



UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

NEWS

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

HSC hospitals play unique role in community

"Hospitals: A Constant Concern for a Healthy Community" was the theme of National Hospital Week, May 11 through 17.

National attention this month is focusing on the role of the hospital in the community. The impact of the Health Sciences Center's University Hospitals is unique in the State of Oregon.

In recent interviews with *Health Sciences Center News*, Dr. J. David Bristow, professor and chairman of the depart-

ment of medicine, and Dr. Donald Kassebaum, professor of medicine, discussed the hospitals' successes and challenges, and talked about them in relation to the Center's broadening goals.

Dr. Bristow spoke about the unique quality of our hospitals' achievements, while Dr. Kassebaum, who is first chairman of the HSC's new medical board of the medical staff, commented that what he calls a "re-structuring of our patient care programs" will bring about significant changes in our hospitals and teaching programs.

Our goals are to train physicians and develop new knowledge," explained Dr. Bristow, "and the hospitals are where most of the training takes place.

"Because we are the principal medical teaching center in the state, we've had a definite impact on the quality of health care in Oregon. Physicians who were trained at the Health Sciences Center have taken many new ideas into the community," he continued.

"Our staff is very much aware of the need to produce more primary care physicians to meet current shortages, and we

have begun several programs to meet this need."

Dr. Bristow commented that the University Hospitals are particularly outstanding because of their multidisciplinary faculty.

"Both clinical and basic science faculty members are working together, producing an ideal teaching environment. This also contributes to first rate patient care. Nowhere else are so many other doctors watching you, questioning your diagnoses and decisions, and evaluating

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Researchers study body's mechanism for appetite control



For people who worry about their weight, there may some day be a solution as easy as swallowing a pill.

Dr. Paul R. McHugh, professor and chairman of the department of psychiatry, has just received a \$28,000 grant from the National Institutes of Health for continuance of his studies of the neurological mechanism that controls appetite.

Dr. McHugh and his associates hope to discover the body's mechanism for producing the feeling of satiety.

"If we can discover the signals by which food provokes satiety, we may one day be able to help fat people by giving them these signals — but without all the

calories. And we could give thin people the calories while blocking the signals," explained the physician.

Dr. McHugh, who has been studying

appetite control for about ten years, does much of his research with monkeys.

Without the monkeys' knowledge, food is fed directly into their stomachs.

Then the researchers observe how much less appetite they have.

Experiments have shown that the nature of the food given to the monkeys is not as important to satiety as the number of calories in the food.

Monkeys—like the appealing little fellow in the photo above—are a vital part of Dr. McHugh's study.

Now the scientists are studying whether interference with the brain's appetite control centers can affect satiety.

"The mechanism of satiety remains the

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Hospitals granted full accreditation

As *Health Sciences Center News* was going to press, President Lewis W. Bluemle announced that the Center's hospitals were granted full accreditation May 17 by the Joint Commission on Accreditation of Hospitals. Accreditation is in force until December, 1975.

Dr. Bluemle commented, "I want to take this opportunity to thank each of you whose special efforts made it possible for us to present a strong case to the Joint Commission on our May 8 visit to Chicago."

Bristow, Kassebaum discuss HSC hospitals' role

(continued from page 1)
your results."

This kind of atmosphere also has an effect on nurses and other allied health workers, the physician commented.

"There is a spirit of participating in the forefront of medical care in an academic health center—an excitement about being where new techniques are developed, where research discoveries are made, and where there is a highly qualified staff, some of whom are internationally known."

Dr. Kassebaum agreed that the HSC hospitals have made impressive contributions to community health care. He added that our very success warrants a re-ordering of patient care and medical training priorities so that our hospitals may fulfill an even broader role in the community.

"As a result of our achievements and the expansion of our teaching programs, our very success as a training ground for specialists has diminished the need for our referral center in the traditional mold which was developed in the past to meet atypical and special health care needs," observed Dr. Kassebaum.

"We have trained specialists for the community and have taught the community how to deal with complicated problems.

"The community hospitals are now dealing with complicated illnesses in a way previously available only at the Health Sciences Center.

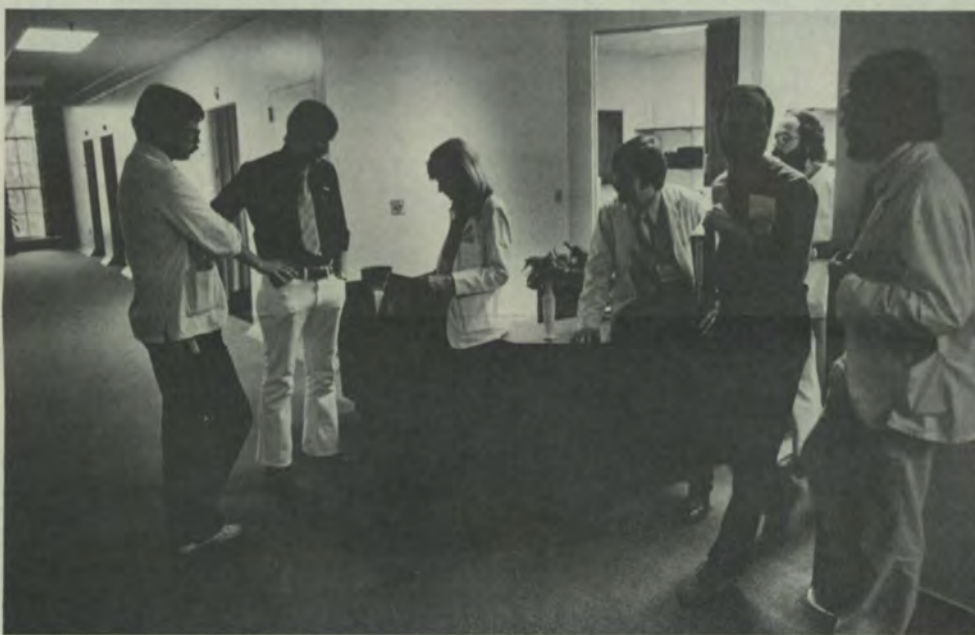
"There has been a slow erosion of our patient base over the years as our unique role as a referral center has diminished. At the same time, our traditional function as an indigent and geriatric health care provider has resulted in our seeing more and more patients with the stereotyped illnesses of the poor and aged.

"A third of the patients on the medical service of University Hospital North suffer from acute or chronic alcoholism. The majority of patients with gastrointestinal hemorrhage or liver disease are chronic alcoholics.

"The number of younger patients, and those with less complicated problems—that is, without multiple organ failure or degenerative disease, and available for students to take histories and do complete physical examinations is relatively small.

"On the other hand, working with patients in the community hospitals has been an intensely interesting experience for our medical students," Dr. Kassebaum said.

"The junior medical clerks enjoy their experiences at Good Samaritan Hospital. They can talk to the patients who generally have less complicated diseases and are expected to get well. The students work in a pleasant environment, supported by efficient laboratory and diagnostic services.



Top photo: On staff rounds, Dr. Donald Kassebaum, left, examines X ray with Dr. Gregory Lorts, intern; Frost Lee, junior medical student; Dr. Tom Maneatis, resident; and Tom Rorick, junior medical student. Lower left photo: An example of University Hospital North's systematic remodeling

program is ward 2NE. The newly remodeled, carpeted wing contains a modern, efficient nursing station, physicians' chart room, and patient rooms with from two to three beds.

Lower right photo: Dr. J. David Bristow, department of medicine chairman, joins in Morning Report at UHS.

"If we are to maintain the focus of medical education on this campus and support medical and health care research which is the obligation of the university, then we must provide a model of comprehensive care, as well as serving as a referral center for the most complex medical problems.

"We can respond more appropriately to community needs by remodeling our image as a health care provider. As an example, our excellent emergency services can be put at broader community disposal than when they served only the 'county' hospital.

"We are trying to change our image because although we have changed our name, the community still tends to think of us either as the 'county' hospital, or as the university 'teaching' hospital," the physician observed.

"We shall continue to foster teaching affiliations with the community hospitals. But we must also develop a critical mass of broadly representative clinical activities at this medical center in order to produce collaboration of physician-teachers and biomedical scientists which will achieve

our educational and health care research goals."

"We have to look at our role with respect to educational goals and in relation to our obligation to provide a larger share of health care to the community. We must make sure we preserve the university as the focus of medical education and health care research."

"What are we doing to try to cope with this challenge? We are looking at our sources of referral and at the community's needs to determine how we can be of greater mutual support. We are also aiming at improvement of our hospital and ambulatory care system to better support care of patients referred to faculty physicians. Not the least of our concern is the patient environment of our hospitals. A systematic remodeling program in University Hospital North is aimed at creating an atmosphere for patients which they expect in a modern community hospital."

Dr. Kassebaum commented that integrating our emergency services with the needs of the community is an important step toward achieving the goal of health care partnership with the community.

He has been closely involved with an emergency services development proposal which was invited by the Emergency Medical Services Section of the State Health Division.

He and other administrators agree that the HSC hospitals' large and varied staff and innovative progress in such areas as emergency transport qualify the Center for a broad role in the state's proposed emergency medical care system.

"Sixty per cent of the patients entering our hospitals come through the emergency department," Dr. Kassebaum pointed out. "If we can increase our role in emergency care, we can then provide a broad spectrum of patients for our clinical and educational programs.

"Development of integrated ambulatory care on the campus is vital to support the hospitals," Dr. Kassebaum said. "Providing high quality efficient outpatient service for private and nonprivate patients alike will strengthen the hospital care and educational programs.

"We now realize that it isn't necessary to sharply define teaching or research value as a precondition for admission of patients, since these derive automatically from good patients, competent and committed physicians, and the excitement of teaching students."

HEALTH SCIENCES CENTER NEWS

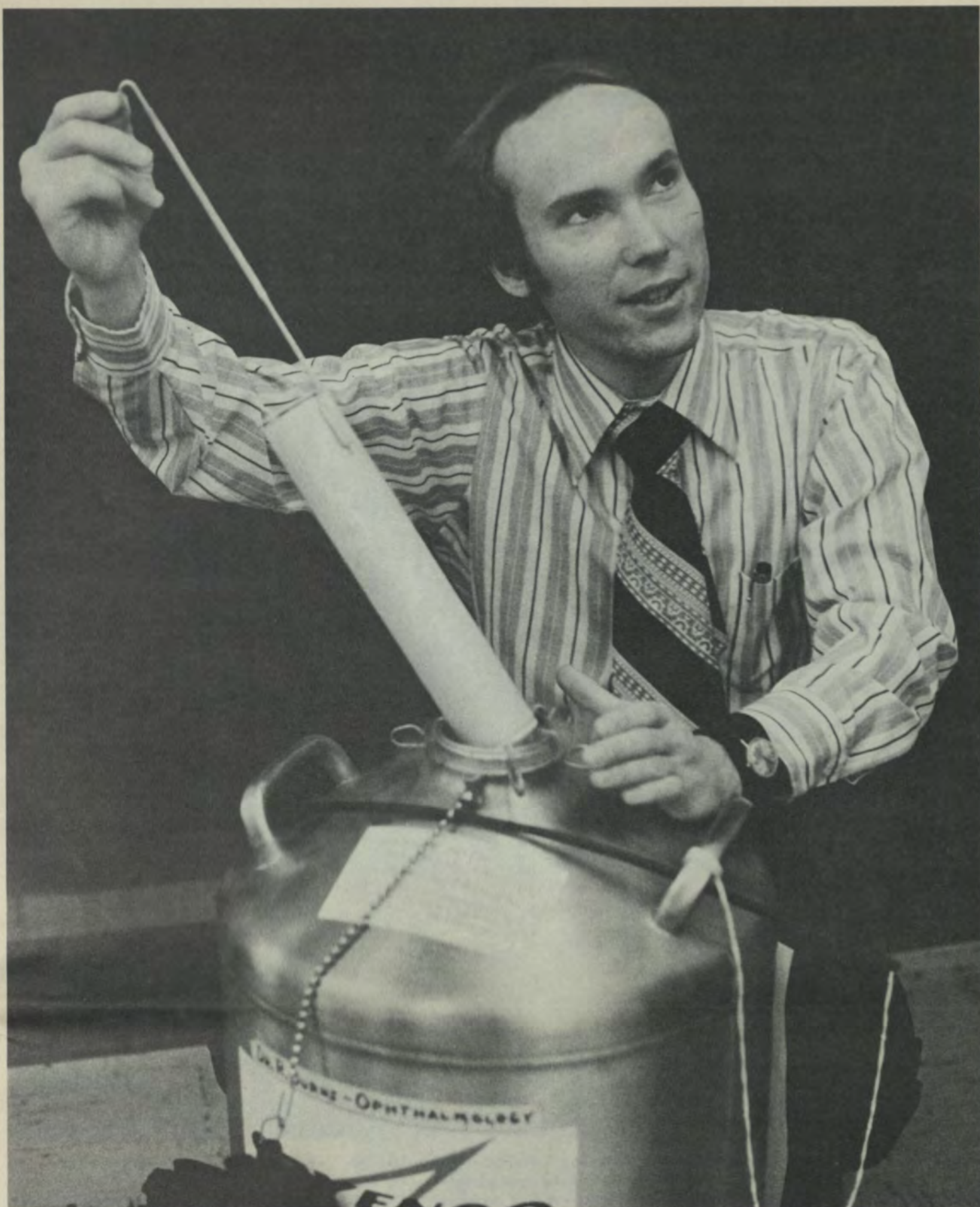
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Dr. Donald Blanchard, coordinator of Oregon's first cryopreservation eye bank, located at the HSC, explains how corneas are preserved in a cannister which is inserted into a tank of liquid nitrogen. The eye bank is one of many innovative programs which the Health Sciences Center offers to Oregon residents.

gency transport system in conjunction with the military. The system allows high-risk infants and expectant mothers at risk to be flown to Portland by helicopter from throughout Oregon and adjoining states.

The Center's renal transplant program was another first for the state. Oregon's first transplant, and the tenth in the world, was performed here in 1959 by Dr. Clarence Hodges, head of the urology division. A few months ago, the Center's 200th transplant was done at UHS.

The transplant team attributes its success rate, which is almost 20 per cent above the national average, in part to the effective antilymphocyte serum developed here.

Other important areas in which our hospitals and physicians function as statewide resources are the Oregon Eye Bank, the HSC's Poison Control Center, the Rosenfeld Child Abuse Center, and the tumor registry.

Through revolutionary new techniques in cryo-preservation, the new Oregon Eye Bank in the department of ophthalmology stores corneas for transplantation and research.

The Poison Control Center serves as a physicians' emergency reference center for Oregon. The Center monitors poisoning trends and keeps physicians from other hospitals informed on special problems and statistics in a monthly newsletter. The unit also participates in a national poison registry.

The Rosenfeld Child Abuse Center on the 14th floor of UHS was opened last year. Goals of the center are immediate and long term treatment of abused children; training of doctors and nurses; and prediction and prevention of child abuse.

The tumor registry program records each patient's disease progression and treatment. In this way, cancer patients are systematically followed, and lives are saved by early detection and treatment of recurrences. The registry allows physicians and researchers to follow trends in cancer and cancer therapy.

The performance of investigative research studies by faculty on patients with a variety of diseases is the function of the clinical research center in University Hospital North. Areas of special study in this unique center have included breast cancer, detoxification of narcotics addicts, vaso-spastic diseases, and new drugs.

Another unusual area of treatment is provided by the School of Dentistry's hospital dental division. Not only are pedodontic and oral surgery services available to outpatients, but there is also a small dental clinic located in pediatrics at UHS for inpatients with oral care problems.

In addition to these programs on campus, the hospitals and clinics are involved in many off-campus public service programs. Some of these are the adoption service program and consultation services in juvenile delinquency, dietetics, family planning, Medicare, and foster children.

Through the development of these on- and off-campus programs, the Health Sciences Center hospitals have demonstrated not only an involvement in the forefront of medical progress, but also a continued concern for the community as a whole.

Center hospitals vital to entire state

The University of Oregon Health Sciences Center hospitals are important to the City of Portland. But their responsibility goes far beyond this. They are an invaluable resource for the entire state and, in many cases, have left their mark on national trends in health care.

HSC administrators view National Hospital Week as an appropriate occasion for review of our hospital's continuing achievements.

Center hospitals have long been leaders in heart surgery. Directed by Dr. Albert Starr, head of the division of cardiopulmonary surgery, physicians at our hospitals have helped revolutionize open heart surgery since the late 1950's.

In 1960, Dr. Starr and Engineer Lowell Edwards developed the first successful artificial mitral valve. Later this team developed a similar artificial aortic valve. In 1972, they announced the Starr-Edwards cardiac pacer system which can be monitored from any standard telephone. It is smaller and lighter than previous pacemakers.

Important innovations in coronary artery surgery at HSC hospitals have also gained national attention. The most com-

monly performed and successful operation to date has been the use of a saphenous vein (from the leg) bypass graft from the aorta to the coronary vessels. It was first done in 1968.

In addition, our hospitals introduced the state's first coronary intensive care center (now called the "medical intensive care units"). Specially trained personnel in these two units (one in UHS and UHN) monitor critically ill patients with cardiac complications or histories.

The critical care "Code 99" procedure at the Health Sciences Center was also the first in operation in the community. "Code 99" is an organized system for responding to patients in cardiac distress. When a "Code 99" is called, cardiologists, anesthesiologists, and a variety of other physicians and nurses report immediately to the ward in question and render assistance if they are needed.

Other treatment areas in which the Health Sciences Center hospitals excel are pediatric surgery and childhood diseases. In both of these areas, a broad spectrum of highly trained specialists give Oregon youngsters a second chance for healthy, normal lives.

In pediatric surgery, the hospital staffs' most outstanding successes have been with repairs of esophageal atresia, omphalocele (intestines outside the abdo-

men), gastroschisis (intestines outside with no covering), Hirschprung's Disease, Wilm's Tumor, and rhabdomyosarcoma.

Such childhood diseases as chronic renal failure, Reye's Syndrome, hemolytic uremic syndrome, congenital heart disease, and inborn errors of metabolism are treated more often at University Hospital South than at any other community hospital in Oregon.

The neonatal intensive care unit in UHS is the only center of this scope in the state. The unit uses the most advanced equipment and skills developed for the care of premature and full-term infants in jeopardy from a variety of medical and surgical emergencies.

Infants from throughout the state receive the most effective treatment in a single unit staffed by special medical and nursing personnel.

Similarly, the division of perinatology has the only program in Oregon which identifies and monitors expectant mothers at high risk. The division uses a new radiology technique, ultrasonography, to follow fetal development.

The division also edits and publishes *Perinatal News*, a newsletter for Oregon doctors and hospitals explaining the latest techniques in treating high-risk births.

Both neonatology and perinatology were instrumental in developing an emer-

Center works to cut high cost of hospitalization

As inflation spirals, the University of Oregon Health Sciences Center has set its sights on a formal cost containment program.

In view of sharply rising costs and the unique financial challenge which teaching hospitals face, HSC President Lewis Bluemle has requested that hospital administrators involve their staffs at all levels in a formal belt-tightening system.

Although all hospitals are feeling the effects of inflation, teaching hospitals feel the money pinch more than most. There are many reasons.

Teaching institutions are expected to treat a broad variety of serious and unusual cases. They are in the forefront of technology and can provide the highest quality care. This means they must have the latest equipment and therapy techniques at their disposal — and this costs money.

Their costs are also higher because patients' stays must be longer so that students and residents can observe the course of a disease and treatment.

In addition, the complexity of many teaching cases requires extensive and costly testing.

A fourth factor is the intensive care required by a high proportion of patients in teaching hospitals. And this extra degree of care calls for highly trained personnel.

Large annual write-offs to charity cases and bad debts are another little known cost. The write-off factor for Medicare and Medicaid is also especially great at institutions such as the Health Sciences Center.

In addition, federal funds, once made available to such hospitals for teaching, research, equipment replacement, and new services are rapidly diminishing.

In an effort to help the Center deal with such cost problems, a cost containment committee, composed of house staff and representatives of non-physician hospital departments was formed.

So far, the new cost containment committee has identified its major goals and recommendations as follows:

1. Promoting the avoidance of waste.

The committee has set up displays of commonly used products, comparing current costs with those of one year ago.

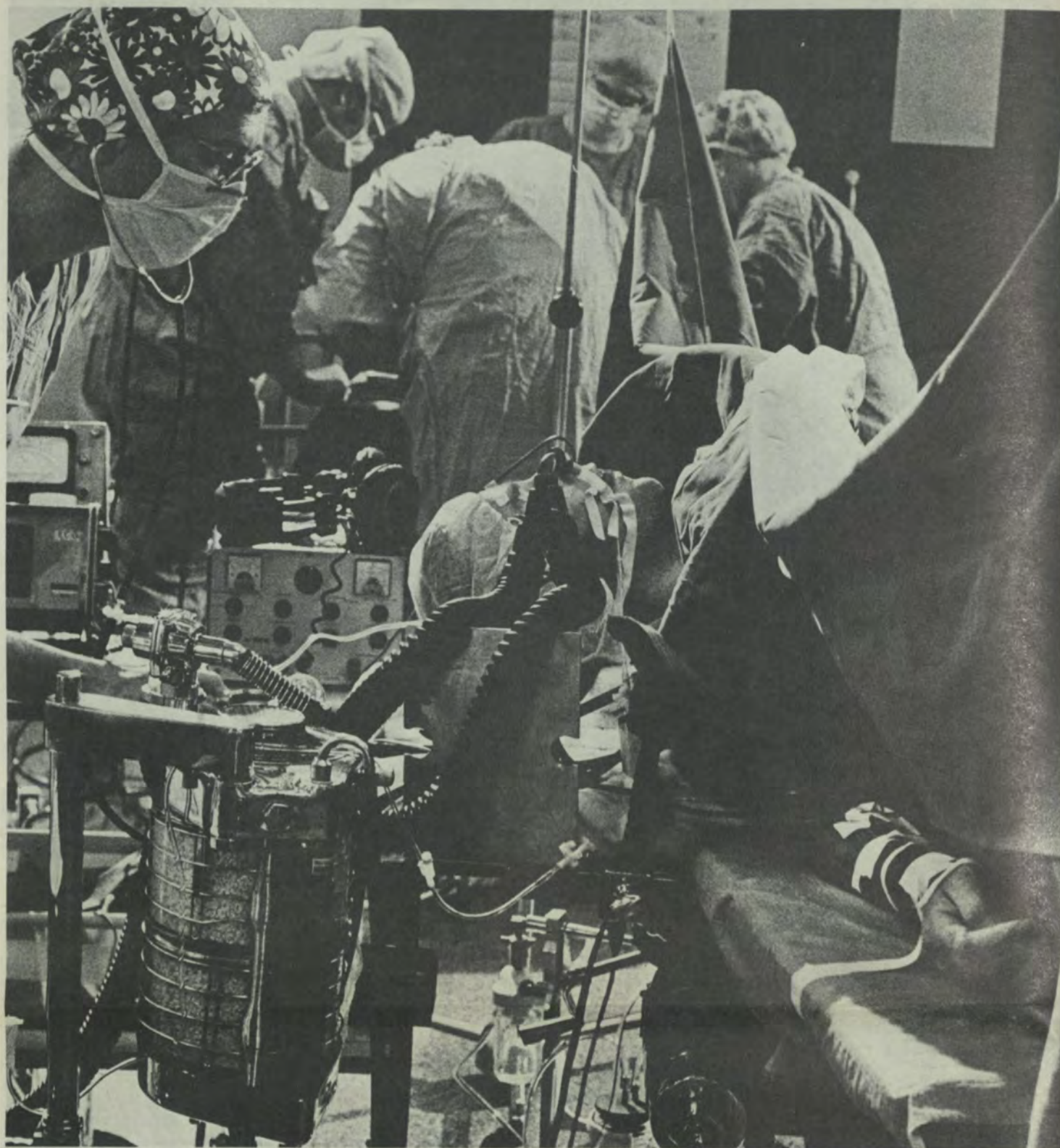
For example, last year a case of Kleenex cost \$5.55. The price is now \$8.05. (The hospitals and clinics use 50 cases of Kleenex each month.)

Last year, a case of paper towels was \$4.48. Now it sells for \$8.40. (Sixty cases of paper towels are used by our hospitals and clinics each month.)

The group has asked that cost information on X rays and clinical lab procedures be provided to nursing stations. The committee hopes that common knowledge of costs will lead to more judicious scheduling of patient tests. This new procedure is the result of a suggestion from Muriel Bussman, R.N., head nurse on 4 SE in UHN.

2. Productivity.

The committee has contacted all hos-



pital and clinic employees, asking for cost-saving suggestions.

Suggestions are to be sent first to the departmental head for evaluation and then to the committee. Awards will be given for the most productive suggestions.

The committee is also working to develop a program whereby department heads can analyze and reduce employee turnover. The program will focus on why employees choose to stay, i.e., the challenges and rewards of a job at the Center. Departments could then capitalize on these positive common denominators.

3. Encouraging reuse and recycling.

The committee is considering ways to encourage employees to use reusable items: for example, to use a reusable coffee cup instead of a one-time throw-away.

The group is also checking into the Center's contract with a Portland recycling firm to see if remuneration is adequate and if a broader recycling program is feasible.

4. Providing information regarding resources and criteria for making purchasing/product decisions.

Employees whose responsibilities include ordering supplies may not know how to evaluate comparative products and prices. In an effort to help people learn to weigh the alternatives, the committee plans to have several cost containment seminars lead by professionals.

5. Using the state's purchasing procedures.

The committee wants to re-educate all hospital and clinic personnel as to the structure and benefits of the state's purchasing procedures.

Many employees do not understand the merits of the centralized bidding system and its impact on the Center.

The committee also hopes to help employees identify areas in which the bidding system does not apply to hospitals.

In addition to these five areas of concentration, the committee has urged a re-examination of the patient charging pro-

Because they make use of the latest technological advances and equipment (as seen in the kidney transplant surgery above), teaching hospitals feel the pinch of inflation especially hard.

cedure. They feel that if some specific treatments are more clearly delineated on the bill, payments by paying patients and third party payers will increase.

Members of the committee are Margaret Hamley, head nurse, UHN operating room; Nellie Jacob, assistant director, nursing service, Outpatient Clinic; Donna Johnson, food service manager, UHN; Frances Morse, hospital office manager, UHN; LeAnn Poole, head nurse, UHN central supply; Maxine Freeman, executive housekeeper; Dean Mayfield, storeroom manager, UHS; Guy Mount, business manager, UHS patients business office; Sylvia Sather, UHS director of nursing; Carol Storer, head, UHS central supply; and Bill Parente, assistant administrator, UHS.

Nursing alumni hold kick off luncheon for reactivated association

The Alumni Association of the School of Nursing has recently been reactivated.

Kick off meeting for the Association was March 19, and steering committee members are well underway toward updating the names and addresses of some 2,000 alumni.

In their June mailing to alumni the

committee will ask for suggestions from members as to what they would like their Association to do.

The steering committee, under the direction of Joyce Colling, assistant professor of medical-surgical nursing and member of the Class of 1962, has already outlined general program goals for the Association.

"We envision the organization as professionally oriented, acting as an informa-

tion exchange agent and a bridge to the community," she said. She added that the group is receiving strong support from the HSC administration.

The Association plans to offer seminars of value to alumni in their profession as nurses.

"We hope to organize them as a strategic support system which will further the concerns of baccalaureate and graduate education at the School of Nursing. Alum-

ni could act as the School's representatives in the community," Mrs. Colling commented.

The Association also hopes eventually to set up preceptor-student programs and to enlist alumni financial support.

"But before we start asking for support from our alumni, we want to reactivate their interest in the School and let them know that we are interested in helping them."

Basketball teams' jerseys just keep on shrinking



HSC basketball team members are not exactly the best dressed players on the court these days. Fourteen years have taken their toll on team jerseys, and the department is seeking a donor to aid in replacement.

No, a bare midriff is not in style this year on the Health Sciences Center's basketball court.

But the athletic department's old basketball jerseys have had 14 long years of continued use in which to shrink to current mini-proportions.

So there's not much that players like Medical Student Rick Eikrem (see accompanying photo) can do about their exposed stomachs until funds are donated for new basketball jerseys.

According to Bud Dockery, director of the Student Activities Building, the cost of replacing the warm-up jackets and jerseys would be \$450. (The current jackets and jerseys were a gift from the Alumni Association in 1961.)

But this isn't the athletic department's only critical need. Basketballs now in use on the HSC court are almost ten years old.

"They just don't bounce right anymore," he commented. "The boys say that when they compete against other college teams in the area, it's difficult to adjust from the non-bounce balls they practice with to the bouncing balls used in actual games."

Replacement of seven worn-out basketballs with new balls priced at \$27 each will cost \$189.

Also on the department's list of priorities for basketball is replacement of two old-style wooden backboards with glass backboards at a cost of \$675. Balls don't bounce as well off the old boards as off the modern variety, explained the athletic director.

The total amount needed by the athletic department for these improvements is \$1,314, and Mr. Dockery hopes to locate a donor soon.

One additional piece of equipment which Mr. Dockery feels would be in constant use in the exercise room is a Universal Gym, Centureon Model, with 16 stations, costing \$4,170. Although it has been budgeted several times during the last 10 years, student fees have not been able to cover this major expenditure.

Mr. Dockery commented that roughly 250 students play basketball each season, and there are about 20 intermural teams. The combined medical-dental team plays such off-campus junior varsity teams as Lewis and Clark College, Warner Pacific College, and Oregon State University.

If readers are aware of a donor interested in helping the Activities Building meet some of its current deficits, they should contact the Director of Development, Health Sciences Center. Such gifts are tax deductible.

O'Hollaren named Alumni president



Dr. John D. O'Hollaren, Portland allergist and a 1947 graduate of the School of Medicine, was elected president of the Alumni Association at its 60th annual meeting April 16.

Other officers named were Drs. Phyllis B. Church, vice president; Daniel L. Dennis, treasurer; and William A. Fisher, secretary, all Portland residents.

The three new regional vice presidents are Drs. James Lium, Salem, Oregon; Alton Stier, Spokane, Washington; and Oliver Vreeland, Monroe, Louisiana.

Dr. Charles N. Holman, retiring dean of the School of Medicine, was presented a Certificate of Meritorious Achievement, the Association's highest honor to bestow upon a colleague, at the alumni's annual luncheon April 17 at the Student Activities Building.

Margaret E. Hughes, director of the library since 1965 and a staff member for 38 years, was presented an Honorary Membership for her many contributions to the School, particularly her concern for optimum service to both students and professionals, said Dr. Lalli.

Two Special Distinguished Service Awards were presented to the 304th Air Force Air Rescue Unit and the Army Aviation Section of the Oregon Army National Guard in recognition and appreciation for the performance of outstanding services to the UOHSC's perinatal and neonatal units.



Physicians on HSC house staff join in new association



A new organization for house staff members of the Health Sciences Center has recently become active.

Known as the UOHSC House Staff Association, the group has a membership of more than 60 per cent of the 360 physicians in training at the Center.

The Association's president, Dr. Bruce Carlton, resident in internal medicine, explained that the group has several goals.

"We hope to encourage better professional relationships among members," he commented. "Before the Association was formed, there was little intra-departmental communication. But our membership represents all the clinical departments."

One of the organization's major goals is improving the standards of health care delivery to patients. By means of questionnaires sent to HSC and Veterans Hospital staffs, they plan to identify problem areas and then work with administrators

for improvements.

Dr. Carlton stressed the fact that the Association is not an adversary group, but is instead looking forward to working closely with the administration.

"We are now negotiating with the Medical Board for representation on a number of committees at the Center," Dr. Carlton pointed out. "A member of the Association is already on the Utilization and Professional Standards Review Committee."

He added that he hoped house staff on these committees would have equal status with other members. Through this kind of participation, the Association hopes to achieve another of its major goals: insuring the excellence of the training program.

The organization's fourth major goal is insuring that house staff receive benefits appropriate to the services they fulfill.

The Association is affiliated with the Physicians National Housestaff Association whose goals it shares.

Executive board members of the new group are Dr. Carlton; Dr. Robert Poole, urology resident; Dr. Betty Kennedy, internal medicine resident; Dr. Stephen Cook, radiology resident; and Dr. John Breitner, psychiatry resident.

Board Members Drs. Betty Kennedy, John Breitner, and Bruce Carlton, plan House Staff Association meeting.

Researchers test area children in fluoride study

"Oregon has one of the highest cavity rates in the U.S. Since efforts to have Portland's water fluoridated have been unsuccessful, we wanted to be a part of the development of some other effective cavity deterrent for the children of Oregon," said Dr. Kuo Hwa Lu, professor and chairman of the department of biostatistics, School of Dentistry.

Dr. Lu, Dr. Donald Porter, professor of pedodontics, and Dr. Tom Pickles, dental health officer, State Health Division, are co-investigators under a \$362,000 grant from the National Institutes of Health to determine the relative effectiveness of two different methods of fluoride application.

The tests they are doing involve 1,200 children in Multnomah, Washington, and Clackamas County schools. Each participant has parental consent.

The two fluoride applications being tested and compared are:

1. Application of a relatively concentrated fluoride gel for five minutes on ten consecutive days.

2. Daily rinsing of the mouth with a dilute fluoride solution during the school year for two years under a teacher's supervision.

The children are examined carefully for cavities before the fluoride regimen and once yearly for three years. An analysis will be made when the test is completed in three years.

Throughout the program, the children's X rays are made available to their private dentists, and parents are notified if their child's mouth is in need of further dental care.

A 14-member staff of dental hygienists, dental assistants, and recording clerks is involved in the study. They examine and record results of about 60 children a day.

All examinations and treatment are



performed in three specially equipped trailers, one of which has two complete dental units and X ray equipment.

The study is a joint effort of the Health Sciences Center, local health departments, and the public schools.

Dental Assistant Elaine Richards monitors young participant in the School of Dentistry's fluoride study.

Soaring malpractice rates are everyone's problem

The high cost of malpractice insurance for physicians is everybody's problem.

This month malpractice rates for most Oregon physicians went up from 136 to 179 per cent depending on the specialty and the amount of coverage. For physicians in such high risk specialties as anesthesiology, hand surgery, and obstetrics and gynecology, premiums have risen as high as \$12,000 a year.

But physicians are not the only ones who will pay a price for higher premiums. In other states, soaring malpractice insurance rates have begun to affect medical care in several ways. Fees are higher as doctors pass their increased costs on to patients.

Another reason for higher fees is that doctors — aware of the growing number

of lawsuits — now feel they must practice "defensive medicine." In other words, physicians order more X rays, costly tests, and medication for their patients so that in the event of a law suit, there will be little opening for a charge of negligence. The physician feels he must order these tests to protect himself — not necessarily because they improve patient care.

High malpractice rates are having a further impact on society. At a time when many areas of the nation face severe physician shortages, some mature and competent doctors are taking early retirement rather than pay exorbitant premiums.

Other doctors are switching out of high risk specialties. Some are moving to areas where insurance fees are lower, and young doctors, badly needed, are refusing to set up practice in areas plagued with malpractice suits.

Rising malpractice rates pose a unique problem for schools of medicine throughout the country. Higher premiums will have a definite impact on HSC physicians.

Physicians on the School of Medicine faculty do not pay malpractice premiums for their practice on the Hill. They are covered by state tort liability insurance, as are all state employees.

But many faculty members have, in past years, participated in care of patients off campus and have been available for consultation with physicians in private practice. For this off-campus practice, they must purchase their own malpractice insurance.

But now that malpractice rates are up,

some faculty members might have to pay almost as much, or more, in malpractice premiums as they would earn in their small off-campus practice. So, many are considering dropping such practices.

In this way, the continuous flow of communication may be weakened between physicians in the community and those who are associated with teaching and research institutions. This communication is sorely needed in an era of improving health care techniques.

Thus, malpractice insurance rates really are everybody's problem. There are no easy solutions, but Oregon physicians are now looking to the state legislature to enact measures that would stem the rising number of malpractice suits.

Such proposals as setting a limit of liability in malpractice suits and limiting the contingency fees for attorneys may help alleviate the problem.

Competition for loans and scholarships increases

Students at the Health Sciences Center are feeling the money crunch. Federal cutbacks in student loan funds are one big reason why.

According to Leonard Shapland, financial aid officer for the Schools of Medicine and Nursing, there are many factors behind the current pinch in dollars for students. Not only have federal funds been slashed, but as medical school enrollments increase, competition for loans also increases.

In addition, more and more students prefer to declare themselves financially independent from parental support. And there is an increasing number of married

students. The relative difficulty of finding well paying summer jobs is another factor.

Mr. Shapland and Olvin Moreland, director of student affairs at the School of Dentistry, agreed that the most attractive federal student loans are the Health Professional Student Loan for medical and dental students. The Nurses' Training Act Loan is preferred by nursing students.

Both of these offer very low interest rates (3 per cent), liberal repayment plans, and the possibility of canceling up to 85 per cent of the student's debt if he or she provides professional services in a qualifying institution or area for a certain number of years.

Other attractive loan sources are the Public Health Service loan fund and loans designed for medical students who plan to

practice in areas with physician shortages. Under these programs, students are obligated, following post-graduate training, to provide one year of service for each year of academic training during which they received a loan.

Nursing students who began their college education after April, 1973, may receive generous grants through the Basic Educational Opportunities Grant. Up to \$1,100 a year is available per student.

Some dental students receive loans under the American Fund for Dental Health of the American Dental Association.

Many dental, as well as medical students, receive generous loans from the Army and Navy in return for a corresponding number of years of service after graduation.

There are numerous fellowships, scholarships, and grants in aid offered by the School of Medicine. They are awarded variously on the basis of need, scholastic ability, and field of interest. The school offers loans to students, too, under about a dozen memorial funds.

As the demand for federal loans outpaces the availability of funds, students are turning increasingly to another loan source, the Oregon Guaranteed Student Loan Fund through participating banks. The interest rate is 7 per cent, and these loans do not offer the attractive deferred payment plans of federal loans.

However, according to Mr. Shapland, they are vital in filling the funding gap. Repayment is guaranteed by the Oregon State Scholarship Commission.

Newsmakers



JOHN D'APRIX
executive assistant to the president

John F. D'Aprix assumed the newly-created post of executive assistant to the president at the Health Sciences Center. His duties are to advise and assist the president in developing and implementing all institutional managerial policy. He will also assist the president in his general administrative duties.

Formerly assistant to President Bluemle at the Upstate Medical Center, State University of New York in Syracuse, Mr. D'Aprix had held several administrative positions there since 1970.

He earned his B.A. "with highest distinction" at Dartmouth College where he was a Sloan Scholar. He has studied at Vanderbilt University's Graduate School of Liberal Arts and is currently matriculated in a doctoral program in the Graduate School of Syracuse University.

Dr. Lewis W. Bluemle, president of the Health Sciences Center, was commencement speaker at Pacific University's graduation exercises May 18. Dr. Bluemle addressed members of the Oregon Heart Association May 16.

The *East Oregonian*, of Pendleton, reports that Drs. Louis Feves and Edward S. Morgan, of the Class of 1935, have been honored by the School of Medicine Alumni Association with lifetime membership awards given to graduates of 40 years ago who have distinguished themselves through loyalty to the Association and through their years of service to the medical profession.

Others honored by the Association with lifetime membership awards are Drs. William Cohen, Charles Littlehales, Leon Ray, Arthur Rogers, Leo Schneider and Harold U'Ren, all of Portland.

Out-of-town physicians are Drs. Hugh Currin, Klamath Falls; John Hart, Springfield; Frank Packard, Troutdale; Watt Piercy, Roseburg; Donald Slocum, Eugene; Willard Goff, Seattle; Frederick Haugen and J. Howard Johnson, Sun City, Arizona; William Ice, Red Bluff, California; Howard Wells, Redding, California; and Harlow Thompson, St. Cloud, Minnesota.

Dr. Forrest Rieke, assistant clinical professor of environmental medicine, is new chairman of the international board of directors of Partners of the Americas.

Dr. Rieke commented that the private, non-profit organization serves as the mechanism through which private citizens in the U.S. and Latin America work directly together to improve relations in the Americas while carrying out specific self-help, economic, social and cultural programs.

The Salem Hospital Auxiliary has presented \$500 scholarships to School of Nursing seniors Cynthia Johnston and Jan Irving.

"Should healthy people 'do' anything about their breathing? Are deep-breathing exercises beneficial? Have we got faulty breathing habits that should be corrected? No, no, no, pulmonary authori-

ties patiently explain, in the face of a large number of exercise specialists, other specialists in well-being, and a lot of breathing-believing people who answer yes, yes, yes." (Vogue magazine, May, 1975)

In a Vogue article titled "Breath for Life," the author of the above excerpt interviewed Dr. Sonia Buist, assistant professor of medicine and physiology, about respiratory function. Dr. Buist explained the breathing process and commented that exercise does not expand lung volume.

Dr. Laurel Case, professor and chairman of the department of family practice, discussed private practice versus teaching in an article he wrote for the April 15 issue of *Patient Care* magazine.

"During the first months (as a teacher) I did a tremendous amount of updating in my own education — not just in the clinical and educational processes, but on the political side. I knew little of the political aspects of an institution being funded by the state government . . .

"The real satisfaction comes through developing the program and working with students and residents. I had exposure to students before our first residents arrived, and this was a revelation to me. It's extremely rewarding, and I think it keeps you young — at least it makes you feel young."

Marilyn Paul, lab technician in cardiology research, competed in the Boston Marathon April 21. About 2,200 men and women ran in the 26-mile race. Marilyn finished seventh among the approximately 50 women who ran.

Her time, as quoted in Boston newspapers, was 2 hours and 59 minutes, only a minute longer than her best time ever — in spite of the fact that she had to stand in line to cross the finish line.

Last year, Marilyn competed with the U.S. team in the Women's Marathon Championships in West Germany.

Dr. Larry Tice, resident in neurosurgery, was awarded a \$100 prize for the best paper in neurosurgery presented at the recent North Pacific Society of Neurology and Psychiatry meeting in Seattle. His paper was titled "Subarachnoid Hemorrhage in Children."

At the same meeting, Dr. Anthony Gallo, professor of neurosurgery, was named president-elect of the society.

George I. Johnston, director of research instrument service, and Robert L. Morris, biomedical engineer in clinical pathology, have received certification as clinical engineers by the Association for the Advancement of Medical Instrumentation. They are part of the first group ever to receive this certification, which constitutes formal recognition of clinical engineering as a new health care profession.

Alison McPherson has been named assistant director of the office of medical education at the Health Sciences Center. She is former instructional developer at the University of Washington where she has just completed work for a doctoral degree in higher education. She also holds master's degrees in biology and chemistry from Eastern Washington State College in Cheney.

The new assistant director explained that her duties will include systematic review and analysis of problems in instruction at the School of Medicine and implementation of viable solutions.

Filmmakers win national competition

An educational film produced at the Health Sciences Center has won third prize in national contest among 135 programs developed by medical institutions.

The film, "An Approach to Intensive Care of the Newborn," was judged at the Joint Conference of the Health Education Media Association and the Health Sciences Communications Association in Atlanta April 12-16.

Dennis Lavery is the new assistant director of annual giving for the Health Sciences Center. Mr. Lavery has been associate director of development at St. Joseph's College in Rensselaer, Indiana, since 1969. He holds a master's degree in English from Valparaiso University.

Junior Medical Student William J. Brown presented a paper on "Drug Metabolism by Isolated Liver Cells" at the SAMA-UTMB National Student Research Forum in Galveston, Texas, in April.

Dr. Lewis W. Guiss, School of Medicine Class of 1936, was recently named first president of the Society of Surgical Oncology (formerly the James Ewing Society) which met jointly in New Orleans in March with the Society of Head and Neck Surgeons.

Dr. Guiss is clinical professor of surgery, University of Southern California School of Medicine, and senior surgeon for the Tumor Surgery Service at the Los Angeles County/University of Southern California Medical Center.

Dr. Catherine A. Smith, professor of otolaryngology, received the American Otolaryngological Society's Award of Achievement at the Society's annual meeting in Atlanta in April. Dr. Smith is the first woman to receive this award and only the twenty-second person to win it in the past 26 years. The award was given in recognition of her past and continuing contributions to research on the inner ear and its neurologic connections.

Dr. David DeWeese, professor and chairman of the department of otolaryngology, presided at the 78th annual meeting of the American Triological Society in April and finished his term as the Society's president.

Dr. Howard P. Lewis, professor emeritus of the department of medicine, discussed the "Role of Otolaryngology in Family Practice" at the American Otolaryngological Society's annual meeting in Atlanta in April.

Dr. Leonard I. Linkow, president of the American Academy of Implant Dentistry and international lecturer, has made a gift of 25,000 slides in film strips on oral implantology to the HSC School of Dentistry library. Dr. Linkow has lectured here many times and was named Dentist of the Year by the Dental Alumni Association in 1971. He is attending associate chief of oral implantology at the Jewish Memorial Hospital in New York City and is visiting professor at Nihon University, Tokyo.

Two HSC students from Baker, Oregon, have been selected as recipients of the St. Elizabeth Community Hospital Auxiliary Annual Scholarship Fund. Receiving \$200 each are Victoria Brown, School of Nursing sophomore, and Patricia Piper, School of Medicine freshman.

Dr. Robin Henderson, School of Dentistry Class of 1972, has been practicing general dentistry in Forest Grove since September.

Dr. Peter Windeler, School of Dentistry Class of 1972, has joined two Cottage Grove dentists for practice in that area. Dr. Windeler interned a year at Denver General Hospital.

Dr. Richard C. U'Ren, assistant professor of psychiatry, has written a book titled "Ivory Fortress" based on his exper-

ience as chief of psychiatry at the U.S. Military Academy at West Point from 1970 to 1972.

"My purpose has been to pierce the armor of misinformation, tradition, and myth that surrounds West Point so that we may inspect the Academy more thoroughly and decide for ourselves if what goes on at one of our most venerable institutions is really in our best interest," he said.

Dr. Robert Bigley, associate professor of medicine and medical genetics, will be on sabbatical leave at Cambridge University in England from July to March. Dr. Bigley will work in the laboratory of the department of haematological medicine, doing research on determinants of radiation sensitivity in human cells.

Dr. William R. Breakey has been appointed associate professor in the department of psychiatry. Dr. Breakey has been assistant professor of psychiatry at the Christian Medical College, Ludhiana, Punjab, India, since 1972.

Dr. Breakey received his medical degree from Queens University, Belfast, in 1967. He is the author of several articles and was visiting assistant professor at New York Hospital, Cornell Medical Center, White Plains, New York, from 1969 to 1971.

Jay Standerfer, junior in the School of Medicine, has been named a recipient of a Medical Assistance Programs-Reader's Digest International Fellowship. The program provides three-month assignments to rural mission hospitals in remote parts of the Third World.

Jay, whose assignment will be from next October to December, hopes to be able to go to a mission hospital in Africa.

Dr. W. Ken Niece, School of Medicine 1951, has been named to the board of directors of Woodland Park Hospital in Portland. Dr. Niece did his internship and general practice residency at Providence Hospital in Portland. He maintains a private practice in this city.

Dr. Gerald Galen Kauffman, 1969 School of Medicine graduate, is one of 22 fellows at the Menninger School of Psychiatry, Topeka, Kansas.

The Oregon Association of Chiropractic Physicians presented its 1974 Citizen of the Year Award to Dr. Roland A. Martin, of Albany, Oregon, a 1949 graduate of the School of Medicine.

Dr. Martin, medical director of the State Workmen's Compensation Board since 1968, received the award because of his "efforts to get doctors in all fields together to achieve the best possible methods of rehabilitating injured workmen."

Dr. Toshiaki Kuge, former commander of the 313th Convalescent Center and the 124th Arcom Complex at Vancouver barracks, has retired from the military. Colonel Kuge is a 1948 School of Medicine graduate.

Appetite control

(continued from page 1)

same for these monkeys (following interference), but they require more food to feel satiated," Dr. McHugh pointed out. "This mechanism may depend on hormones and calories, but we still don't understand it. That is our next area of research."

The scientists hope not only to discover why fat people continue to eat even when their stomachs are full, but also why thin people stop eating too quickly.

In fact, Dr. McHugh works mostly with very thin patients who have anorexia nervosa, or loss of appetite for emotional reasons. The high proportion of these patients are young women.

These women go on crash diets or stop eating for various reasons. They develop an aversion to food and cannot regain their interest in it.

Unlocking the mechanism of satiety may someday bring relief for patients with this health-endangering condition.

Test uncovers good news about mailroom

The "orange envelope caper" has proved a point. Campus mail deliveries through the HSC mailroom are faster and more efficient than many employees realize.

Recently an *ad hoc* mail committee, which has been studying campus mail service for about a year, ran a secret test.

Known to committee members as the "orange envelope caper," the test involved sending easy-to-spot, bright orange envelopes to about a dozen different campus locations and noting the total delivery time. Each test was performed several times.

The experiment proved that the mailroom is adhering to its goal:

Campus mail that is mailed from any zone by 9:30 a.m. will be delivered to its destination the same day.

Campus mail that is mailed from any zone after 1 p.m. will be delivered by noon of the following day.

The mailroom has recently added new services. In addition to the usual pick up and delivery route originating from the mailroom at 10 a.m., a second pick up and delivery is now made at 1:15 p.m.

A third pick up time for HSC mail going to the U.S. Post Office has also been added. Now pick ups are at noon, 2:55 p.m. and 5:30 p.m.

Mail which goes out with the 2:55 p.m. collection is guaranteed delivery to its destination by noon the next day within a 300 mile radius of Portland. To insure that metered mail is included with this pick up, employees should make certain it is in the mailroom by 2:30. (Mail to be metered for any pick up should be in the mail half an hour before pick up time.)

Another new service is "express mail." Offered by the U.S. Post Office, express mail guarantees that mail will be delivered to its destination within 24 hours, or postage will be refunded. So far, only a limited number of destinations is included. Washington, D.C., where many HSC grant proposals are sent, is not on the list. But Charlotte Funk, mailroom supervisor, is urging the Post Office to add that city.

Persons wishing to make use of express mail service should consult the mailroom for specific details.

At the suggestion of the mail commit-

Faculty gives \$485

Of the 327 faculty members solicited for donations in the Health Sciences Center's annual giving campaign, 17 (about 5 per cent) have made contributions, reports Dennis Lavery, new assistant director of annual giving at the HSC. These 17 faculty members have given about \$485 altogether. The total amount in the 1975 annual giving fund is \$24,646.

tee, additional Post Office boxes have been acquired for large volume mail recipients. These boxes cut down sorting time on campus.

Another new mailroom policy involves distribution of intern and resident mail. If individuals allow mail in their boxes to stack up for more than five days the mailroom will eventually send this material to their respective departments. Persons going on vacation should have their mail held in the mailroom.

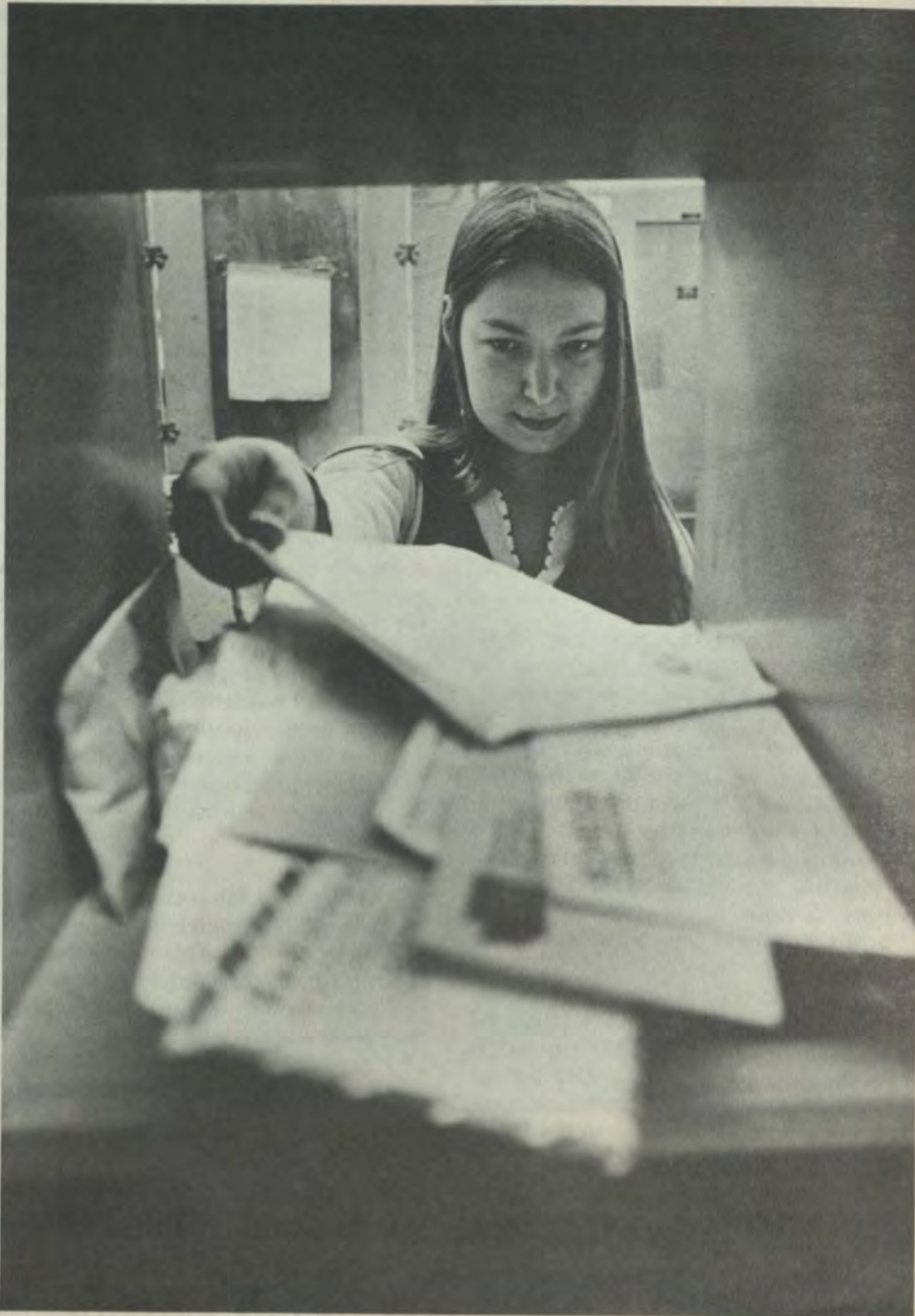
Mrs. Funk clarified current mailroom policies. As in the past, no private mail being sent by faculty, staff, or other employees may be sent through the mailroom postage meter. The mailroom will handle only stamped personal mail.

Personal packages and other private mail may be weighed in the mailroom between noon and 4 p.m. But employees must purchase their own stamps through the cashier's office or stamp machine.

Departments may have mail sent COD, insured, registered or certified in the mailroom. Personal mail may be certified only.

Mrs. Funk added that, unknown to many employees, shuttle bus mail service is available to the State Building in Portland, state agencies in Salem, Albany, Dammasch State Hospital, Fairview Hospital, Veterans Hospital, the universities and state agencies in Corvallis, and Eugene, Portland State University, the Primate Center, the Medical Research Foundation and the Oregon Graduate Center. Schedules may be obtained through the mailroom.

The photo at right provides a letter's eye view of Mail Clerk Pam Stolz. Below, during the 9:15 a.m. rush, Bruce Williams, background, physical plant employee, delivers mail as Sue Allen, assistant mailroom supervisor, Charlotte Funk, supervisor, and Cheryl Arndt, clerk, distribute.



HSC's respiratory therapy units are now consolidated

Respiratory therapy in the two Health Sciences Center hospitals was recently consolidated.

In the past, respiratory therapy services at University Hospital North have been limited — with emphasis on emergency and intensive care — due to limited staff.

Under the new consolidation, the staff at UHN will be increased. Services will also begin expanding and will grow to 16 hours a day.

Respiratory therapy is used primarily in the treatment of the cardio-respiratory problems, such as cardiac failure, asthma, pulmonary edema, emphysema, cerebral thrombosis, drowning, hemorrhage, and shock.

Respiratory care is often important in the treatment of premature infants who are born before their lungs are fully developed.

Jean Rosendahl, director of respiratory therapy, commented that the worsen-

ing quality of the environment has steadily increased the number of patients requiring respiratory therapy.

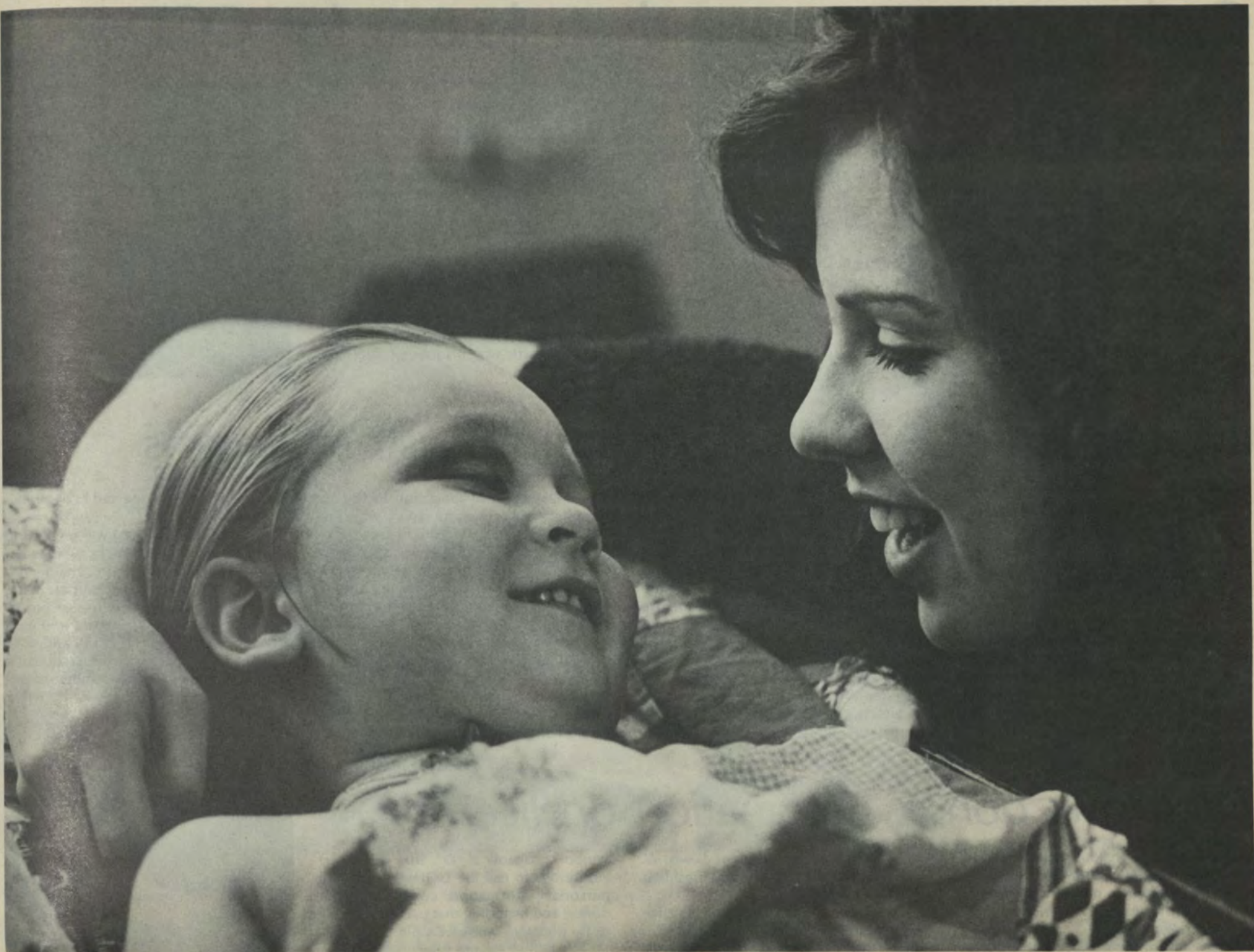
In addition to handling complex equipment and working closely with patients, the department answers all Code 99's and sometimes assists during neonatal emergency transports.

Respiratory therapy also provides much in-service training for HSC personnel in respiratory care. The department supervises respiratory therapy students from Mount Hood Community College who receive clinical experience here.

The respiratory therapy department was instrumental in setting up the recent program, "Care of the High Risk Infant," which was held on this campus in conjunction with the Oregon Regional Medical Program.

Technician Debbie Smith and Therapist Charles Briggs aid infant in NICU.





Therapists are alert to needs of pediatric patients

Children are finding that their stay in the hospital is a lot easier because of the child life program at the Health Sciences Center.

Four child life therapists, non-nursing members of the nursing staff at University Hospital South, provide supportive, one-to-one relationships for young patients. Their primary goal is to lower anxiety and apprehension experienced by hospitalized children.

During the past year the program has developed into a vital component of pediatric care, providing a broad base of supportive services.

Thanks to the child life therapists, the hospitalized child can look forward to one specific person coming to see him every day.

The therapist gives comfort if the child has to undergo painful medical procedures, such as burn dressing changes.

This assistance is a service to health care practitioners as well, since the cooperation of the child makes the job much easier for all concerned.

Child life therapists are also alert to the problems of the withdrawn child, as well as to the more obvious needs of disruptive children. For this reason they are often asked to observe children who have been admitted for behavior evaluation.

The therapist's opinion provides a standard base line for evaluating behavior, because observations can be scheduled on a regular, continuous basis. This also eliminates bias factors that can result from staff members' being unfamiliar with individual situations.

"You think of the number of people that any hospitalized child has contact with every day — teams of physicians and medical students, nurses and nursing students, admitting clerks, a dietitian, var-

ious medical technicians, other patients and their parents, and so forth. We counted them once and found that it can add up to as many as fifty a day," says Mary Amdall, child psychiatric nurse specialist who supervises the program. She adds that, "A basic difference between a teaching hospital and a private hospital is that there are many more professionals, so the number of contacts that a patient might have increases and contributes to a child's anxiety and fear."

Parents teach their children to be wary of strangers. When a child is admitted to a large medical center all he sees are strangers. The familiar presence of the child life therapist encourages the child to be trusting and cooperative.

An added stress factor for many young patients is that they are far from home. Their parents often feel that something must be terribly wrong; otherwise they

could be treated in their local hospital. This heightens the child's own anxiety. The on-going presence of the child life therapist helps alleviate tensions of both.

The present program includes two full time and two half time therapists. All have backgrounds in the behavioral sciences, but there are other necessary qualifications besides experience and education. Ms. Amdall explains that she looks for "people who are sensitive to others, who like children and have some experience working with them."

Child life therapy is a demanding job, but it is one with its own rewards, both for workers and for the children and their parents who benefit from it.

KATHY MAYO

In the photo at the top of this page, child life therapist Lurinda Mollahan visits three-year-old Troy Shrum, victim of a traffic accident.

Center announces incoming house staff physicians

ROTATING—3 INTERNS

Brunt, Margaret, Jefferson Medical College
Goetsch, Martha, University of North Carolina
Habeck, Dietmar, Wayne State
Randak, Mark, Northwestern University

FAMILY PRACTICE RESIDENT—0

Garrett, Stuart, University of Kentucky
Kelly, Michael, University of Cincinnati
Maranze, Harriette (Chris), University of Cincinnati
Mattice, Michael, Michigan State
Perna, John, University of Colorado
Strand, Floyd, University of North Carolina
Vadney, Victor, Baylor University
Wopat, Richard, University of Wisconsin

STRAIGHT MEDICINE INTERNS

Albrich, John, University of Chicago
Carlson, Duane, University of Miami
Conaway, Douglas, Baylor University

Dana, Bruce, Harvard University
Elliott, Daniel, George Washington University
Galey, Carolyn, University of Oregon
Goff, John, University of California at Irvine
Greenfield, Robert, George Washington University

Heckman, Ted, University of California at Los Angeles

Herbst III, Robert H. (Jeff), University of Oregon

Klein, Kenneth, Harvard University
Kovacic, Thomas, St. Louis University
Leon, Dolores, University of Oregon
Torres-Stein, David, Wayne State

PEDIATRIC RESIDENT—0

Carsey, Eben, University of Texas, San Antonio
Hensley, Brien, University of California at Los Angeles
Keniston, Richard, University of Oregon

Layne, Gregory, University of Oregon
Tolby, Blaine, University of Oregon

ROTATING—2 INTERNS

Awrich, Alan, Emory University
Bauman, Thomas, University of Utah
Boyle III, John, Loma Linda University
Boyles, Gerald, University of Arkansas
Davis, Alan, Duke University
Fink, Daniel, University of Michigan
Frazier, John, St. Louis University
Guaderrama, Bertha, Stanford University
Heiman, Eugene, Boston University
Hendrickson, John, University of Florida
Jacobson, John, University of Oregon
Kroeger, Robert, University of Nebraska
Layman, Charles, University of Oregon
Lindgren, Thomas, University of Oregon
McLemore, Wayne, Medical College of Virginia
Newmark, Zephron, University of Florida

Pezner, Richard, Northwestern University
Rhodes, Mark, University of Colorado
Seifert, Avery, University of Minnesota
Shrewsbury, Donald, University of Minnesota
Stuber, Paul, Temple University
Trigueiro, Craig, University of Utah
Wilson, Stephen, University of Texas
Zack, Steven, Wayne State University

PSYCHIATRY RESIDENT—0

Faulk, Charles, University of Oregon
Karson, Craig, University of Michigan
Peterson, Gary, University of South Florida
Rich, Gerald, University of Oregon
Sweetman, Per, University of Oregon
Weisner, Don, George Washington University

PATHOLOGY RESIDENT—0

Collins, Robert, University of Nebraska
Herz, Michael, University of Oregon
Logan, Robert, University of Calgary

Cycle race nets more than \$5,000 for CCD

"A huge success" is how Multnomah County Fireman Robert Mills describes the fifth annual motorcycle Race for Crippled Children which was held in Bend, Oregon, May 3-4.

Mr. Mills, the event's originator, reported that almost 1,000 riders joined in this year's competition which netted between \$5,000 and \$6,000 for the HSC's Crippled Children's Division.

The races were supervised by the Mount Scott Motorcycle Club, of which Mr. Mills is a member, and by firemen from Multnomah County, who helped make trophies.

About \$5,000 was donated by local manufacturers and motorcycle dealers

from throughout the state for trophies and prizes. More than 400 trophies were awarded in seven major categories.

Mr. Mills, the father of two healthy children, began the races in 1971 in an effort to aide children less fortunate than his own.

"When my son Tommy was born, he was healthy and kicking and yelling, but we saw some children born that day who weren't as healthy. We figured there had to be something we could do," he said.

This year's race was a lot of work, Mr. Mills explained. Club members monitored the entire 100-mile course, and firemen oversaw the campground, cook tent, and other facilities.

Three thousand dollars in proceeds from last year's Race for Crippled Children were used for educational and instructional supplies for use in CCD classrooms and by occupational therapists; parapodiums used in the manufacture of standing braces; prone boards for therapy; and for funding a research study of the epidemiology of congenital heart disease.

Mr. Mills and representatives of the Mount Scott Motorcycle Club and firemen were honored at a luncheon at the HSC May 28. They presented a check for the contest proceeds and were honored with two plaques of appreciation.



Implementation of fire protection system begins

The Health Sciences Center has received legislative approval to implement a proposed \$1.79 million fire protection program in its North and South hospital units.

Final planning is nearing completion on the installation of fire doors, ionization detectors and overhead sprinklers to provide a complete system of automatic fire detection and suppression, according to Ralph Tuomi, director of the physical

plant at the Health Sciences Center.

The new program was originally submitted on May 22, 1974, as part of the 1975-77 capital construction program and approved June 25 by the State Board of Higher Education. Construction will conform to current building code standards and will correct deficiencies in environmental services cited by the Joint Commission on Hospital Accreditation in its December, 1974, report.

Under the new system, fire doors in the affected areas of the hospitals will automatically close if a fire alarm is acti-

vated. Detection of ionization in the atmosphere will close the doors while simultaneously activating the fire alarm.

Activation of a sprinkler will alter water flow in the pipes, setting off the fire alarm which in turn will close the fire doors. These interactions do not require the intervention of hospital personnel.

Plans and specifications showing existing floor plans with proposed locations of pipes, sprinkler heads and ionization detectors are being prepared by Keith Kruchek, Consulting Engineers, Inc. Solicitation of bids will follow. Mr. Tuomi said

that construction is expected to begin this summer.

An additional \$215,000 will be used to correct safety deficiencies in eight campus buildings. These improvements include electrical and mechanical items, emergency lights, fire suppression equipment and fire alarm apparatus, and construction modifications of doors and exits. The package is part of a bill authorizing safety corrections in a number of institutions in the State System of Higher Education.

KATHY MAYO

Bill allows donor designation on licenses

The long and anxious waiting period for persons needing kidney and eye transplants may become a problem of the past as a result of passage of the anatomical donor bill April 24.

The bill amends Oregon's driver license law to permit an individual to make an anatomical gift by statement on his driver's license.

Physicians at the Health Sciences Center worked with the State Motor Vehicles Division and Dr. Howard Cherry, state representative from Portland, for passage of the bill.

Kidneys, corneas, other organs and tissues and cadavers are needed for transplantations as well as research and training programs.

This bill will allow maximum state participation in an anatomical donation pro-

gram, according to President Lewis W. Bluemle of the UOHSC who was president of the bill's signing.

Also present was Dr. Russell K. Lawson, director of the renal transplant program at the HSC, who said there currently are 12 persons awaiting kidney transplants.

President Bluemle said the Health Sciences Center will serve as a statewide recording and information center for anatomical donors.

With the assistance of Chester Ott, administrator of the Motor Vehicles Division, a procedure is being designed whereby a driver renewing his license will have an option to indicate his willingness to be an anatomical donor.

If a licensee decides to become a donor, his new driver's license will carry a

symbol, probably a "D", that will direct authorities to call the UOHSC, where all personal information concerning the donor, and including that part of his body to be donated, will be on file.

The bill, to go into effect 90 days after the closing of the 1975 Legislative Session, is an outgrowth of the Oregon Kidney Donor Program initiated in January 1972 by the School of Medicine and the U.S. Veterans Administration Hospital through a grant from the Oregon Regional Medical Program.

The HSC committee working on the bill has included Dr. Robert Bacon, professor of anatomy; Dr. Robert Burns, professor of ophthalmology; Dr. Russell Lawson; and Mary Ann Farnsworth, registered nurse and coordinator of the kidney donor program.



The June Volunteer of the Month is Inga Pearsall, who works in the cardiac clinic two days a week. "We've had all kinds of rave notices from the staff who work with Inga," reports Volunteer Director Marla Clark. "She does an outstanding job."

Unitrust plan protects sisters, benefits health care

Mary and Alice are sisters in their seventies. They have no children and each has an estate of more than one hundred thousand dollars.

They both want to promote health education, research, and care. They want to be comfortably taken care of during their lives. Each wants to provide for her sister should she die first. Each wants to be able to handle any catastrophic illness. Each wants her affairs to be prudently managed should she become incompetent. Each wishes to avoid as much probate costs and estate taxes as possible.

Their desires appear at first very difficult to fulfill. With the proper planning all can be carried out quite easily. Although each sister's case is different and should be discussed with her own attorney and/or accountant, the following plan can realize their estate planning needs.

(The same general plan would also apply to husbands and wives who hold separate property, to brothers and sisters, and parents and children.)

In a case similar to Mary's and Alice's, Director of Development Paul Weiser suggested the following:

Step No. 1—Revocable Trust

Any part of your holdings can now be put into a revocable trust in which you are the trustee with a bank as a contingent trustee should you be incapacitated.

In either case, all of your holdings within the trust are completely under your control. You may at any time remove or

add to the trust any assets which you wish and have any amount of income paid to you from the trust up to the entire assets of the trust. There are three advantages to this type of revocable trust.

1) It saves the cost of probate. Figuring court costs, lawyer fees and

accountant fees this can go as high as 5 per cent or more.

2) The assets could go immediately at death into the unitrust to provide income for the survivor. A probate of a will could take as long as three years.

3) The bank could take over as administrator of the trust should you become unable to manage your affairs. They could manage your assets and pay your bills if it became necessary.

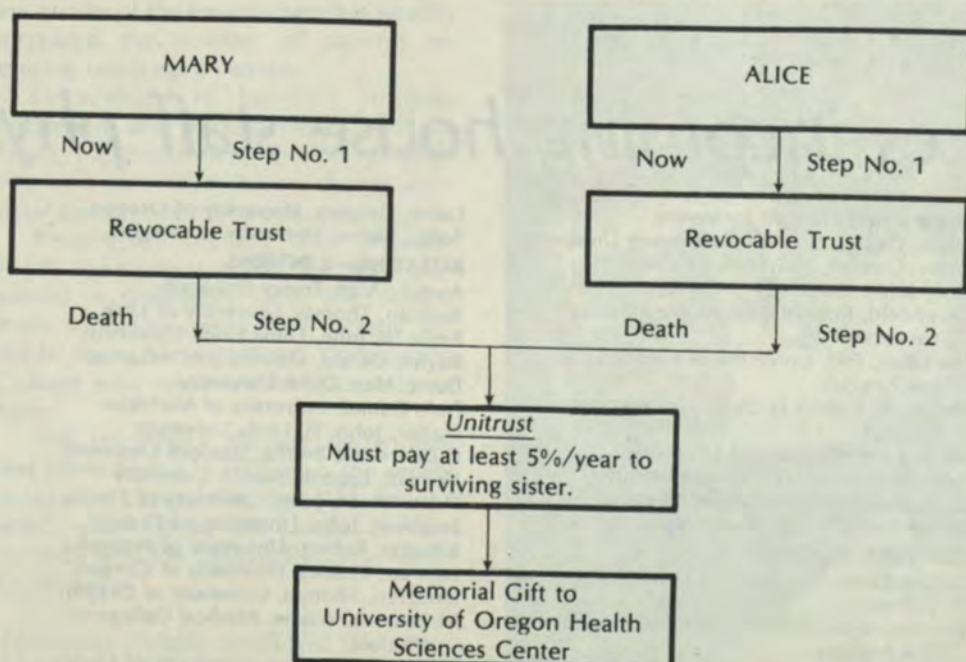
Step No. 2—Unitrust

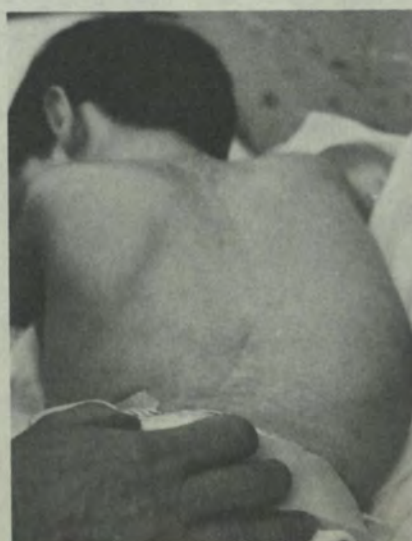
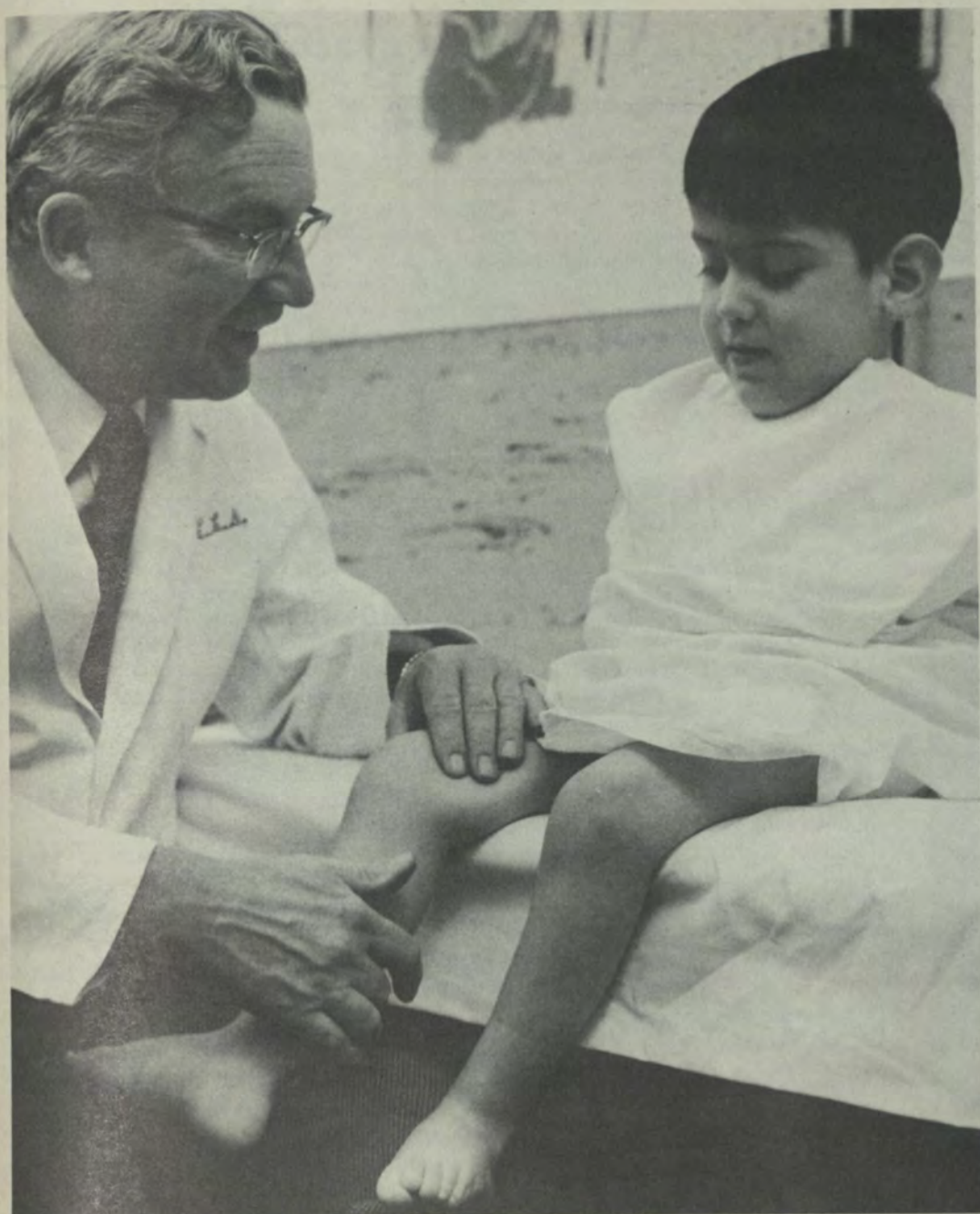
By having the assets of the revocable trust pass into a unitrust at death of the first sister with the survivor as lifetime beneficiary, there would be a savings in estate tax.

It could be arranged that the survivor receive all of the income or a certain percentage of the assets of the trust each year whichever is less. This would assure the survivor a lifetime income backed by the assets of the unitrust.

Step No. 3

When the last sister dies, the Mary and Alice Memorial Gift passes to the University of Oregon Health Sciences Center.





Stephen Dean has spent his entire five years bedridden or in a wheelchair. But having no basis for comparison, he approaches life optimistically. Stephen's scoliosis will be treated with the Dwyer apparatus which cables the spine from the front, inside of the abdomen.

PHOTOS AND STORY BY MARLYS LEVIN

Clinic aids children with curvature of the spine



Five-year-old Stephen Dean responds eagerly to Dr. Richard Hopkins' examination. Stephen was born with a spinal tumor which has been surgically removed.

But the tumor left paralysis in Stephen's lower extremities and in some of the musculature of his back. Because the muscles are unable to hold him in an upright position, Stephen is continually collapsing into scoliosis.

Scoliosis is a lateral curvature of the spine. Looking from front to back, the spine is normally straight. Scoliosis is a deviation from that norm. It is a physical abnormality, not a disease.

Through a special clinic at the Crippled Children's Division, Stephen and other youngsters receive the physical therapy, braces, or surgery they need to relieve

their condition.

The scoliosis clinic, established in 1970, was originally staffed by Drs. Rodney Beals, professor of orthopedics; Richard Hopkins, associate clinical professor of orthopedics; and Lawrence Noall, associate clinical professor of orthopedics. Five years later, the clinic staff includes four additional orthopedists.

Dr. Hopkins commented that a complete classification of scoliosis does not exist, because its origin and causes are not entirely known. Scoliosis is associated with many types of diseases and syndromes.

It is generally classified as paralytic (15 per cent), congenital (10 per cent), idiopathic — from unknown causes (70 per cent), and miscellaneous causes (five per cent).

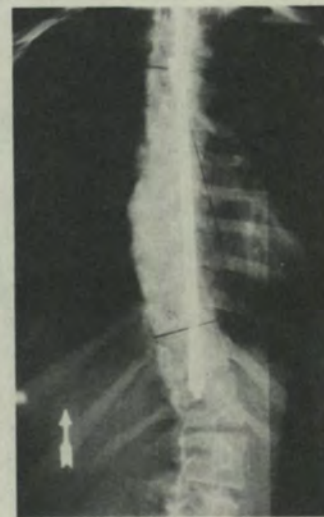
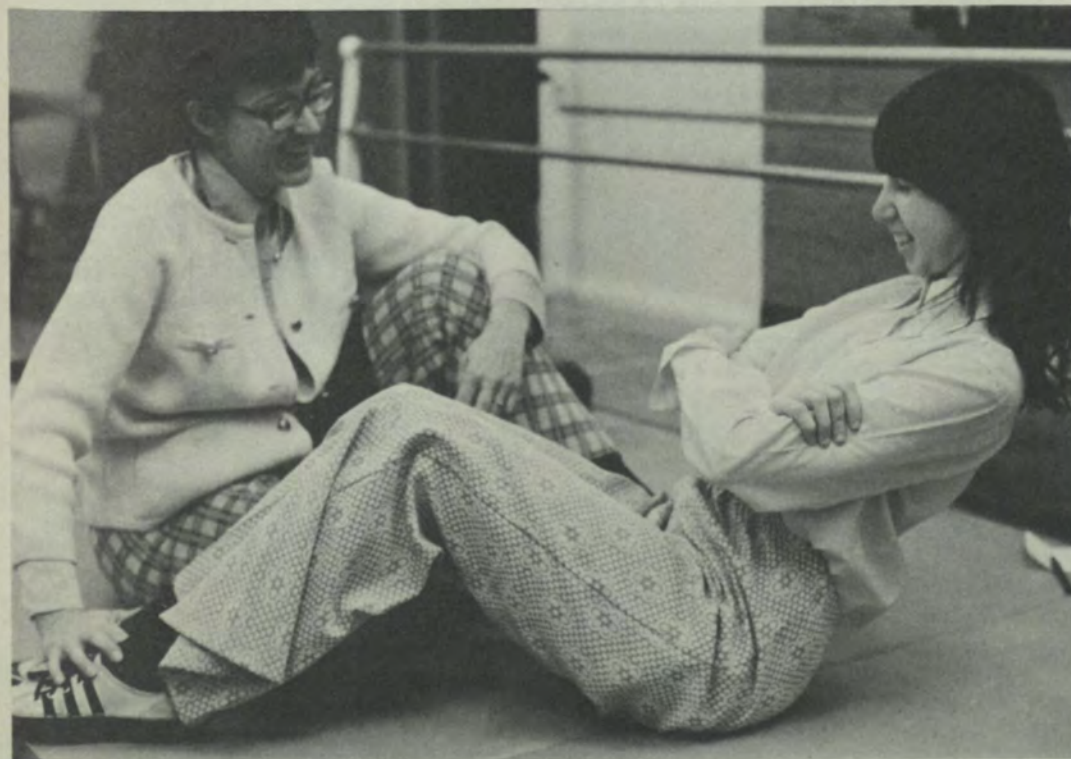
The treatment used depends to a large

extent on the degree of the scoliotic curve. Early diagnosis is extremely important.

If the curvature is less than 40 degrees, it can usually be treated conservatively with a Milwaukee brace. The brace exerts a dynamic corrective force on the spine and is used in conjunction with a specific exercise program.

An extensive curvature of the spine (more than 40 degrees) usually requires operative treatment. The most common operative treatment is Harrington instrumentation and spinal fusion.

The Harrington rod is an implanted device that is surgically placed within the spine. The rod is designed with a jacking mechanism which lifts the spine into a corrected position and holds it in place while a spinal fusion takes place.



Photos: Upper left: Dr. Hopkins checks fit of Susie Pomeroy's Milwaukee brace. Lower left: Physical Therapist Sarah Crawford works with 14-year-old Cathleen Blakelyhas on Milwaukee exercise series designed to aid and maintain brace correction. Above: X ray on left shows severe scoliosis condition. X ray on right shows correction of the scoliotic curve by implantation of the Harrington rod.

Rain water is as acidic as a tomato, reports physician

In past decades, normal rainwater had as much acidity as a potato. Now it has as much acidity as a tomato; and, in some cases, as much as pure lemon juice, according to Dr. John J. Greve, senior clinical instructor in medicine and president of the Oregon Thoracic Society.

In a recent report of the Oregon Lung Association, Dr. Greve commented on the findings of two ecologists who say that in the last two decades, the rain falling on the eastern U.S. and in Europe has increased in acidity from 100 to 1,000 times

normal levels.

The ecologists, Dr. Gene Likens of Cornell University, and Dr. F. Herbert Borman of Yale University, believe that acid rain is stunting the growth of forests and farm crops, producing fish kills in lakes and accelerating corrosion to man-made structures.

Dr. Greve reported, "One of the distressing aspects of the problem is that much of the increased acidity can be traced to the use of new methods of combatting air pollution. New devices, which

remove only visible particles of solid matter from smokestacks, still allow gases such as sulphur dioxide and oxides of nitrogen to escape. Those smokestacks no longer appear to be belching smoke. But they are belching invisible gases that readily change to harmful sulphuric acids in the air."

Before the new devices were used, the solid particles — the ones that could be seen — were capable of neutralizing the acids.

Dr. Greve's report continued, "The

new smokestack particle removers as well as the increasing use of very tall smokestacks — some are nearly a quarter of a mile tall — have, according to the two ecologists, transformed local soot problems into a regional acid rain problem."

He quoted one ecologist who said the problem illustrates the potential hazard of piecemeal approaches to solving air pollution problems.

"Pollution you can't see can, in some cases, be even more hazardous than air that looks dirty," Dr. Greve added.

Kasselbaum heads board

Dr. Donald Kassebaum, professor of medicine, has been elected chairman of the first medical board at the HSC.

The new board has been established to help govern medical staff practices and policies.

In March when the Joint Commission on Accreditation of Hospitals announced its decision of non-accreditation, it cited a number of medical staff deficiencies that could be improved under the guidance of a medical board.

The 39-member board will meet at least once a month. Dr. Harold Paxton, professor and head of neurosurgery, is vice-chairman, and Dr. Robert Koler, head

of medical genetics, is secretary.

Other voting members include President Lewis W. Bluemle, Jr., who acts as the medical center's liaison with the board; Dr. Michael Baird, medical director and administrator of the University Hospitals and Clinics; Dean Charles Holman of the School of Medicine; Dean Louis Terkla of the School of Dentistry, chairmen of clinical departments and elected members of the medical staff.

Non-voting members include the directors of the hospitals and clinics nursing services, the dean of the School of Nursing and associate hospital administrators.

Legislators give Bluemle budget reins

In an unorthodox move, a Ways and Means subcommittee this month withheld the Health Sciences Center's authorization to spend the 1976-77 portion of its biennial budget.

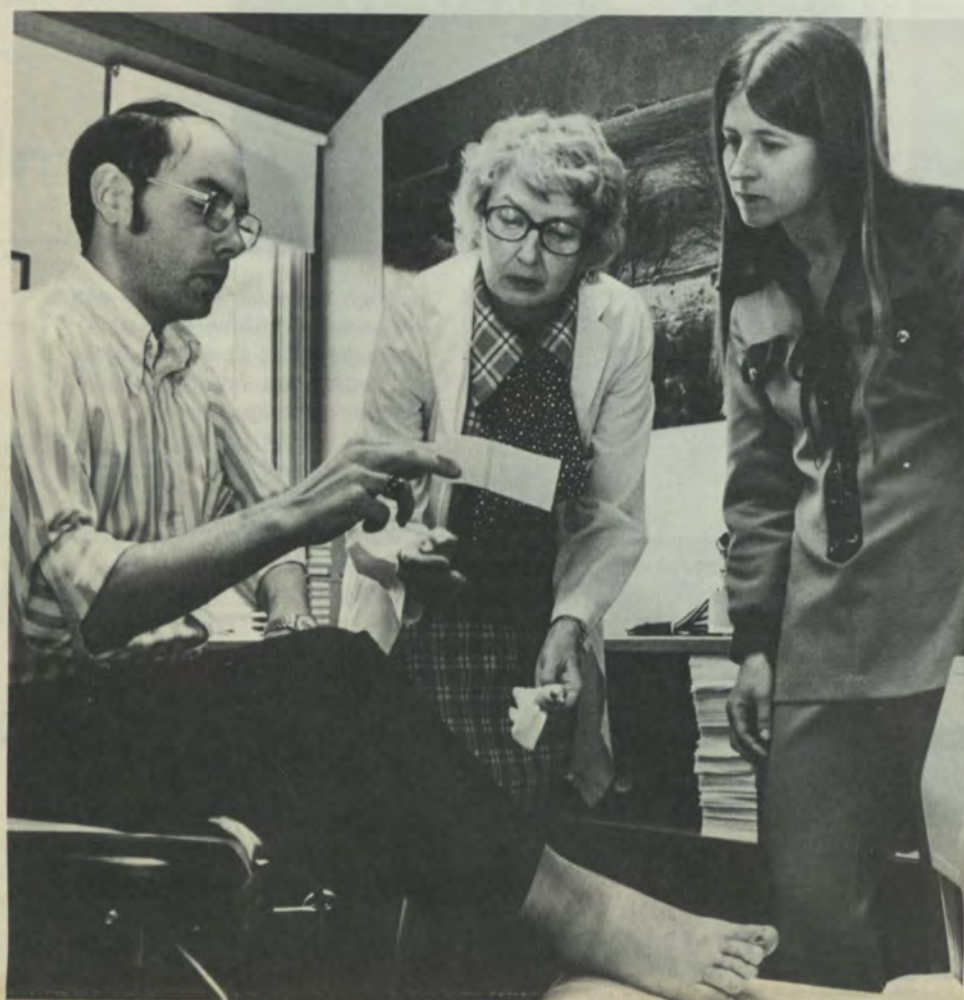
Instead, the subcommittee told the center to come to the legislative Emergency Board for permission to allocate the funds the second year of the biennium.

It was not a punitive move against the Health Sciences Center, but a vote of confidence in President Lewis W. Bluemle.

"We want the new director to set his own priorities on how to spend instructional money," Rep. Vera Katz, D-Portland, the subcommittee chairman, said.

The effect is to give Dr. Bluemle a much stronger hand than most institution heads have in determining programs at the medical and dental facilities.

The budget note does not withhold funds from the Health Sciences Center. It merely requires that the president obtain Board approval for expenditures.



Dr. Phyllis Church, center, Class of 1967 and Alumni Association vice president, is one of numerous alumni who opened their doors last January to sophomore medical students seeking first-hand experience in a physician's office. Above, Dr. Church and student Jan Medill discuss hospital admission with a patient.

Dr. Kerr speaks at dental commencement



DR. I. LAWRENCE KERR
commencement speaker

Dr. I. Lawrence Kerr, oral surgeon from Endicott, New York, has been named commencement speaker for the School of Dentistry's annual graduation ceremonies June 6, 7 p.m., at the Civic Auditorium.

His commencement address is titled, "Our Greater Responsibility."

Dr. Kerr has served on numerous local, state, and national dental societies and advisory boards.

He has been a participant in the National White House Conference on Medical Costs and chairman of the Advisory Committee on Dental Health for the Secretary of HEW.

A widely published and highly sought after speaker, Dr. Kerr is a member of the U.S. Public Health Service Committee to

Evaluate the Role of the Dentist in Disaster Preparedness.

He is also a member of the National Conference on Group Practice and is national consultant in dentistry for the Veteran's Administration.

Dr. Kerr is past president of the American Dental Society of Anesthesiology and has served as trustee, delegate, and member of several committees for the American Dental Association.

Dr. Kerr is chief of the department of dentistry at Ideal Hospital in Endicott. He is a fellow in the International College of Dentists, the American College of Dentists, and the Academy International of Dentistry. He is past president of the diplomats of the Board of Oral Surgery of New York.

VIPS

MAY

Service Anniversaries— From Personnel

Five Years

Kathryn Kay Johnson, biochemistry
Mary Lou Canaday, UHS nursing
Sally Rogers, chart room, School of Dentistry

Gloria Sliper, UHN admitting
Joy Renfro, UHN dietary

Ten Years

Emory Hancock, hosp hskpg
Ruth Anderson, radiology
Richard Tacke, animal care & research, School of Dentistry
C. J. Washington, UHN nursing

Fifteen Years

David Poindexter, physical plant
Zoe Oliver, UHS nursing

Twenty Years

Jack Fellman, neurology

Retirements

Carl Bloomquist, physical plant, 14 years
Juanita Nelsen, radiation therapy, 29 years
Ella Fair, Dental School clinics, 18 years
Horatio Lasley, hosp hskpg, 21 years
Phillip Robinson, hosp hskpg, 19 years

HEALTH SCIENCES CENTER NEWS

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