is unable to make much thyroid hormone until after the first few days of life. Apparently there is some thyroid hormone present in the mothers' milk, too," he said.

However, once the infant is weaned the growth pattern appears considerably slower in the iodine-deficient rat baby.

The thyroid, a gland in the neck which regulates growth and the rate at which the body works, requires iodine to help produce important hormones. Lack of two of these hormones, thyroxine and triiodothyronine, can cause physical and mental sluggishness. If this condition is present at birth, it is called cretinism.

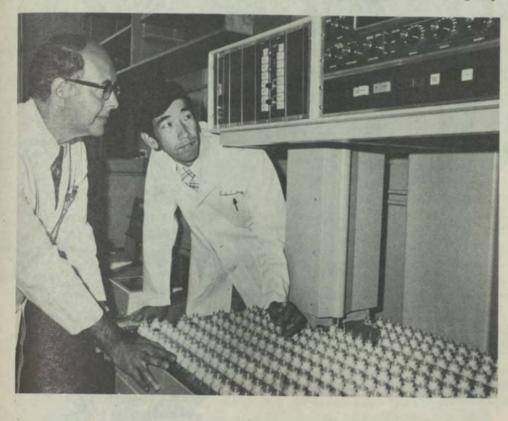
Although iodine deficiency is quite rare in the United States, chiefly due to iodized salt and iodine content in commercially made bread, it is still a problem in some less developed countries. It has been estimated that 200-400 million people live in low iodine areas, possibly contributing to endemic cretinism and goiter (swelling of the thyroid gland caused by lack of thyroxine).

However, according to Dr. Greer, iodine deficiency may not be the sole cause of endemic cretinism. "If cretinism were due only to an inability to make adequate thyroid hormones because of insufficient iodine, then cretins probably should also have goiters," he said.

Since this is not necessarily true, he added, there may be other factors involved in endemic cretinism, such as genetic problems in highly inbred populations.

Through his work in the area of iodine deficiency, Dr. Greer and his coworkers hope to obtain fundamental information to develop a rational approach to therapy and prevention of diseases linked to the thyroid gland.

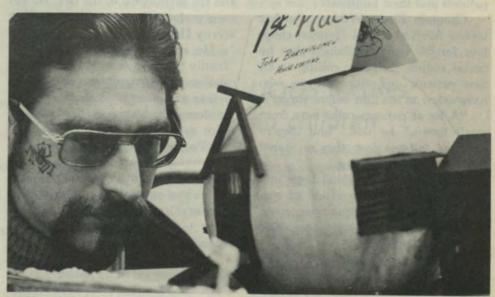
JEANNE MOORE



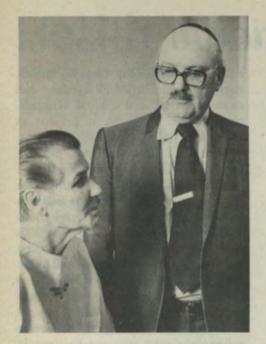


Making bean-bag Santas in preparation for the Faculty Wives Annual Christmas Fair are Jean Morton, left, and Carol Klein. Groups of wives have been meeting for craft and assembly sessions at members' homes since October. The fair will be in the Library fover December 6.





A host of ghastly entries were submitted to the cafeterias' annual pumpkin-carving contest October 28. John Bartholomew, hospital housekeeping, in the bottom photo, won first place in the Medical School Hospital cafeteria contest with a pumpkin cottage. In the photo above, Connie Reese, of dermatology research, gives her best ghoulish grin over the pumpkin nurse she created which placed first in Mackenzie Hall cafeteria.







Bedside talks with patients are a big part of each chaplain's duties. Above left, Rabbi Geller, right, and patient Robert Wright. Above right, J. Franklin Dodson and patient Nona Daly. Below, Father Williams and patient Mary Hill. Right, Chaplain Wilder and Lisa Holmes, pediatric patient.

## Chaplains fill special need

For many patients, a stay in the hospital is a time of fear, physical pain, and anxiety.

In recognition of the special problems faced by hospitalized persons, the Health Sciences Center has had a chaplaincy program for many years.

In recent interviews with Health Sciences Center News, the four hospital chaplains described their work and their efforts to bring comfort to patients and their families.

Chaplain Elmer Wilder, who has been a Medical School Hospital chaplain for 16 years, explained that he makes rounds each day, calling on all new patients and visiting those who have asked to see him before surgery.

"A lot of patients come here from small towns," he said, "and they're quick to tell me that they're scared of just about everything.

"They find the hospital large and confusing, and they're afraid of surgery. I answer their questions about how the Center works and assure them they're in good hands.

"A chaplain can be of real help on the healing team. We can do some things that the doctor can't. If a patient is not responding to medication, it may be because of his emotional state. The patient is often more willing to discuss his emotional, as well as spiritual, problems with a chaplain than with a physician." Chaplain Wilder added, "Patients who are church-oriented are very glad to have a chaplain look in on them. One lady told me, 'I was very upset when I learned I'd have to come here and leave my pastor. But I found I have a built-in pastor."

Father Alfred Williams, who has been a Catholic chaplain on the Hill for 24 years, explained that his work with patients is two-fold. It involves sacramental ministry and counseling.

The sacramental rites he performs in the hospitals include confession, communion, baptism, confirmation, and the sacraments of the sick. He has even performed two weddings at University Hospital North.

He acts as counselor in cases of "family trouble, personal hang-ups, alcoholism, and drug abuse—also in cases of fear and emotional shock or other problems which arise in illness and require more than medical counseling."

"People who enter the hospital are in a strange environment with strange people," commented Father Williams. "In serious cases, there is often a sense of worry and foreboding. A Catholic going to surgery feels comforted by receiving communion."

He added that he has also been able to bring relief to patients in the UHN psychiatric crisis unit through the ministering of confession and communion. "Sometimes helping a person reestablish his religious connections can help him reestablish his connection with his former life."

Father Williams explained further,



"If I visit a very sick patient whose faith is not strong, I try to be as supportive as possible of the faith he does have. I talk with him, pray with him, and try to give him something tangible to hold onto, such as a rosary, prayer book, or medal."

He pointed out that one of the things he enjoys most about working on the Hill is being pastor of St. Elizabeth's church, the only church near the medical complex. Father Williams started the church in 1953.

He explained, "I especially like working with young people—marrying students, baptising their children, and counseling on medical and moral problems."

Rabbi Yonah H. Geller, of Portland's Congregation Shaarie Torah, is a part-time chaplain in the UOHSC hospitals, providing spiritual guidance and comfort to Jewish patients.

"Jewish patients have special needs," the rabbi pointed out. "It may be a dietary need as in the case of someone who observes kosher dietary laws. We work with hospital personnel to get these patients a non-meat diet or special TV dinners.

"Another problem which a Jewish patient might have is that he may want time to be alone for prayers each day. I can help arrange things so that he won't be disturbed.

"In the case of seriously ill patients near death, I assist the families in facing the situation and making proper arrangements.

"I am also present to advise against autopsy except in the most exceptional cases. Our belief is that we should not do to a person in death what he wouldn't want done to himself in life."

Although his faith is not in favor of abortion on demand, Rabbi Geller said he advises in questions of abortion according to the circumstances of individual cases.

But he added, "Judaism as a religion never interferes with any med-(continued on page 10)



Mrs. Fritzi Hicks, center, UOMS volunteer, gives a word of encouragement to Clackamus Challenge Center Volunteers Ethel Dimter and John Ralston. Each month, 25 retarded volunteers at the Challenge Center donate about 750 hours of service to Health Science Center hospitals and clinics. Mrs. Hicks and other UOMS volunteer service personnel visited the Challenge Center recently for a special awards program honoring the 25 special volunteers.

# Faculty promotions announced

Medical School
Full-time

William M. Bennett, M.D., associate professor of medicine

Charles Bird, M.D., assistant professor of orthopedics

John M. Bissonnette, M.D., associate professor of obstetrics and gynecology in perinatology

Lawrence I. Bonchek, M.D., associate professor of cardiopulmonary surgery

Tsoi Chan, M.B., assistant professor of pathology

D. Duane Denney, M.D., professor of psychiatry

Jeri L. Dobbs, B.S., assistant professor of cardiopulmonary surgery

Peter H. Erbguth, M.D., assistant

professor of anesthesiology
M. Lynette Feeney, Ph.D., associ-

ate professor of ophthalmology Ruby Fields, M.A., assistant profes-

Ruby Fields, M.A., assistant professor, CCD

Martha L. Hamilton, M.D., professor of clinical pathology and medical technology

Frederick Hecht, M.D., professor of pediatrics and CCD

Curtis Holzgang, M.D., associate professor of medicine

Russell H. Jackson, Ph.D., associate professor of medical psychology

Charles W. Kerber, M.D., associate professor of diagnostic radiology

Frank E. Kloster, M.D., professor of medicine

Timothy G. Lee, M.D., assistant professor of diagnostic radiology

Benjamin S. Leung, M.D., associate professor of surgery

Clifford S. Melnyk, M.D., professor of medicine

William H. Prentice, associate professor (program planning) Allan Steigerwald, M.D., assistant professor of anesthesiology

Cecille O. Sunderland, M.D., associate professor of pediatrics

Hugh Hanna Tilson, M.D., associate professor of public health and preventive medicine

David M. Witter, M.A., assistant professor, hospitals and clinics

Lawrence S. Zivin, M.D., associate professor of neurology Volunteer and Part-time

Lee Allen, M.D., assistant clinical professor of dermatology

Richard N. Arkless, M.D., assistant clinical professor of radiologic diagnosis

Frank J. Baumeister, M.D., assistant clinical professor of medicine

Harry G. Beckwith, Jr., M.D., associate professor of surgery

Esmond Braun, M.D., senior clinical instructor in surgery

Diane H. Browning, M.D., assistant clinical professor of psychiatry

Denis R. Burger, Ph.D., associate professor of microbiology (VAH)

Paul Campbell, M.D., associate clinical professor of orthopedic surgery

Dennis K. Collis, M.D., senior clinical instructor in orthopedic surgery

Paul Contorer, M.D., assistant clinical professor of dermatology

Frank W. Crowe, M.D., clinical professor of dermatology

Richard F. Drake, M.D., assistant clinical professor of medicine

William B. Evans, M.D., assistant clinical professor of medicine

J. Kenneth Fleshman, M.D., assistant clinical professor of pediatrics

Max A. Forse, M.D., assistant clinical professor of medicine

John J. Gerhardt, M.D., senior clinical instructor in physical medicine

and rehabilitation

David N. Gilbert, M.D., associate professor of medicine (PH)

Richard Gingrich, M.D., assistant clinical professor of surgery

Robert J. Grimm, M.D., associate professor of neurology

Walter A. Goss, M.D., clinical professor of pediatrics

John R. Hanson, M.D., associate clinical professor of pediatrics

John B. Hardiman, M.D., senior clinical instructor in orthopedic surgery

Robert L. Hare, M.D., clinical professor of medicine

Douglas H. Hildreth, M.D., senior clinical instructor in surgery

Richard J. Hopkins, M.D., associate clinical professor of orthopedic surgery

J. Donald Imbrie, M.D., assistant

clinical professor of otolaryngology Huldrick Kammer, M.D., professor of medicine (PH)

Reinhold Kanzler, M.D., senior clinical instructor in surgery

Darrell W. Landrey, M.D., assistant clinical professor of otolaryngology

Walter G. Larsen, M.D., associate clinical professor of dermatology

Gary H. Leaverton, M.D., associate clinical professor of surgery

Curtice T. Martin, M.D., assistant clinical professor of dermatology

John Cliffton Massar, M.D., clinical professor of dermatology

Bruce H. Miller, M.D., associate clinical professor of dermatology

Louis L. Murdoch, M.D., associate clinical professor of pediatrics

Loren D. Pankratz, Ph.D., assistant clinical professor of psychiatry (VAH)

George A. Peirson, M.D., assistant professor of physical medicine and rehabilitation (VAH) S. Frederick Rabiner, M.D., professor of medicine

Forrest E. Rieke, M.D., associate clinical professor of public health and preventive medicine

Paul S. Russell, M.D., associate clinical professor of dermatology

Bernard F. Ryan, M.D., clinical professor of dermatology

Alfred J. Schroeder, M.D., senior clinical instructor in otolaryngology

David L. Sessions, M.D., associate clinical professor of psychiatry and pediatrics

John M. Shaw, M.D., clinical professor of dermatology

Donald B. Slocum, M.D., clinical professor of orthopedics Lendon H. Smith, M.D., clinical

professor of pediatrics Eugene S. Sullivan, M.D., associate

clinical professor of surgery
Michael T. Tseng, Ph.D., assistant

professor of anatomy
Donald A. Turcke, M.D., assistant
clinical professor of radiologic diagno-

Robert H. Turner, M.D., assistant clinical professor of dermatology

Charles W. Watkins, M.D., clinical professor of dermatology

James A. Wood, M.D., clinical professor of cardiopulmonary surgery

Richard C. Wright, M.D., assistant clinical professor of dermatology Emeritus

Carl G. Ashley, M.D., professor emeritus of pediatrics

A. J. Clemons, professor emeritus Rudolf C. H. Engel, M.D., professor emeritus of pediatrics

Everill W. Fowlks, M.D., professor emeritus of physical medicine and rehabilitation

Sheldon A. Jacobson, M.D., professor emeritus of pathology

Merle W. Moore, M.D., professor emeritus of medicine

George Saslow, M.D., professor emeritus of psychiatry

James T. Speros, M.D., professor emeritus of medicine

School of Nursing

Bernice Jones, associate professor of pediatric nursing

Loretta Myers, associate professor of maternity nursing

Dr. Gerald Miller, professor of education research

Marcella Cate, associate professor of medical-surgical nursing

**Dental School** 

Joan S. Britt, assistant professor of extramural programs

Walter L. Gabler, D.D.S., Ph.D., professor of oral biology

Beverly J. Watkins, senior instructor in microbiology

# UODS focuses on children

The Dental School will be contributing to statewide activities for National Children's Dental Health Week February 2-8, 1975, according to Dr. Richard Park, clinical associate.

Dental School faculty will appear on local television to alert parents to children's dental needs. And teams of dental and dental hygiene students are slated to visit area grade schools to discuss dental health with children.

Dr. Park remarked, "We hope that the week-long focus on children's dentistry will help to promote better dental health for children."

# Dr. Peterson discusses breast cancer surgery

Breast cancer is the most common malignancy of women. The incidence of this disease in the United States approaches 100,000 cases each year-twice the number of those killed in auto accidents.

The evolution of cancer surgery has progressed from limited removal of the malignant tumor to total removal of the organ involved and finally to the removal of adjacent organs and tissues.

Many surgeons have long been dissatisfied with the results of radical mastectomy (amputation of the breast) in primary operable breast cancer. As early as 1943, Dr. Clare G. Peterson, UOMS professor of surgery, became increasingly aware of the need to assess the validity of the traditional principle of the surgical treatment of breast

In 1961, Dr. Peterson presented a definitive clinical study (The Oregon Series) based on an analysis of patients with operable breast concer treated by radical mastectomy at the UOMS Hospitals and Clinics during the 15-year period 1940-1955 (American Journal of Surgery, 102:321, 1961). This report involved a five to 20 year follow-up of patients and a highly refined statistical analysis of more than 200 consecutive cases. A final evaluation was not made until 1972 after analyzing the results of more than 400 additional cases of breast cancer treated at the UOMS (American Journal of Surgery, 143: 162, 1972).

Dr. Peterson's study has been a comparative analysis of conventional radical mastectomy and radical mastectomy in the surgical tradition of Halsted. The Halstedian radical mastectomy entails wide removal of the skin and its accompanying lymph vessels, as well as en bloc removal of the breast, underlying chest-wall muscle and fuscin, and the ancillary lymph nodes, and closure of the chest-wall defect by delayed skin grafting.

The conventional radical mastectomy involves skin closure at the time of the operation and the extent of dissection is more limited. Because of its improved results, the Halstedian operative technic has become the basis of surgical resident teaching at the

The results of treatment of the two operative technics for stage I breast

cancer (negative ancillary lymph nodes) were as follows:

> PATIENTS UNDERWENT CONVENTIONAL RADICAL MASTECTOMY

61.6% At risk, were alive and well and free of disease at five years 15.0% Had persistent local disease in the chest wall

> PATIENTS UNDERWENT HALSTEDIAN RADICAL MASTECTOMY

96.8% Were alive and free of disease at five years

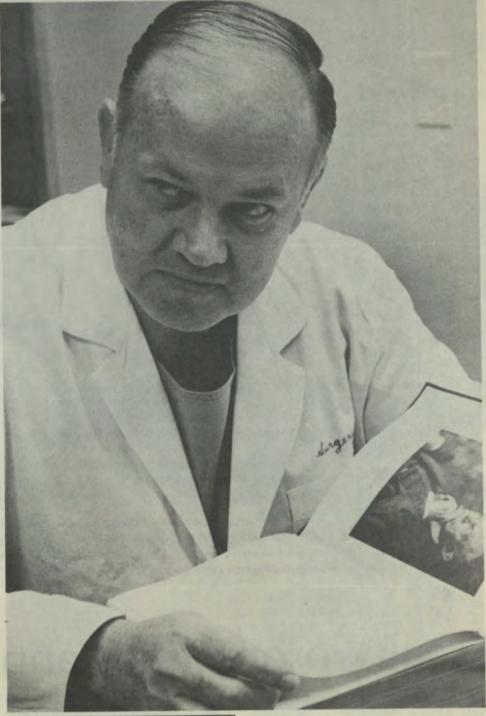
1.3% Had persistent local disease in the chest wall

Almost a century has elapsed since Halsted conceived the principle underlying radical mastectomy; and, say the Oregon surgeons, its validity has been reaffirmed. Statistical appraisal of these results emphasizes that different surgical philosophies and operative technics do indeed affect local persistance, prognosis for survival, and curability of breast cancer.

Aside from statistics, some basic inferences are supported by this study. Dr. Peterson explained: "Breast cancer is a progressive disease. The larger the tumor, the greater the likelihood of lymph node involvement. The more densely involved the major node stations, the great probability of distant metastases (spreading), the lower the rate of primary control, and the higher the eventual mortality.

"We must accept the fact that breast cancer is a generally predictable disease; and that the Halstedian radical mastectomy is the operation for the many, not the few; that we should not make a compromise based on an unfounded position that the disease is unpredictable and capricious. These erroneous ideas form an ideologic set which leads to the surgery of defeat or compromise - apt synonyms in my judgment for simple mastectomy and modified radical mastectomy when applied to primary operable invasive breast cancer."

Dr. Peterson pointed out that local persistence of the disease can be lessened and the prognosis for survival can be increased by a well planned and well executed radical mastectomy. He added that "the larger question is not: are we affecting merely the local control of breast cancer, but, are we curing it? Successful treatment means the surgeon has been able to divorce the patient totally from his cancer. There is substantial evidence that the results of the treatment of breast can-



DR. CLARE PETERSON Professor of surgery

cer can be improved." And one of the most hopeful trends in achieving this end, he suggests, is the emphasis that is being placed upon more skillful sur-

A second opportunity for gain lies in the field of early diagnosis of cancer and the recognition of pre-malignant changes in the breast which anticipate the development of breast cancer. Any disease should be recognized as early as possible, and breast cancer is no exception. Although it is apparent that time is not the sole determinant of successful breast cancer surgery, there is good reason to emphasize the desirability and importance of early diagnosis.

Doctors can now identify high-risk groups of patients (based on family history, previous breast cancer, benign changes of certain types in the breast that have a malignant potential) which can lead to diagnosis and treatment before the development of invasive breast cancer has actually taken place.

Dr. Peterson feels that "our hope for progress lies in these directions. With better operations, earlier diagnoses and earlier treatment, we can speak of cure."

MARLYS LEVIN

### Hospital chaplains bring comfort

(continued from page 8)

ical or surgical procedure prescribed by the physician for the patient's benefit. The most important consideration is to do everything possible to help the pa-

"By the same token, Judaism would not condone the use of sophisticated equipment or powerful drugs merely to extend life when the patient has reached a terminal end."

The rabbi remarked that whereas Protestant chaplains often deal with patients they have never met before who are of diverse denominations and sects, when he meets with a Jewish patient, there is already a certain affinity, "a climate of warmth and intimacy," based on a common religious

heritage.

He explained that the rabbi can serve as an outlet for the patient. "There are many times that a seriously ill patient will tell a rabbi very personal things which he can't bring himself to discuss with his family - such as his wishes for funeral arrangements, the dispensing of his funds, or special requests to family members.

"Fears for his family's future prey on his mind as he lies in bed for hours on end. It is very comforting to the patient to know that the rabbi will relay his wishes to the family."

Chaplain Franklin Dodson, who has served here for four years, said his work includes "cheering those whose faith is strong, offering comfort to families who have lost loved ones, helping those with little faith through their illness."

He explained, "If a patient has no relationship to the church or the Lord, I ask him to consider turning to God. Many persons who make life-changing decisions after their teens do so following physical disability.

"They realize they're no longer as independent as they thought they were, but that they are, instead, dependent. They begin to recognize the need for help from a source beyond themselves.

We seek to turn these patients toward a meaningful relationship with the

Chaplain Dodson said he has often been successful in working with county prisoners who are UHN patients. He has followed up these encounters with visits to Rocky Butte Jail.

The chaplain also has a practice of loaning radios to patients who are lonely and miss contact with the outside world. Students from Benson High School keep the radios in good working

Chaplain Dodson and his wife Betty are responsible for arranging for various high school and church singing groups to sing Christmas carols at UHN the 10 days prior to Christmas.

# Newsmakers



DR. MARSHALL SANDERMAN

UODS alumni president



DR. GEORGE J. COLLINGS
UODS alumnus of the year

Dr. Marshall Sanderman, class of 1949, has been elected president of the Dental School Alumni Association.



NOVEMBER Service Anniversaries— From Personnel

#### Five Years

Mary Valencia, cardiology
Dr. Samuel Irwin, psychiatry
Dean Mayfield, hospital adminisration

Orlin Yoder, MSH nursing Eldon Riley, physical plant Harvey Johnson, physical plant Karen Hein, MSH nursing Mary Ritter, central supply Dorothy, Peters, hospital house

Dorothy Peters, hospital house-

Erma Baltzegar, hospital housekeeping

Lydia Gould, OPC nursing Alvin Bletch, OPC nursing Rose Marie Pitts, medical records Nora Winegar, CCD

#### Ten Years

George Russell, physical plant Maxine Lang, CCD

#### Fifteen Years

Dr. Makoto Sato, neurosurgery Ruth Sedillo, hospital dietary

#### Twenty-five Years

Irene Engeldinger, clinical pathology Dr. Sanderman practices in Beavererton and is a member of the Beaverton Chamber of Commerce. He is active in postgraduate education and is a fellow of the Academy of General Dentistry

Dr. Robert Sheridan, associate professor of oral diagnosis, was named president-elect. The new secretary treasurer is Dr. Ken Carneiro, Portland dentist and clinical associate, dental hygiene, and the new editor of *Caementum* is Dr. Jack Clinton, associate professor of operative dentistry at the UODS.

Dr. George J. Collings, Portland dentist, has been named Alumnus of the Year by the UODS Alumni Association.

Dr. Collings is a regent for the International College of Dentists. He was president of the National Interdental Fraternity Council from 1972-73, and he also served as national president of Psi Omega dental fraternity at that time. He is an active member on the board of directors of the Multnomah County Dental Society.

Dr. Collings is former president of the UODS Alumni Association and is now on the board of directors.

Dr. Gerald A. Brooksby, ophthal-mology resident, has won the Helmholtz Prize of the Pacific Section of the Association for Research in Vision and Ophthalmology for his research paper on the "Role of Autonomic Nervous System in Control of Anterior Uveal Blood Flow." Each year the Association presents this award (a plaque and \$100) to the resident who has submitted the best research paper.

John Bendele, Jr., student body president of the School of Nursing and a Navy nurse officer candidate, has just been commissioned ensign.

#### Moving Up

Betty Langlois, LPN 1 to RN 1, UHN nursing

Claire Messenger, MSH nursing Nancy Mosely, RN 1 to RN 2, UHN nursing

Betty Johnson, clerk 2 to clerk 3 T, MSH pat's bus office

Susan Casciato, hosp aide to therapy aide, phys therapy

Julie Fulford, clerk 1 T to clerk 2 T, pharmacy

Peggy Hughes, clerk 1 T to clerk 2 T, OPC admitting

Nancy Hodges, RN 1 to RN 2, MSH admitting

Joyce Johnston, clerk 3 T to sec 3

Kathleen Kallen, clerk 1 T to clerk

2 T, med records
Donald Keene, laundry wkr 1 to

laundry wkr 2, hosp laundry Yvonne Lang, RN 1 to RN 2, UHN

nursing
Lesley Matusek, clerk 3 T to sec 3

T, cardiac surgery
Lorraine May, sec 3 T, to sec 4 T,

ORMP Genevieve Herndon, LPN 1 to

LPN 2, MSH nursing

Jerry Munger, programmer to computer sup 1, computer services Albert Brown, cust wkr 1 to cust

wkr 2, hosp hskpg Martha Pauly, sec 4 to sec 5, bus

office
Mary Ring, lab asst 1 to hosp aide,
MSH nursing

Herbert Reigle, main reprmn wkr 1 to plant main reprmn, phys plant Dr. Nelson Niles, UOMS professor of pathology, was recently luncheon speaker at the American Cancer Society-District IX annual meeting in Pendleton.

Dr. David D. Reeder, UOMS class of 1963, has established a practice in Klamath Falls. Before coming to Klamath Falls, Dr. Reeder was associate professor of surgery at the University of Texas Medical Branch in Galveston.

Dr. Hugh Tilson, associate professor of public health and preventive medicine, has been named chairman of the Oregon Conference of Local Health Officers. Dr. Tilson, who is Multnomah County assistant health

officer, recently joined with other health officials in the conference in calling for standardization of preventive health services in Oregon's 36 counties. The conference asked the legislature to guarantee the availability of such services as family planning, prenatal care and well child clinics for all Oregonians. It also advocated county programs for control of communicable and chronic diseases.

Dr. McKenzie Buck, assistant professor of otolaryngology and head of the department of speech pathology at the Portland Center for Hearing and Speech, has been named to the board of directors of the United Cerebral Palsy Association.

# Appeals for cornea donors meet with resounding success

Statewide appeals in September through newspaper, radio and television for eye donations have met with resounding success, according to Dr. Donald Blanchard, coordinator of the Oregon Cryopreservation Eye Bank.

Before the urgent appeal was made, there were 10 patients waiting for cornea transplants. Now, these people have had the operation, as well as 10 more. And there are three corneas in the bank for future use.

In addition, hundreds of calls came in to the eye bank, asking for anatomical gift cards.

"The need for eye donations is still urgent," commented Dr. Blanchard. "Now that we can preserve corneas for up to a year and a half, we want to keep a supply of corneas in the bank. This way, the patient's waiting time will be eliminated and hospital expenses will be reduced, since

it will no longer be necessary for the physician and hospital staff to perform the operation at odd hours or on very short notice."

### CCD has flower show

The Crippled Children's Division held its annual flower show October 30. Winners in the flower arrangement category were: first place, Ruth Spoerli; second and third places, Gertrude Lister.

Winners for individual blooms were: first place, Merry Meek; second place, Dr. Paul Rasmussen; and third place, Gertrude Lister.

The deaf-blind classroom children won first in the "most unusual" category. Leon Kunke took top honors in the plant category with bonsai trees.

#### Retirements

Wilma Burnside, hosp admitting George Batterson, UODS Buelah Termeer, phys plant

#### NEW FACULTY Full-time

Dr. Richard Wallace, associate professor of physiology, UOMS

Dr. Thompson Shannon, professor of psychiatry and director of continuing education in mental health, UOMS

Dr. David Meeker, associate professor of clinical pathology (VAH)

Darlene McCown, assistant professor of pediatric pursing

sor of pediatric nursing
Dr. Dean Johnson, associate pro-

fessor of crown and bridge

Dr. Patrick Nalbone, assistant professor in the education resources division

Sandra Cushman, instructor in extramural programs

Rosalee Everitt, instructor in extra-

mural programs
Julie Geraci, instructor in extra-

mural programs

Dr. Charles Littlehales, instructor in extramural programs

Marie Morrison, instructor in extramural programs

Dr. David Rosenstein, associate professor of extramural programs

Donna Smith, instructor in extramural programs

Dr. Robert Lundeen, assistant professor of oral diagnosis

Dr. Sebastian Campagna, associate professor of prosthetics

Sandra Jones, instructor in dental hygiene

Barbara Marquam, instructor in dental hygiene

#### Part-time

Dr. Sheila Eyberg, assistant clinical profressor of medical psychology

Dr. Washington Kohnke, clinical assistant in crown and bridge

Dr. Wayne LeSueur, clinical assistant in extramural programs

Dr. Robert Woolf, clinical assistant in extramural programs

Dr. Francis Alder, clinical assistant in the operatives department

Dr. Gaetano Amico, clinical assistant in the operatives department
Dr. Charles Buchanan, clinical as-

Dr. Charles Buchanan, clinical assistant in the operatives department

Dr. Donald Fromherz, clinical assistant in the operatives department

Dr. Robbin Henderson, clinical assistant in the operatives department

Dr. Gregory Miller, clinical assistant in the operatives department

Dr. John Nizic, clinical assistant in the operatives department

Dr. Peter Lubisich, clinical assistant in pedodontics

#### Volunteer

Dr. Olin Byerly, clinical instructor in family practice

Dr. Henry Garrison, clinical instructor in medicine

Dr. Katharine Gartner, assistant clinical professor of anesthesiology

Dr. Robert Goldman, associate clinical professor of medicine

Dr. Herschel Lawson, clinical instructor in obstetrics and gynecology

# Readers rate NEWS

Managing Editor Susan Pogany
came in for kudos
in the October random sampling
of readers of Medical Center
(now Health Sciences Center) News.
The quality of Mrs. Pogany's
photographs and writing received
specific mention
from a number of readers.

While the reason for this survey (and others conducted by the publications office) is to determine whether or not a publication is providing the kind of information which is helpful to readers, it should be pointed out that 79 per cent of the respondents rated the publication "excellent" or "good." A "fair" rating was given by twelve per cent of those answering and "poor" by two per cent. Seven per cent did not respond to the question.

Twenty-six per cent of those returning the survey forms were faculty, 22 per cent classified employees, 12 per cent alumni, 6 per cent parents of students, and 25 per cent "friends" of the institution.

Types of stories finding most favor among readers include (in descending order of interest) science/research; future plans for the institution; "newsmakers"; new facilities and equipment; profiles of faculty and staff; new construction. Less appealing were pieces on legislative action, service anniversary and retirement stories, and budgets.

The preponderance of readers obtain most of their information about the institution from *Medical Center News*, according to the survey. It must be considered, however, that 52 per cent of those returning the questionnaires cannot be called "on campus" publics. Local radio, television and newspapers were the second named source of information about institutional activities, followed by other faculty, staff and students; *Campusgram*; supervisors; department heads; meetings of various groups; and "over coffee."

What do readers like least about the publication? Respondents pointed to items dealing with retirements, budgets, and seniority awards. One reader wrote, "Not all items of sufficient interest for more than rapid perusal." Another said, "Too technical occasionally." Other comments included, "some articles too long"; "wasteful"; "not coming out on time." Suggestions for change from readers included "more input from students and faculty"; "make it more concise"; "delete retirement stories and service awards"; "broaden coverage"; "seems pitched to off-hill public"; "waste of money." Readers asked for more stories on future plans, long-time employees, alumni, various departments, research, clinical staff, School of Nursing, minority affairs, AAUP, affirmative action, hospitals and hospital employees and services, "hard working employees," service departments.

Two readers questioned the fact that the publication is not sent to oncampus personnel through campus mail. It should be explained that the publication is sent by U.S. Postal Service at the lowest possible rate — 3rd class bulk permit. By mailing it to faculty and employees' homes, opportunity is provided to their families to learn something about the institution as well. Most readers indicated their copy of MCN was read by more than

one family member.

Favorable comments focused on quality of photographs and writing, stories on scientific advances, comprehensive coverage, well-balanced presentation. Other comments in response to the question, "What do you like most about MCN?" included, "all of it"; "well done, I like it"; "easy to read"; "news about the University my son attends"; "that you put my name on the mailing list"; "only contact with our son's school"; "great improvement"; "read it from cover to cover."

MAI

### **UHN** remodels

Ward 2 Northeast in University Hospital North is being remodeled, according to Max Kersbergen, hospital administrator.

Most of the former three-bed rooms are being converted to semi-private accommodations. Rooms will have piped in oxygen, telephone outlets and television accommodations. There will be an area with special exhaust ventilation for tuberculosis and infectious disease patients, to reduce air contamination. A number of other safety items such as grab bars and call lights in patient bathrooms are being installed.

Ceilings throughout the ward are being lowered and sprinkler systems installed.

> Sophomore Susan Allender was one of 558 nursing students who participated in the School of Nursing's dedication day at the Portland Civic Auditorium November 1. This year's entering class of sophomores is the largest in the school's history.



### New emblem based on simple elements

(continued from page 1)

modern look and still retain the flavor of quality.

"The simple design elements of the emblem—the circle and square also contribute to a classical feeling," he pointed out.

The artist commented, "An emblem is a visual statement of a personality and is somewhat akin to a handwritten signature. It must express the individuality of the institution or

organization which it represents because it is competing for recognition with so many other visuals. An emblem must have memorability, personality, and a touch of the language of art"

Ferris, who has been doing design work for the Medical School for almost 10 years, submitted about 30 sketches in order that representatives of the Health Sciences Center could choose the most appropriate symbol.

The Portland-born designer is currently serving on the board of trustees of the Portland Art Museum. He is also chairman of the Museum School Committee and is a contributing editor of Communication Arts Magazine, an international magazine concerned with publications design.

He has done advertising and publication design for such firms as Jantzen Sportswear, USBanTrust, and Willamette Industries. He also carried out a typographic styling study for the *Oregonian*.

HEALTH SCIENCES CENTER



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