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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.

A child's sound teeth: product of persistence

Children's Dental Health Week is February 1-7. In conjunction with this event, Dr. Arthur Retzlaff offers advice to parents on how to help promote sound teeth in their children.

At age 18 months, Christy is a bouncy, beautiful baby—except for one thing. Her teeth are completely decayed.

Christy's teeth fell victim to a well-meaning mother who found that Christy was more willing to go to bed when given a bottle of Kool-aid or apple juice to suck on for the night.

The result was a condition which dentists call "bottle mouth syndrome." According to Dr. Arthur Retzlaff, chairman of the department of pedodontics at the School of Dentistry, decay results because the sweet liquid is pooled for long periods between the upper front teeth and the tongue.

Dr. Retzlaff believes that bottle mouth syndrome is only one of many dental problems which parents can avert by patient, consistent adherence to a regimen of oral hygiene.

He pointed out that fluoride is vital for the prevention of tooth decay in youngsters.

However, because water in Portland is not fluoridated, he recommends fluoride supplements in a child's diet and the topical application of fluoride directly to the teeth.

Fluoride diet supplements in the form of drops or tablets are available from many drugstores, as are home care formulas for topical application. Or fluoride may be applied at a dentist's office.

"Fluoride supplements in the diet should be started at birth," he explained. "In this way, the fluoride will be incorporated into the enamel during calcification of the teeth, and also exist in some concentration in tissue fluids, which further increases the fluoride content in the surface enamel."

While fluoride treatments can help reduce cavities between the teeth, they are not as effective against cavities which form in the grooves of back teeth (called pit and fissure cavities).

"A relatively new development which parents may be interested in are pit and fissure sealants which dentists can apply to new teeth," said Dr. Retzlaff. "These seem to provide some additional relief from cavities."

He added that regular dental check-ups are a must. However, in addition to regular check-ups and the application of fluoride and sealants, brushing is vital.

"Parents should brush their child's teeth until the child is able and willing to do a good job by himself," Dr. Retzlaff commented. "For some children, this may be age 8; for others, age 10. There is a difference between just running a toothbrush around your mouth and really brushing."

To help the child see whether or not he is doing a good job of brushing, parents may let the child chew a "disclosing tablet." Available from most drugstores, these tablets of food coloring show the child the places he's missed, so he can brush until he's cleaned them.

As children grow older, they should be taught to use dental floss regularly, said Dr. Retzlaff.

For optimum protection, children and adults should brush after every meal; a thorough rinse with water after lunch can be substituted if brushing is not possible.

Those who do not brush after every meal should brush and floss their teeth thoroughly at least once a day — though few people are sufficiently thorough to adopt the once-a-day regimen perman-

(continued on page 7)

Six-year-old Jeff Hauser takes his dentist's advice and munches on an apple at snacktime.

Medical, nursing, dental students cooperate on first projects

The first two cooperative educational projects involving all three of the Health Sciences Center's major schools have been launched.

The Schools of Medicine, Nursing, and Dentistry have joined together in educational projects which will provide health screening and other preventive programs on an appointment basis and emergency coverage at night for the 277 residents of Hollywood East, as well as primary health care at the Health Center for the Elderly.

Both of these projects are new efforts in team education of students and in provision of services to a target population.

Hollywood East, a high-rise apartment building in northeast Portland for ambulatory elderly persons, is operated under the auspices of the Portland Housing Authority (HAP).

The Health Center for the Elderly, 1710 N.E. 42nd Avenue, serves persons from throughout Portland. It is directed by the School of Dentistry's division of extramural programs and is coordinated by Dorothy Cutler, R.N.

According to Dr. Harold Osterud, chairman of the department of public health and preventive medicine, "These programs are getting people working together who *ought* to be working together. They need to be familiar with each other and what they do and don't do. It's never been done before. This is a first."

In the project involving the Health Center for the Elderly, medical, nursing, dental, and dental hygiene students will work under preceptors in their particular discipline.

At this clinic, an interdisciplinary team of health professionals, including a nurse, physician, caseworker, nutritionist, and dental hygienist, works with elderly patients to develop a health maintenance program as well as treat illness.

Students will have an opportunity to learn what kind of care is provided by each member of the health team and to review patients' entire health maintenance programs. They will evaluate patients as partners in their health care plans.

"These programs are getting people working together who ought to be working together. They need to be familiar with each other and what they do and don't do. It's never been done before. This is a first."

Under the new program at Hollywood East, two medical students are provided residences in the building free of charge. They, in turn, provide emergency coverage throughout the night, as well as routine medical services, such as flu clinics.

Since last fall, when HAP first approached the School of Nursing about the program, nursing students have been providing emergency and nursing care during the day, giving injections, collecting specimens, changing catheters, administering medication, and conducting group health education programs. In their first month at Hollywood East, nursing students made over 100 "home visits" to patients in their apartments.

Nursing students also act as patient advocates, aiding patients with appointment schedules and helping them understand the care they are receiving.

In the future, dental hygiene and dental students will help screen patients; however, most of the care they provide to the elderly will be dentistry-related and will be given at the School of Dentistry's

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Treatment for deadly tumor is tops nationally

Although not as well known as leukemia, Wilms' tumor is just as deadly.

Both are childhood cancers, the second most common cause of death in children under age 15. The most common cause of death in the same age category is accidents.

The Health Sciences Center's University Hospital South treats about four to six new cases of Wilms' tumor each year, according to Dr. John R. Campbell, HSC chief of pediatric surgery and head of the pediatric tumor clinic.

Treatment at the hospital for this childhood cancer, a tumor probably present at birth, is "right on top" nationally, Dr. Campbell said.

It is tops nationally because the hospital staff "has its ear to the ground and has been able to attract a variety of specialists who have developed a multidisciplinary approach to childhood cancer," he said.

"These are rare tumors and demand a critical level of experience for the results of therapy to be on top," Dr. Campbell explained.

It is through the cooperative efforts of surgeons, chemotherapists, radiologists, radiotherapists, and pathologists, that the Center's work on Wilms' tumor has been successful.

"When we salvage a child's life and give him or her 75 more years, it's well worth a tremendous amount of effort."

Making up the Pediatric Tumor Board, which meets each Wednesday following examination of patients, including Wilms' tumor cases, are Dr. Campbell, professor of surgery and pediatrics and a pediatric hematologist; Dr. Robert C. Neerhout, chairman and professor of pediatrics; Dr. Eugene Blank, associate professor radiologic diagnosis and pediatrics; Dr. Kenneth Stevens, assistant professor radiology therapy; and Dr. Donald C. Houghton, instructor in pathology.

The board's work is well worth the effort. "When we salvage a child and give him or her 75 or more years, it's well worth a tremendous amount of effort," he said.

Wilms' tumor, nephroblastoma (tumor involving the kidney), was named for German surgeon Max Wilms, who described it in 1899.

As with all cancers, early diagnosis is vital to combating the effects of this malignancy. But many times when Wilms' tumor is discovered by a parent or physician it is "far advanced, so big you can feel it," he said.

At times this advanced stage of the tumor can result in a football sized mass in a child's abdomen.

The Pediatric Tumor Board meets each Wednesday following examination of patients.

The tumor can metastasize, meaning it can spread to other parts of the body. It is "one of the few tumors, even when metastatic, that can be cured," he said.

Wilms' tumor can be detected in its early stages by thorough physical examinations. In children, "we consider any mass lesion malignant until proven otherwise. The earlier the diagnosis the better the chances of cure," he said.

Dr. Campbell feels the tumor can often be detected in children before it becomes very large when physicians take extra care in their examinations, and when any routine examination is thorough, rather than cursory.

"Because children don't communicate as well as adults, their complaints are often not heard. Therefore it's an adult's responsibility to be the child's advocate," Dr. Campbell said.

"As an example, when a child is brought to the doctor's office for treatment of a cold, a careful physician treats that and also gives a complete check-up."

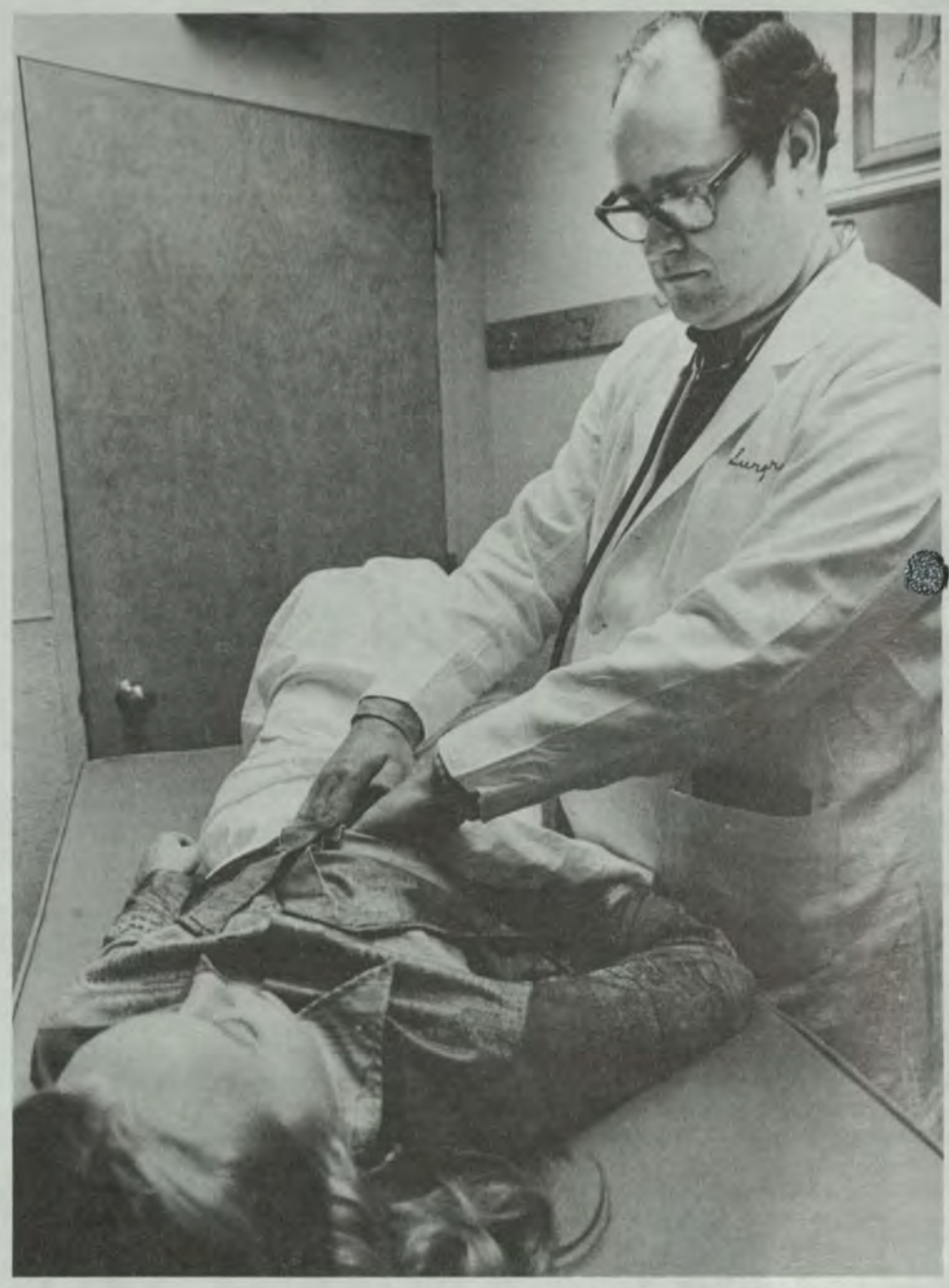
It is during that kind of examination that Wilms' tumor could be detected early. After it is diagnosed, Wilms' tumor is treated immediately. "Treatment should come as early as possible while the tumor is still small and easy to remove. We want minimal handling and minimal delay," said Dr. Campbell.

"Treatment should come as early as possible while the tumor is still small and easy to remove. We want minimal handling and minimal delay."

The treatment involves surgical removal of the intact tumor along with the involved kidney, plus chemotherapy (the administration of anti-cancer drugs), and at times radiotherapy (radiation treatment).

Prior to the advent of chemotherapy, the prognosis for complete cure in the child, age 1 to 7, who showed no evidence of spread of the disease, was poor with a survival rate of about 33 per cent.

With chemotherapy, using the drug vincristine, proven effective in 1965, and dactionomycin, proven effective in 1966, the survival rate is now about 95 per cent.



Karen Mason, an 11-year-old who was operated for Wilms' tumor, returns to the Center for a follow-up appointment with Dr. John Campbell. The survival rate for young children with this tumor is 95 per cent.

Dr. Campbell calls the surgery-chemotherapy combination a "great advance" in treating this tumor.

Another mode of therapy that sometimes is employed is radiotherapy. It has been normal procedure until recently to irradiate the areas affected by the tumor, following surgery.

"We now have evidence that there is no benefit from radiation when the tumor is totally removed. We are now seeing what we can do to improve the prognosis further. Will lesser therapy, both with drugs and radiation, be as good? Will new drugs be more effective? That's what we have to find out," Dr. Campbell said.

Although the cause of Wilms' tumor is unknown, there are some factors which place children at high risk. A child with aniridia (no iris of the eye) is at high risk for developing a tumor as is the child with hemihypertrophy (one arm or leg bigger than the other arm or leg).

A child with Beckwith's syndrome (low blood sugar, big tongue, abdominal wall defects), and children with vascular and heavily pigmented birthmarks are also at greater risk.

Factors affecting prognosis of Wilms' tumor patients include distant metastases, bilateral tumors (tumors involving both kidneys), invasion of veins by tumor, invasion or the capsule (sheath surrounding and supporting the kidneys), rupture of the tumor, age of the patient, adequacy follow-up, and the agressiveness and commitment by the therapists.

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Grants fund work on spinal cord, cancer indicator

The Health Sciences Center is one of about a dozen non-profit institutions in the Northwest which received substantial grants from the M.J. Murdoch Charitable Trust in December.

The Murdoch Trust was set up by the will of the co-founder of Tektronix, Inc., who died in 1971.

HSC recipients of grants from the Trust are Dr. A.R. Tunturi, director of the laboratory for the advancement of neuroscience, $35,000; and Dr. Robert Campbell, professor of pediatrics, $27,000.

Dr. Tunturi will conduct research on regeneration of the spinal cord. He commented that the new funds make it possible to continue and expand research begun under the Roger Frank Fund for Advancement of Neuroscience.

Roger Frank, a young Portlander who broke his neck in a fall a year ago, traveled to Russia last summer for enzyme treatment and surgery relating to his spinal cord injury.

Since, Roger has regained some use and sensation of formerly paralyzed body parts. Dr. Tunturi has been a consultant in the Frank case.

Spinal cord injuries, most commonly caused by automobile accidents and sporting events, have become very common, and according to Dr. Tunturi, the only current treatment is in social, vocational, intellectual and emotional rehabilitation with hope that the remaining nerve cells in the spinal cord will allow some useful response.

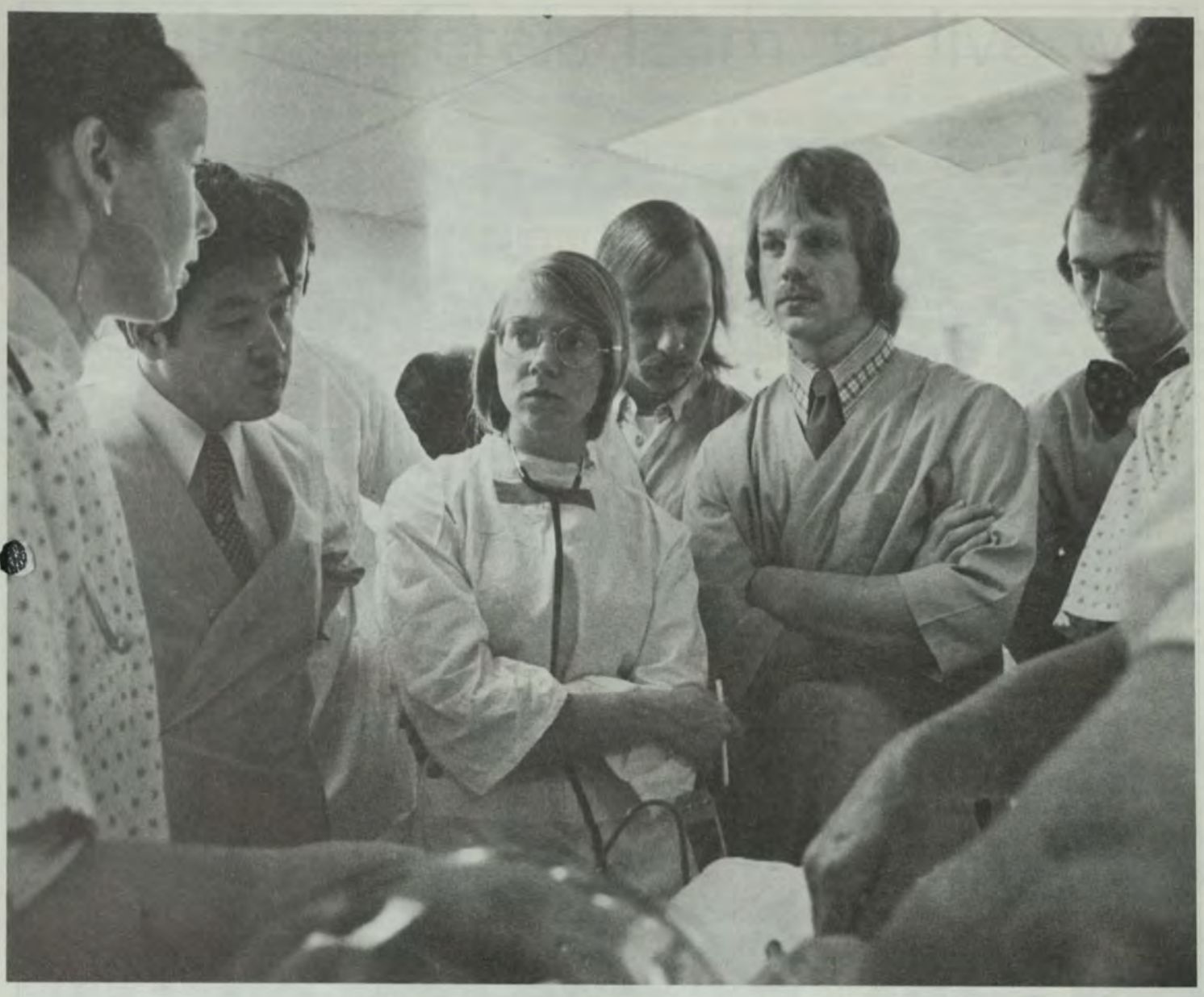
The objective of his research is to determine why nerve cells fail to establish normal connections in the spinal cord after an injury when nerve cells are known to regrow to their original locations in other parts of the brain in animals.

Dr. Campbell's research will focus on early detection of cancer. Since 1973, the Millicent Foundation, antecedent of the present Murdoch Trust, has actively supported Dr. Campbell's research in polyamine radioimmunochemical research. Researchers hope to develop an integrated team of biomedical scientists skilled in detecting body chemicals, called the polyamines. Changes in these chemi[illegible] are evident in certain disease states, su[illegible] as cancer.

The scientists hope to develop an inexpensive, easily used test for cancer which could be used by the general medical community. Such a test would also be employed in the follow-up of patients whose cancers have been removed or irradiated and in whom there is a likelihood of recurrence.

Application of the methods being established in the cancer research component of the program is proving of great value in the study of other diseases such as kidney failure, a condition in which the polyamines accumulate in the patient's body.

Scientists at the Oregon Graduate Center who will collaborate on the project are Dr. Doyle Daves, chairman of the department of chemistry, and Dr. Frank Hauser, associate professor of chemistry.



Medical education has been blamed for what some call a "dehumanization" of future physicians. At the Health Sciences Center, changes in the curriculum for medical students call for earlier patient contact and increased effort to understand the patient as a person.

Curriculum thrwarts dehumanization

Dr. J. David Bristow, recent participant in an Oregon Medical Association forum on "Medicine and the Quality of Life," discusses the topic with HSC News.

Technological developments save lives. But at the same time, they are one of the culprits behind the widely recognized breakdown in the traditional doctor-patient relationship.

According to Dr. J. David Bristow, professor and former chairman of the department of medicine, medical education alone should not have to shoulder the blame for the doctor-patient breakdown.

"In recent years, there have been great changes in medical care. There is an emphasis on technological developments and 'things' that are done to people which don't really involve much human contact," said Dr. Bristow.

"Instead of prolonged face to face encounters with their doctors, patients spend a good deal of time with equipment, such as during brain scans, cardiac catheterization, and so on. The patient naturally senses that there is much less personal experience in medical care.

"In addition, the concept of the medical care team means that the patient spends more time with a number of people. There is not the same close relationship with one doctor that the patient used to have.

"But this kind of problem is not just localized to medicine. The world in general has become much more impersonal. You pay your bills to a computer. Your food is prepackaged in a supermarket. Many personal contacts from the past no longer exist.

"People notice this change in medical care. If there is any time when concern and reassurance are needed most, it's when they're sick."

Dr. Bristow commented that although medical education is not solely to blame for what some have called a "dehumanization" of medicine, perhaps improvements in medical education can help.

"Because there has been a change in the extent of contact with individual patients, the contact which we as physicians *do* have with them should be directed even more toward a warmer relationship. The patient needs it."

He explained that the School of Medicine curriculum was reorganized early in the 1970's, and earlier patient contact for students is a key in the new approach.

"Before these changes were made, the students spent their entire first two years in the lab and in scientific study without any patient contact.

"This led to considering sick people primarily in terms of disordered body function," said Dr. Bristow. "This approach ignores the impact of illness on the person's life.

Students begin seeing patients in their sophomore year or earlier. They see the impact of illness in real terms of chronic pain, inability to work, and the effects of stress.

"Under the new curriculum, students begin seeing patients in their sophomore year or earlier. They interview patients at the bedside and get to know them as people. They learn to see a patient as a living, breathing, talking human being.

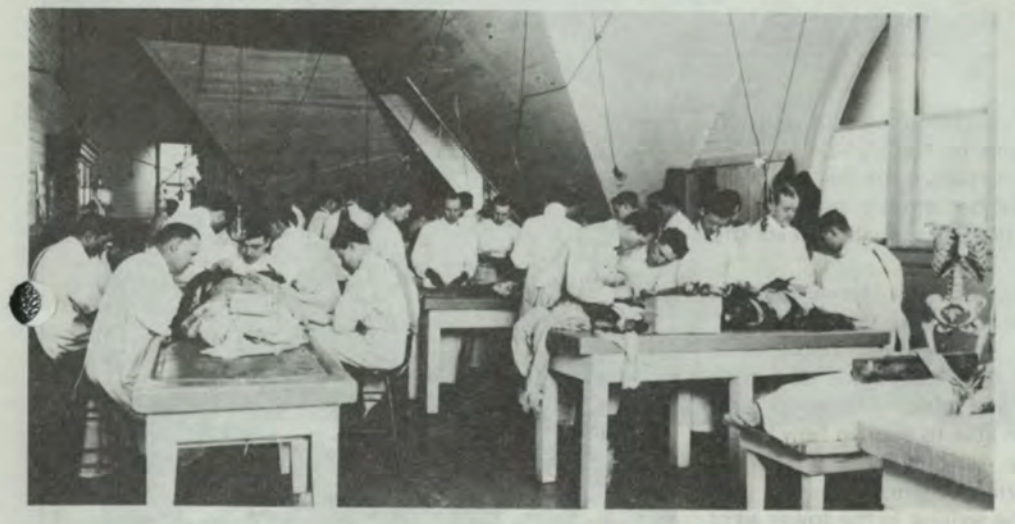
"They see the impact of illness in real terms of chronic pain, inability to work, and the effects of stress. These problems are also discussed in course presentations. I hope this leads to an integration of scientific knowledge and humane concern."

There is less emphasis today at the Health Sciences Center on what Dr. Bristow calls the "interesting patient syndrome" and more interest in patient care in general.

"Some medical problems are more interesting intellectually than others. These can attract a lot of attention. But we should not be preoccupied with them. Patients with common, trying, or seemingly uninteresting problems need physicians' efforts just as much."

Dr. Bristow concluded, "One of the greatest challenges for the medical care system is to retain and improve the personal side of patient care, despite the chaotic era of technical advance, changing payment systems, and the impersonal character of contemporary society."

Hage introduced unique cocoon system of body preservation



The School of Medicine anatomy department has come a long way since this early photograph was taken of a class in anatomical dissection. In fact, a method developed at the HSC for preserving human remains is being adopted by other institutions.

While many medical schools across the U.S. are facing a growing crisis in acquiring bodies for anatomical study, the Health Sciences Center School of Medicine's acquisition program continues to be effective.

The program's success is due in part to the foresight and perseverance of Ernest Hage, assistant director of the willed body program.

Mr. Hage, who has been with the School of Medicine since 1948, explained that medical schools once relied heavily on the great number of unclaimed bodies which were available for anatomical study.

However, about 20 years ago, when he noticed this source diminishing, Mr. Hage began a state-wide willed body program.

This on-going program involves speaking to clubs, organizations, funeral directors, and other groups throughout the state to acquaint them with medical education's need for human remains for study.

As a result of these efforts, Mr. Hage receives an average of 160 calls and letters a month from persons requesting information about how to will their remains to the School of Medicine. The School now relies completely on willed bodies for teaching and research.

In addition to a successful willed body program, the department's method of preserving human remains continues to be a model for other institutions across the country.

Mr. Hage commented that the fact that death is no longer a taboo subject has made his job a little easier.

"People are more willing to discuss death these days. They seem more able to accept their own death as a real eventuality and to make plans concerning their death," he said.

In addition to a successful willed body program, the department's method of preserving human remains continues to be a model for other institutions across the country.

"Many schools are using antiquated and unsatisfactory methods of preserving human remains," Mr. Hage said. "About 25 years ago, I studied the problem and introduced the cocoon system and a special storage area for maximum long-term preservation.

"We get requests every month and visitors from other schools interested in learning about our operation."

Mr. Hage's system for preserving human remains involves coating the body with a cocoon of special plastic-like material and storing it in an area of 80-90 per cent humidity at 60 degrees.

He explained that although such high humidity usually promotes mold growth, such growth is inhibited by a higher percentage of phenol in his embalming solution formula than is ordinarily used.

Storage in high humidity and plastic coating prevents dehydration, which has always been the greatest problem in body preservation. With this system, a body may be stored several years, or indefinitely.

Mr. Hage stressed the fact that all human remains donated to the School of Medicine are handled with dignity and respect in all phases of teaching and research. All embalming and storage areas have limited access to authorized personnel only.

Who's who?

Children have a unique way of recreating bygone days and the people who lived in those times to suit themselves.

When a school teacher from New York named Eve Wirth compiled a "Who's Who in Medical History" for a recent issue of *Physician's Management* magazine, she included the following excerpts from children's exams, reports, and homework assignments:

"When Alex Fleming found out about a medicine to get better, he could have named it Fleming like a lot of discoveres do, but instead he named it in honor of his girl friend, Penny Cillan. That was nice of him."

"Albert Schweitzer was an African doctor who went to work in Africa. He had a clinic and anytime the people wanted to feel better there, he would open up his drawers to them."

"Roentgen had one big wish, and that was to see through people, and see if they had any cracks or things in them. And guess what he did? He built a machine that had X-ray eyes."

"The insane people had their own crew-sadist. She was a lady nurse better known as Dorothea Dix — a real chimp for the people."

"Joseph Lister hated germs so much, and if it wasn't the last thing he would ever do, he would discover something to kill them off like D.D.T. But instead he invented Listerine, even though it stinks."

"If it was not for a man named Fahrenheit, we would never even know if it goes up or down, but thanks to him, we will always know this."

"The first great healer of mankind was a Greek called Hippocrates—the one all the now doctors take the doctors oath. I'm not too sure though if he did this in A.M. or F.M. times."

Alumni Notes

School of Medicine

Dr. Rich Warrington, Class of 1939, was inaugurated in December as the 90th president of the Multnomah County Medical Society in Portland.

Edward Palmason, Class of 1943, a Seattle, Washington, physician, appeared as solo tenor with the Oregon Symphony pops orchestra in Albany in December. Dr. Palmason has sung leading roles in opera and operetta. He occasionally sings with the Oregon Symphony.

Dr. George J. Vennes, Class of 1950, has been elected vice president of the medical staff at Tuality Community Hospital. Dr. Vennes, a pathologist, practices in Hillsboro.

Dr. Linda Mackprang Korger, Class of 1970, was the subject of a feature article in the *Daily Astorian,* Astoria, Oregon, recently. Dr. Korger, a pediatrician, discussed women in medicine and explained how she balances her roles as physician and mother.

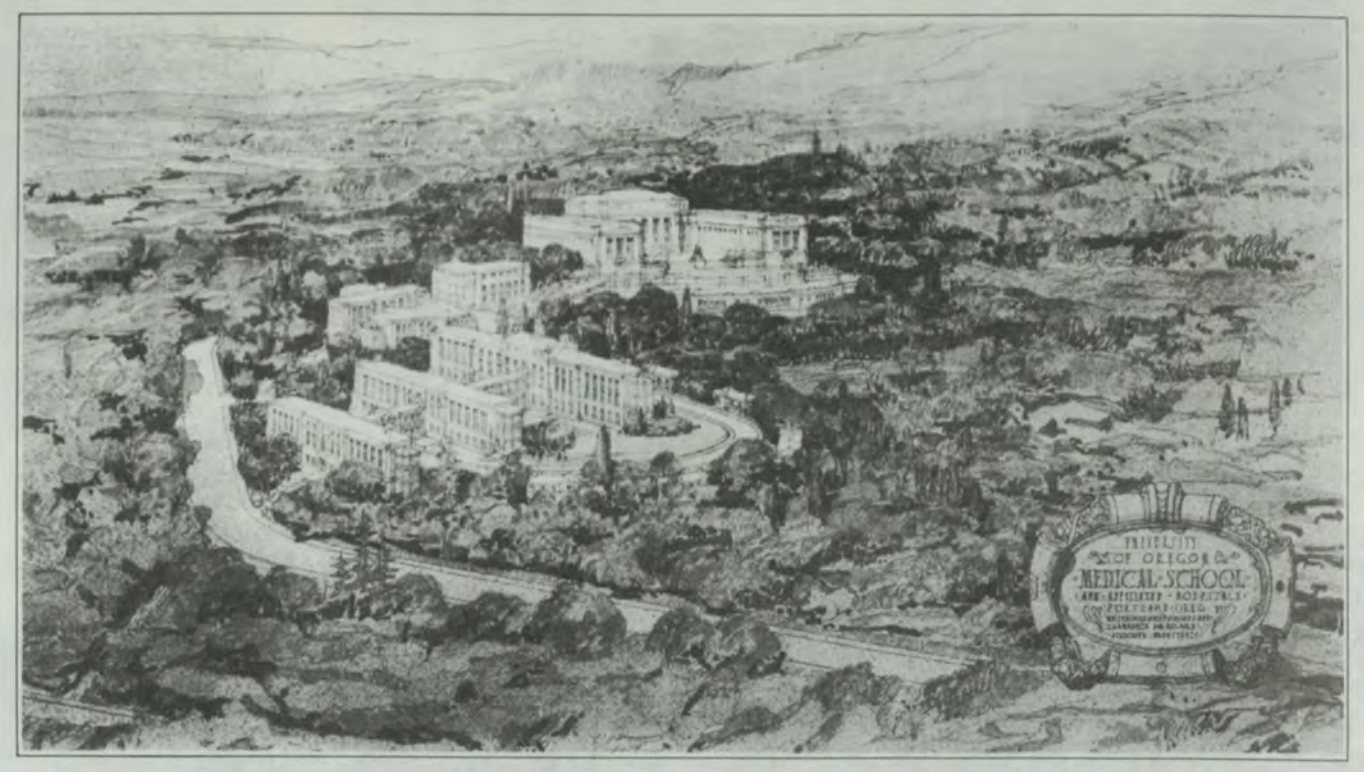
School of Dentistry

Dr. Harold M. Olinger, Class of 1934, Salem dentist, retired in January after 41 years of private practice. Dr. Olinger has been in uninterrupted private practice in that city longer than any other dentist.

Dr. Willard Spearin, Class of 1962, has opened practice in periodontics in Eugene. Dr. Spearin is a 1975 graduate of the Medical College of Georgia with a certificate in periodontics. He worked for three years in dental education in Georgia, and for seven years in private practice in Bellingham, Washington.

School of Nursing

Adella Wood, R.N., who received her master's in nursing degree in 1975, has been named new chairperson of the department of nursing for Linn-Benton Community College, Albany, Oregon. Mrs. Wood, who has been actively engaged in nursing for almost 30 years, has served as an instructor at the college.



Archives reveal old campus plans

In a bicentennial year when we look back over our history at "the way things were," it is also interesting to imagine "things as they might have been."

Looking at the crowded, active Health Sciences Center campus of today, one tends to forget that only sixty years ago, Marquam Hill was a deserted wooded area accessible by a winding wagon road and situated at what seemed a great distance (one and a half miles) from the center of Portland.

At that time, some citizens spoke disparagingly of a medical school on Marquam Hill as "Mackenzie's dream."

They felt the school should be erected near the Portland hospitals which were already established.

But Dr. Kenneth A. J. Mackenzie, second dean of the school, envisioned a vast monumental campus looking out over Portland from a lofty vantage point.

Mackenzie was chief surgeon of the Oregon Railway and Navigation Company, and he talked the company into donating 20 acres on Marquam Hill for the new school.

As the story goes, Mackenzie commissioned an architect to draw up a general plan for the campus. However, this plan, which was modeled after the Acropolis of Athens, was not used.

Mackenzie was informed that because the University of Oregon had a school of architecture, it was considered the duty of the dean of that school to design all buildings connected with the university. At that time, of course, the Medical School was a component of the U. of O. in Eugene.

Thus, the Acropolis plan was rejected in favor of the plan which appears at the top of this page. It was designed by Dean Ellis F. Lawrence and his associates, Whitehouse, Fouilhoux, and Holford.

This plan envisioned a grandiose neoclassical monument to medicine with strict interrelation of structure and style.

But as anyone associated with the Center knows, it didn't turn out exactly as they had planned.

(See aerial photo of current campus on the right.)

The reasons for this are numerous, but money, politics, and practicality probably head the list.

The drawing above on the right is of more mysterious origins. So far, none of the amateur historians associated with the School of Medicine have been able to explain how it may once have figured in "Mackenzie's dream."

The writing in the lower right corner of the drawing, which was recently uncovered in the Library historical collection, reads:

"Proposed Buildings for the University of Oregon Medical School and Affiliated Institutions and State, County, City, or Private Hospitals on Marquam Hill above the Hillside Parkway" (Terwilliger Boulevard).

The position and names of the streets indicate that the drawing was made soon after 1915, but little else about it is certain. One thing is clear, however. If this plan had been selected, staff on the Hill would have gotten even more exercise trekking from building to building than today.

Comparing early plans (above) with current campus (photo below) reveals the never-to-be-realized visions of grandeur of early architects.

Arthritis sufferers learn to live with ailment

As a vital part of the health care team, occupational therapists improve the quality of life for sufferers of rheumatoid arthritis.

Rheumatoid arthritis is not a killer, but for those who suffer from this disease (estimated at one to three per cent of the population), performing even the most simple tasks can cause great pain.

Helping patients slow the spread of this crippling condition and learn to live within its limitations is an important role of occupational therapists at the Health Sciences Center.

Kay Rhoney, OT supervisor, explained that therapy techniques used for arthritis patients have changed radically within the last ten years.

"Patients used to be given rubber balls to squeeze and weights to lift. They were told to exercise in spite of the pain.

"We rarely do this now. Current theory is that overuse causes inflammation."

She commented that under the direction of Dr. Edward Rosenbaum, clinical professor of medicine and acting head of the division of rheumatology, joint preservation and protection are the main elements of present therapy used in the OT department.

"We still stress active motion of the joints but we want the patient to achieve a balance between activity and rest. We believe he'll get enough exercise just doing his daily activities."

For patients whose condition prevents normal bending of hands and limbs, special long-handled tools are provided that aid in dressing, grooming, or eating.

"Our goal is to keep these people as independent as possible and prevent further deformity," Mrs. Rhoney said.

She explained that a major aspect of occupational therapists' work with arthritis patients is education. The patient must be taught how the disease affects him, how to protect his joints and conserve energy, and the types of activities and motions which will not cause further damage.

Patients learn that if undue stress is placed on certain joints in the hand, the chance of dislocated fingers and further ulnar deviation (fingers pulled to the outside) is increased.

The occupational therapist teaches the patient that there is a right and wrong way to do almost everything.

For example, for the arthritic person, wringing out a wash cloth can be painful and damaging. Patients learn alternative methods such as twisting the cloth around a faucet to wring out water, or simply letting the cloth drip dry.

"A lot of jobs around the house are like mink coats—luxuries if you can afford to do them, but the sky will not fall in if you cannot. Remember your limitations."

Learning to take the strain off wrists and finger joints when performing such activities as opening a jar, picking up a coat, or lifting a heavy pan is important.

Over-exertion is prohibited, and arthritis patients must learn to follow the advice which Mrs. Rhoney gives to women patients who tend to be perfectionists when it comes to housework:

"A mink coat is nice, but millions of women have been very happy and successful without one. A lot of jobs around the house are like mink coats—luxuries if you can afford to do them, but the sky will not fall in if you cannot. Remember your limitations. Ask yourself! 'Is this job really necessary?' "

HSC occupational therapists direct their efforts toward helping patients remain independent. In the large photo on left, *therapist Kay Galyen, left, watches as patient Joyce Speidel tries out a special spoon.* Above on left, *a patient who has recently undergone surgery for afflicted hand joints exercises his fingers with a roll of putty.* Above right, *young Tracey Stearns is fitted for a splint by OT supervisor Kay Rhoney.* Directly above, *patient Marshall McClay demonstrates the use of a "stocking aid." Patients whose range of movement is limited may use this and similar aids to dress. Therapists on the unit stress joint preservation and protection. They believe that educating the patient is important in reducing further deformity.*

Injury emergency system requires employee cooperation

It is a cool winter afternoon. Sounds of someone crying are heard from a nearby Health Sciences Center parking lot.

First one, then another and another passerby looks over to see a young woman holding her stomach and moaning.

Each person assumes that someone else has or will come to the woman's aid. But no one has. Finally a medical student hears her cries and renders assistance.

This is a hypothetical situation, but one which occurs in various forms throughout the year on this campus. It points to the need for employees to be aware of the campus injury emergency system.

According to George Johnston, campus safety officer, if an employee sees a person injured on campus, he should go immediately to the nearest telephone and dial 7676.

This is the campus injury emergency number. The employee should give his name and tell the switchboard operator as much information about the victim as possible, including the location and nature of the emergency, if known.

This simple call will put the emergency system into operation. The operator then calls the emergency department and explains the situation. She also calls the security office, which dispatches a car to the emergency department to pick up a physician who is driven to the injured person.

Meanwhile, the operator phones the physical plant requesting a stretcher and van at the emergency site. Then the physician and injured or sick person are transported to the emergency department.

Mr. Johnston commented that if the emergency occurs just off campus, campus personnel are authorized to call the Portland police and an ambulance.

Old drug, new light source work to suntan-away psoriasis

An ancient drug, which makes the skin tan more easily, and a newly developed long wave length ultra violet light source will be used as therapy in the treatment of the skin disease psoriasis as part of a study project at the Health Sciences Center.

The photosensitizing drug is Methoxalen, which was used by the ancient Egyptians to make the skin more susceptible to tanning from the sunlight. Psoriasis is a skin disease of unknown cause which is found mainly in Caucasians. It is characertized by scaly, reddish patches.

A newly developed long wave length, ultra violet light bulb makes the project possible. Prior to its development, no bulb was available which delivered enough energy at the right wave length to make photochemotherapy (light and drug therapy) feasible.

UOHSC is part of a new one-year study involving the dermatology departments of five institutions in the U.S. and Canada.

Fifty selected patients, meeting certain criteria, will be involved at each institution. Each patient must have 30 per cent or more of his body covered by psoriasis, or less than 30 per cent if he is disabled by the disease. At the HSC, the project began in early January.

Conditions which will exclude potential patients from the program include pregnancy, cataracts, and those using certain medications.

Each patient will take the drug and then be exposed to long wave ultra violet (UVA) light from the newly developed UVA light source for varying lengths of time, until the psoriasis is 95 per cent clear.

Treatments of up to three times a week totaling approximately 20 treatments for each patient are anticipated for this amount of improvement, according to Dr. Walter Lobitz, professor and chairman of the department of dermatology.

After this level is reached, patients will be put on "maintenance" schedules, varying from two treatments per week to no treatments at all, and will be followed for the rest of the year. If at any time during this period the psoriasis flares to cover more than five per cent of the body area, the patient will be treated again until he again is 95 per cent clear of the disease.

Although the procedures used in the project are new, this principle for treating psoriasis is an old one, Dr. Lobitz said. "Putting tar on the skin and then exposing the patient to the sunlight has the same effect. But it's messy, difficult, and not as effective.

"The tar photosensitizes the skin from the outside. This drug photosensitizes the skin from the inside," he said.

The same effect is seen in some industries. People working with tar on road crews and in roofing work may become sensitive to the light and tan or burn very easily.

Dr. Lobitz pointed out that the drug and the UVA light complement each other. Alone they have no benefit for a person with psoriasis. "Without the use of the drug, no light source is strong enough. And, without the light, the drug is not beneficial," he explained.

Dr. Frank Everett honored by Academy of Periodontics

Dr. Frank G. Everett, professor emeritus of periodontology at the School of Dentistry, has been elected a fellow of the American Academy of Periodontics.

Dr. Everett, who has served continuously on the School of Dentistry faculty since 1939, is one of only 20 living American recipients of this honor, one of the highest in the academy.

He is co-author of the text, *Orban's Periodontics,* in preparation for its fifth edition. It has been translated into Spanish, German, Japanese. A French edition may be published.

A former research associate and clinical associate in the UOHSC School of Medicine, he received his D.M.D. and B.S. degrees from the North Pacific College of Oregon (now the HSC School of Dentistry).

He is a third generation M.D. graduate of the University of Vienna, Austria, Medical School. He graduated from the university in 1932, his father graduated in 1903, and his grandfather in 1869. Dr. Everett also holds a dental license from the University of Vienna Dental School.

Dr. Everett and Dr. H. Cline Fixott, professor and co-chairman of the department of oral radiology, are co-inventors of the Fixott-Everett Grid. Their 1963 invention is used with oral roentgenography (X rays) for the purpose of measuring the depth and width of osseous (bone) changes in periodontal disease.

They donated all rights to the grid to the University of Oregon School of Dentistry, which sells the grid worldwide and receives all profit from its sale.

In 1971, Dr. Everett delivered the sesquicentennial address for University Dental Education at the University of Vienna. On that occasion, he was named outstanding alumnus and teacher, and his portrait was hung with those of other renowned teachers of that institution.

The Loyola University School of Dentistry has honored Dr. Everett for his contributions to periodontology, as has the HSC School of Dentistry, which named him recipient of the President's Award in 1974.

On right, Dr. Everett advises student.

Directory: Administrative officers and clinical service heads

The following list of administrative officers and clinical service heads is published for the convenience of physician readers of Health Sciences Center NEWS. Additional copies are available on request to the University Relations Office, University of Oregon Health Sciences Center, Portland, 97201.—Ed.

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Operation Image—employees spruce up campus

Operation Image, a full-scale effort to spruce up the appearance and services of HSC hospitals and clinics, has begun.

Dr. Donald Kassebaum, director of hospitals and clinics, who conceived the program a few months ago, said that through Operation Image, the Center hopes to achieve a physical environment for patients which is the same as that of high quality medical care facilities in the community.

"Operation Image" is being coordinated by John Hutchins, associate director of hospitals and clinics.

Mr. Hutchins explained that the project eventually will involve redecoration and renovation of patient waiting areas, including the major admitting areas of the hospitals and Outpatient Clinic.

Supervisors of the 24 hospital and clinic admitting and waiting areas recently responded to a questionnaire from Mr. Hutchins which asked them to evaluate their areas and list shortcomings and possible solutions. From these, future plans are being made for redecoration and improvement of comfort and convenience.

Needed improvements include expanding waiting areas, providing better directional information for patidnts, obtaining modern wheelchairs, and replacing hard-to-open outside doors with automatic entrances.

The project will eventually involve redecoration of patient waiting areas.

Since funds for such a large-scale project are limited, improvements will necessarily be staged as money is available.

In the meantime, employees are being encouraged to take part in keeping hospitals and clinics as neat as possible by helping to remove clutter in waiting areas, lobbies, and hallways.

This kind of minute by minute clean-up campaign can happen only if hospital and clinic workers remain aware of the impact which a clean environment has on patients, explained Mr. Hutchins.

In-service education programs for employees will be offered as part of "Operation Image." The programs will stress courtesy, professional behavior, and attention to the amenities expected to accompany medical examination and care. Training films from the Bell Telephone System and United Airlines will be used.

It is hoped that by creating a brighter, more modern environment and a friendly staff alert to the sensitivities of patients, Operation Image will make the HSC a more attractive and satisfying health care center.

Infant Care liaison named

DR. JOHN YOUNT
assistant professor of pediatrics

Serving as the liaison between the Health Sciences Center's new Intensive Infant Care Program and hospitals around the state is one of the responsibilities of Dr. John E. Yount, assistant professor of pediatrics, who joined the HSC in September.

In part, the new program seeks to establish a network of intensive infant care support facilities at hospitals throughout Oregon.

Such a network should allow babies to be referred to facilities closer to their homes and families after treatment in the neonatal intensive care unit (NICU) at Doernbecher Memorial Hospital for Children in University Hospital South.

Dr. Yount, who is also a collaborative investigator in perinatal physiology at the Oregon Primate Center, came to the HSC from the University of Washington, where he did postgraduate training from 1973 to 1975 on a fellowship in the division of neonatal biology.

An honors graduate of the University of Wisconsin, he is a graduate of the University of Wisconsin Medical School. He interned and served his first year of residency at the Baltimore, Maryland, City Hospital. His second year of residency was at the University of Washington Medical School Hospital.

Dentist offers advice for parents

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ently, Dr. Retzlaff said.

He pointed out that diet is another important factor affecting teeth and added, "*How often* a child eats is just as important as *what* he eats."

He explained, "Bacteria in plaque (food residue) on teeth metabolize carbohydrates. This reaction increases acidity in the plaque, which promotes formation of cavities.

"If you eat infrequently, the acidity has a chance to decrease." But frequent snacking, which exposes teeth to an acid environment for extended periods, can be ruinous.

If children must snack, parents should give them vegetables such as celery and carrots. Dr. Retzlaff remarked that carrots actually help clean teeth by serving as a mild abrasive.

"When a child does eat candy, he should eat it quickly and be done with it so that the saliva can get to work and wash it away. Saliva helps reduce acidity. This is why it's important to brush one's teeth after a late night snack. During the night, saliva flow is greatly decreased."

Dr. Retzlaff, a father of three himself, recommends that parents instill good eating and oral care habits in children from earliest youth. Persistence has paid off in his family—only one of his teenagers has had a cavity.

"You don't need to be a fanatic," he said. "Just insist on a few simple rules."

Colleagues fete former dean

Surrounded by faculty, administrators, students and other friends, Jean Boyle, retiring dean of the School of Nursing, was honored at special farewell festivities December 19. At the ceremony, which was held in conjunction with the School's annual Christmas Wassail, Miss Boyle's colleagues recalled her nearly 20 years of contributions to the School of Nursing. The former dean's portrait, which will hang in the School permanently, was unveiled, and announcement was made of the new Jean Boyle Graduate Scholarship, which will be awarded annually to a graduate nursing student. Since she came to the School of Nursing as director in 1958, Miss Boyle has not only led the School through a period of academic and financial growth, but she has also participated actively in nursing programs locally, regionally and nationally.

Center sets sights on modern, efficient outpatient care

The Health Sciences Center is one of 10 institutions chosen nationwide to participate in a project to develop model "one class" ambulatory care services in university-affiliated teaching hospitals.

"One class" refers to a single, high-quality class of care for both paying and nonpaying patients which appropriately integrates patient service and teaching, explained Dr. Donald G. Kassebaum, director of hospitals and clinics.

The project is sponsored by the Association of American Medical Colleges (AAMC) and funded by a one-year contract from the Health Resources Administration of the Department of Health, Education and Welfare.

AAMC is planning workshops and on-site consultations to help institutional staff develop a detailed work plan for implementing necessary changes in their respective institutions.

University hospitals across the country are increasingly concerned about the populations they serve in outpatient clinics.

"It's long overdue," Dr. Kassebaum commented, "that university-affiliated medical centers improve their ambulatory care services so patients move through the system in a manner expected of a modern community clinic with its efficiency and amenities."

Dr. Kassebaum said university teaching hospitals across the country are increasingly concerned about the populations they serve in outpatient clinics. Traditionally, such hospitals developed systems to meet the needs of the poor.

Now, with Medicare, Medicaid, and third party coverage, there are more paying patients. At the same time, he pointed out, there are more patients referred by private physicians.

He explained that all UOHSC patients —private and non-private—have always been cared for by the same medical staff and received the same quality medical treatment.

However, while non-private patients have been treated in the clinics, private patients have usually been treated in the physicians' offices. The ultimate aim is for all patients to be seen in efficient and satisfying teaching clinics.

Dr. Kassebaum explained that the project will also give faculty and administrators an opportunity to examine better ways of handling the teaching function, which does slow down the process of providing medical services. He said it might be necessary to change the ratio of students per clinic and send some students to community clinics for their ambulatory care experiences.

Physician debuts in "One Flew Over the Cuckoo's Nest"

When Jim Shore had a minor part in a play in high school in Elkin, North Carolina (population 2,855), in the 1950s, he never thought he'd end up with a role in a major motion picture.

But, 20 years later, Dr. James H. Shore, HSC associate professor and chairman pro tem of the department of psychiatry, can be seen on the screen across the nation in "One Flew Over the Cuckoo's Nest."

Based on Oregonian Ken Kesey's novel, the Fantasy Film released through United Artists was filmed four months last winter and spring at the Oregon State Hospital (OSH) in Salem, where Dr. Shore does some teaching.

It features Jack Nicholson in the lead role of Randle P. McMurphy. OSH Director Dr. Dean Brooks plays the role of Dr. Spivey, mental hospital director. He is also the movie's technical adviser.

Dr. Shore's part in the film is in a scene which lasts about one minute. He plays the role of a psychiatrist, who is a disposition board member. The board must decide if McMurphy should be allowed to be readmitted to the hospital after an escapade involving a patients' Oregon coast fishing trip.

McMurphy is a good-hearted, wise-cracking drifter who managed a transfer to the mental hospital, figuring to finish a term for statutory rape there instead of on a road crew. Once committed, he finds that getting in is easier than getting out.

Although Shore's scene lasts about a minute, it took 10 hours, from 9 a.m. to 7 p.m., before the cameras.

"We had about an hour rehearsal and the director (Milos Forman) refused to give us access to the script. We made up our own lines. My dialogue is from scenes filmed three or four hours apart. I present my feelings to the board that McMurphy is dangerous, but not crazy," he said. "In the part I said he should be returned to prison."

Except for professional actress Louise Fletcher, who plays dominating "Big Nurse" Ratched, the disposition board scene involves all amateur actors, including Dr. Brooks, Dr. Prasanna Pati, OSH senior psychiatrist, and Dr. Joseph Treleaven, OSH clinical director, psychiatric security section.

The scene ends with the doctors deferring the decision on McMurphy's fate to "Big Nurse," who decides to allow him to remain at the hospital.

Dr. Shore stresses the movie as an allegory, not a documentary. "It is a symbolic representation for a number of things. It's an indictment of systems and inappropriate use of power.

"It is not about a true-to-life mental hospital and not a documentary on mental health or psychiatry," he said. "In this movie the patients are sane, the staff is crazy."

Dr. Shore worries that some people might take the movie as anti-electric convulsive therapy (ECT). "This is most unfortunate if some people see it this way. It's regrettable if the movie creates misunderstanding about ECT," he said.

In the movie ECT is used to control McMurphy's behavior in a "fictionalized, exaggerated presentation," explained Dr. Shore. He said he strongly believes in the appropriate use of ECT.

He commented that in many places the director chose to ignore Dr. Brooks' advice, deciding instead to make the movie inaccurate to exaggerate the impact. He said the scene in which McMurphy is forced to undergo ECT treatment is a prime example of inaccuracy and exaggeration.

Filming the movie at an actual operating mental hospital had strong impact on "Cuckoo's Nest" professional actors and actresses. "It was a better movie because of that," Dr. Shore said. "It may have made it less inflammatory toward mental hospital procedures due to that."

In a scene from "One Flew Over the Cuckoo's Nest," Dr. Shore, far right, and other actors deliberate over the fate of McMurphy.

Sink it with a smile!

Although he is a newcomer to the campus, Benjamin Beaver, who is pictured below, will soon become a familiar sight. Benjamin and his wife, Becky, are mascots for "Operation Image." Their pictures and helpful advice on courtesy and orderliness will soon be appearing in the hospital and clinics. For more on "Operation Image," please turn to page 7.

Three HSC schools cooperate in geriatrics programs

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new dental clinic in HAP's Holgate House, as well as at the Health Center for the Elderly.

Screening, explained Dr. Osterud, is being done in an effort to detect disease early and to prevent or delay the onset of illness through early intervention.

If problems arise, the resident is referred to the physician or hospital of his choice.

Patients without physicians or who so desire are referred to the Health Center for the Elderly or to the Health Sciences Center through the department of family practice.

Dr. Osterud pointed out that because of the medical and nursing students' responsibilities for emergency care, they must be up to date on acute care techniques, including cardiopulmonary resuscitation and some first aid.

Working with medical students to provide this kind of education will be Dr. Beatrice Rose, associate professor of public health and community medicine.

Dr. Rose, an internist, was recently granted a master's degree in public health from the University of Washington. In 1968, the Oregon Medical Association named her Doctor of the Year.

Supervising the nursing students is Lynn Yustin, instructor in public health nursing.

Students currently involved in the Hollywood East program are Peggy Porter and Gerald Messerschmidt, medical students; Gail King and Sue Vaughn, psychiatric nursing students; and Judy Lee and Karen Embe, public health nursing students.

Students participating in the two programs will receive academic credit for their experience and will provide care as fulfillment of required clinical exposure.

"These are exciting, much needed efforts in interdisciplinary cooperation in geriatrics, a field where there is an acute need for health care professionals," commented Dorothy Cutler.

Rose Miller, 97-year-old resident of Hollywood East, questions nursing students Judy Lee and Sue Vaughn about her medication.

Nursing seminar set

Nurses from throughout the Northwest will participate in a one-day seminar on "The Caring Role of Nursing" February 26 in the HSC library auditorium.

Sponsored by the Alumni Association, School of Nursing, the program will feature talks by Genrose Alfano, director of the Loeb Center for Nursing and Rehabilitation, Montefiore Hospital, Bronx, New York. Panelists participating in the program include Keena Sheehan, director, Wheeler-Gilliam County Mental Health Clinic; Patricia Tomlinson, mental health nurse specialist; Paula McNeil, associate executive director, Oregon Nurses Association; Helen Tweedy, director of nursing, Hearthstone Manor, Medford; and Mary Olmscheid, assistant head nurse, Rehabilitation Institute of Oregon.

Information may be obtained by writing or calling the Alumni Association, UO School of Nursing.

Pruitt honored

Mrs. Gladys Pruitt, LPN in University Hospital North, was named by colleagues to receive the December Nice Person of the Month award.

Letters nominating Mrs. Pruitt for the honor described her as patient, understanding, helpful, observant, thorough, and joyful. One writer commented, "she is always so cheerful, smiling, and willing to help her fellow person—either those she works with or those she cares for."

Mrs. Pruitt was awarded a "Dine-Out" Card gift certificate by the UHN courtesy committee.

Honorable mentions in the December contest went to Dr. David Anderson, general surgery resident; Patricia Parsons, R.N., 2NW; Carolyn Petrie, R.N., 2 NW; Bruce Holiday, hospital aide, 3NE; Bob Jones, parking patrolman; and all the night shift staff of 4SE, including those of the nursery and labor and delivery.

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