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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.

Psychologist trains parents to be child therapists

An HSC medical psychologist explains how parents can learn to influence their child's behavior and, at the same time, achieve a stronger, happier parent/child relationship.

By Grant Fjermedal
Science News Service

Dr. Sheila Eyberg trains parents to be their own child therapists, and her foremost rule is: "Catch your children being good."

She explains that parents are often so exhausted after scolding misbehaving children, that they are taking a well deserved rest when the children are finally quiet. But this, she believes, is quite backwards.

The assistant professor of medical psychology at the University of Oregon Health Sciences Center said children crave the attention of parents and if they are only spoken to when they are misbehaving, then misbehavior is the vehicle they will use to gain attention.

"If the child is throwing his blocks against the wall, ignore it," Dr. Eyberg said. "Then try to catch him doing something nice. Say: 'I like it when you build such nice towers.'

"If he knocks the tower down, ignore it."

During the past four years Dr. Eyeberg has taught more than 100 parents how to alter the behavior of a child by ignoring the bad and praising the good.

The children are usually between two and six years old and 75 per cent are boys. She sees only those with serious behavior problems—problems that can wreak havoc on a family and splinter it into divorce.

"When the parents come in, they say they love their child, but don't like him because he is such a problem. The kids don't hug their mothers or look at their fathers. They don't laugh.

"We are getting the child to like the parents again, and getting the parents to say: 'I think you are a really neat kid.' "

Part of Dr. Eyberg's once-a-week, two-month program is to teach parents how to play with their child. From an observation room behind a large two-way mirror she watches the parent and child play together and whispers instructions to the parent who is equipped with a small ear receiver.

Parents are taught to respond in positive ways—to not ask questions, but explain. That is, if a child is learning colors the parent shouldn't ask the child to identify the colors. If a child has a behavior problem it doesn't help for a parent to say: "No, the block is red, not green."

Instead the parent should teach through narrative play: "Let's take this red block and put it on top of the green block."

"After the parent learns basically how to be nice, how to make the child feel good, we teach the parent how to give commands correctly and what to do if the child obeys or disobeys," Dr. Eyberg said. "Studies show normal kids obey 72 per cent of the time. Here it is 10 per cent or even zero."

If the child obeys a command, the praise should be both enthusiastic and descriptive: "It is so nice when you put the blocks in the box. You did it very well."

And if the child doesn't obey, it is very important that warnings precede punishment, and parents must remember that punishment should be carried out matter of factly and without anger, Dr. Eyberg said. It is to help the child and shouldn't be a release for parental anger.

In the playroom there is a small chair facing a corner. If the child refuses a command, the parent tells the child to

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A father learns to play with his son in positive way. Dr. Eyberg watches.

Burns, Feeney tell experiences in Guatemala earthquake

When Drs. Robert Burns and Lynette Feeney arrived in the small Guatemalan city of Chemaltenango January 25, it was a typical slow-moving, peaceful Central American town.

Ten days later, Chemaltenango was a ruined mass of collapsed adobe homes and broken bodies. It was the worst hit city in the February 4 Guatemalan earthquake which claimed 22,000 lives.

Fortunately for Drs. Burns and Feeney, HSC faculty members in the department of ophthalmology, their travels had already taken them back to the town of Esquintla when the quake struck.

The two were in Guatemala for a three-week, 11-person archeological expedition in January and February. Their main dig was a 2,000 year old Indian village near Esquintla, a town of 70,000 about 30 miles from the center of the earthquake region.

"When the quake hit at 3 a.m., everyone was asleep. The bed began vibrating. The movement was so strong I couldn't even get out of bed. It lasted about 40 seconds," recalled Dr. Feeney, associate professor of ophthalmology (research).

Only one building in Esquintla suffered damage in the quake. Dr. Burns, an M.D. and HSC professor of ophthalmology, had his first chance to treat victims of the disaster two days later.

"An ambulance brought in a load of injured persons—part of the overflow from Guatemala City," he said. "Most wounds were blunt injuries. There were also broken ribs, a punctured bladder, and this kind of thing. Most of the injuries were out of my field, but even when a patient arrived with a fractured orbit requiring surgery, there were no instruments with which to operate."

"There were 818 smaller quakes between the first one and the time we left. We felt an average of eight a day and could look up and see the volcano smoking about 15 miles away."

The two Oregonians said that they and other American physicians whom they met in Guatemala wanted to volunteer their services to help quake victims, but were unable to do so because of a "total breakdown in communications."

"Highways, TV, and phones were out, so we couldn't get anywhere or find out anywhere to go," said Dr. Burns.

Except for shortages of gasoline and bread, life went on as usual in Esquintla after the earthquake. However, "there were 818 smaller quakes between the first one and the time we left," Dr. Feeney said. "We felt an average of eight a day and could look up and see the volcano smoking about 15 miles away."

The archeology group continued its work after the earthquake and was unaware of the magnitude of the disaster until they returned to the U.S. in mid-February. On a field trip several days after the quake, they stumbled onto the most unusual experience of the trip.

"On Saturday, we went to El Baul to see a four-thousand year old, half-

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Elks' Children's Eye Clinic opens new quarters

The Elks' Children's Eye Clinic celebrated the opening of its new quarters on the tenth floor of University Hospital South February 28.

Clinic Director Dr. Kenneth Swan and Assistant Director Dr. Andrea Cibis Tongue said the new $500,000 clinic "is an exciting and progressive facility that will set a national standard for diagnosis and treatment of children's eye diseases and injuries."

Since it opened in 1949 through support of the Oregon State Elks Association, the Children's Eye Clinic has treated nearly 25,000 children from every county in Oregon.

Drs. Swan and Tongue said the new facility is necessary because "increasing numbers of children are coming to the clinic for care. About one out of five we see requires eye surgery.

"We must keep up with the new techniques that have been developed to treat these difficult cases. Modern equipment requires more space. In the new clinic, we will be fully equipped to handle children from newborn babies through teenagers."

A unique clinic feature, Dr. Swan said, is that it will be one of the few children's eye clinics in the country to provide genetics counseling, an important program facet since a high percentage of pre-school children have hereditary eye problems.

"We must keep up with the new techniques that have been developed to treat these difficult cases. Modern equipment requires more space. In the new clinic, we will be fully equipped to handle children from newborn babies through teenagers."

The new clinic's wide range of capabilities will include the supporting laboratories for eye microbiology, pathology, and photography, a neuro-ophthalmology section, consultative services with a variety of other departments and divisions at the Health Sciences Center and cooperative programs with the Crippled Children's Division and the Oregon State School for the Blind in Salem.

Detailed clinical records on 25,000 children including thousands of photographs and over 100 films provide the clinic staff with a unique experience base, Dr. Swan said, for clinical research as well as for teaching and the planning of blindness prevention programs.

The new clinic has eight examining rooms, including one designed specifically for infants, a playroom and waiting rooms. It's located in a new 10th floor wing that has been added to UHS.

The adult eye clinic will benefit from the addition because it will expand its offices into the former children's facilities, also on the 10th floor of UHS.

Basic construction costs of $265,000 have been provided by bequests from the Aubrey Watzek estate, the Dr. and Mrs. John E. Weeks endowment to the School of Medicine, and individual donations through the Elks' Vision for the Future program. A total of $54,000 for built-in cabinetry and fixed equipment, donated by the Oregon State Elks Association, brings construction costs to $319,000.

Since establishment of the clinic, state Elks, through the Vision for the Future program, have contributed over $500,000 in direct support of the clinic and an additional several hundred thousand dollars of equipment and purchases of glasses and artificial eyes. Much of this equipment will be moved into the new clinic.

For the new clinic, the Elks have donated $66,000 for new instruments and installation services. To date, the total Elks contributions to the Health Sciences Center and the Oregon State School for the Blind have totaled over $1 million.

Neurology puts new electroencephalograph in service

A new 16-channel electroencephalograph has just gone into service in University Hospital South. The unit will help streamline the division of neurology's operation as well as provide more thorough examinations.

Electroencephalography (EEG) allows doctors to "see" brain activity. In this procedure, electrodes are attached to the scalp, and brain activity "waves" are recorded on a continuously moving sheet of paper.

It can be used as a diagnostic tool to rule out possible organic problems. Also EEGs can help find where seizure activity is located in the brain and what brain areas are affected by stroke.

According to Dr. John G. Roth, director of electroencephalography at the HSC, EEGs can also be a valuable adjunct to the diagnosis of brain death.

Dr. Roth's department, a part of the division of neurology, recently added a new 16-channel EEG unit. The department also has two eight-channel units. The new unit, which was put into operation in mid-February, cost about $12,500.

The 16-channel unit "allows simultaneous coverage of more areas of the brain" while an eight-channel unit gives only partial coverage, Dr. Roth said.

An EEG records electric voltages developed in the brain through electrodes on one of 22 electrode positions on the head.

Electrodes can also be applied directly to the brain or within tissue of various brain regions, during surgical procedures.

"With the eight-channel unit, two-stage recordings are often needed to gain what the 16-channel unit can do in one.

"It's nice to be able to modernize," he said. "We're going to replace our eight-channel units with 16-channels as fast as the budget allows."

Dr. Sheila Eyberg's advice: Catch your child being good

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sit in it until further notice. After one to three minutes the parent asks the child to fulfill the command. If the child refuses, he is told to remain in the chair. This is repeated until the child obeys.

"By the end of the program we are hearing kids say things like: 'Mommy, you are really fun to play with.' "

"With children with serious behavior problems, you tell them if they get off the chair they will get a spanking," Dr. Eyberg said. "We don't believe in spanking, and this is a way of getting away from it, which of course sounds paradoxical."

Dr. Eyberg teaches parents how to spank so it stings, but doesn't harm the child. The child is struck twice with the hand on the bare bottom so the parent doesn't have to strike as hard to make it sting through clothing. The child is held over the lap so the parent won't miss and strike the head or back.

"Sometimes a child will be spanked by the mother three times in one session," Dr. Eyberg said. "I have seen a child spanked as many as six times, but that was an exception. After one session it is rare they ever have to be spanked again.

"First the child learns not to get off the chair, and then it learns it is no fun to be on the chair, when it could be playing with mother. Usually four weeks after a child starts he is obeying because it is so much fun, the praise is nice. And if the child is overly active, it learns to sit still and become involved in one thing at a time because of the praised reinforcement."

In four years, Dr. Eyberg has only encountered two parents who couldn't master the techniques. She said if the parent can lead, the children always follow.

"My suspicion is their parent skills will be better than that of those with normal kids," she said. "After graduation, we call them super parents."

Are there super kids?

"What is a super kid? A normal kid is super. You don't want automatons. I would hope they would be spontaneous. We talk to parents a lot about the child's need for freedom."

When a behavior problem is conquered, good things can happen in a family.

"A woman I just finished with had headaches daily, but she doesn't have them any more. She has improved her relationship with her husband and stopped taking Valium. The family is learning the principles of positive social interaction and can take this into other parts of their life.

"Kids mimic so much that they learn to praise the parents too. By the end of the program we are hearing things like: 'Mommy, you are really fun to play with,' or 'Mommy, you built a nice tower.'

"I was watching from the observation room once and a six-year-old said: 'Mommy, I really get a kick out of you.'

"I really felt wonderful and so did the mother."

Some pointers for parents

Dr. Sheila Eyberg has these tips on developing a good relationship with your child:

—Catch your child being good. Try to ignore bad behavior, and leap at the chance to praise the child for being good. Kids like their parents to talk to them, and they will repeat behavior—either bad or good—that elicits their response.

—Play with your child at least five minutes each day without interruptions. You can make this a learning experience, but don't play schoolmaster. If your child is learning words, don't ask him to identify an object, but rather hold it up and say: "Here is a car. It is a red car. I'm going to put the red car by the yellow house."

—Never give your child a command unless you have time to follow through should the child refuse. If you are walking out the door on Sunday morning, already five minutes behind schedule, don't ask your son to fetch your umbrella if there is a good chance he will refuse. Also one should avoid petty orders that aren't worth following through. And one should remember that even good kids only obey about 72 per cent of the time.

—Remember the purpose of discipline is to help the child and not to serve as an outlet for your anger. Always precede punishment with a warning, explaining what the consequences are. If punishment is needed, remember that certainty of punishment, and not severity of punishment is important. Two minutes sitting in a corner can be more effective than 30 minutes.

Maintain control of the situation. Don't tell your child to sit in the corner until he wants to behave, but until you say he can get up.

—If spanking is deemed necessary, for instance, if the child refuses to sit in the chair, do it safely. Always place the child over your lap so your aim is direct. Don't allow the chance of accidentally striking their head or back.

Two light swats to a bare bottom should be sufficient. By removing protective clothing, you don't have to hit as hard, and further reduce the chance of injury.

—Remember that every parent experiences frustration with their child at times. But if you ever feel that their reactions are getting out of control, don't be afraid to ask for help. You can seek help from the family doctor, a public health nurse, a social worker, or child psychologist.

HEALTH SCIENCES CENTER
NEWS

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University of Oregon Health Sciences Center, 3181 S.W. Sam Jackson Park Road, Portland Oregon 97201

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Nurse midwife trained to handle normal pregnancy

A new model of the old concept—the midwife—is bringing improved maternity care to more and more remote communities and big-city hospitals in the U.S.

Carol Howe, the first nurse midwife to see patients at the Health Sciences Center, is one of a growing number of registered nurses who are trained to assume management of the normal pregnancy.

Mrs. Howe completed a baccalaureate nursing program at Texas Women's University in 1971 and earned a master's degree in maternal newborn care from Yale University in 1974. She is one of about 1,500 R.N.s in the U.S. who are certified by the American College of Nurse-Midwives.

Her primary caseload at the Health Sciences Center consists of pregnant women from the Salvation Army's White Shield Home. She follows these patients' pregnancies to term, delivers their babies in University Hospital, and provides follow-up care at White Shield's E. Henry Wemme Hospital.

"The primary difference between our work and that of the obstetrician is our focus on the normal pregnancy. However, we are taught to recognize the abnormal and to refer the patient with problems to a physician," explained Mrs. Howe.

"Nurse midwives are trained to be very aware of the kind of questions a woman wonders about or worries about, such as breast feeding, sex during pregnancy, and whether or not she will be a good mother.

"We take time to ask her, 'How are you feeling? Is there anything we can help you with? How does your husband feel about your pregnancy?' A woman often feels that the doctor is too busy to deal with her problems, but we make sure she understands that we have the time and are aware of what's bothering her."

Patient education is an important part of the nurse midwife's work. "We teach women about their own anatomy and physiology and about labor, infant care, and reactions of other children in the family to the new baby. We tell them why they have certain aches and pains, why their feet swell, why classes to prepare for childbirth are important, and what being a good mother—and father—involves."

Patients are pleased with this attention, and nurse widwives believe it is essential in establishing a secure environment for the new baby.

"Getting the family to accept the pregnancy is important, so that when the baby is born, he is not only healthy, but he also has a healthy home to come home to," said Mrs. Howe.

In addition to following normal pregnancies and delivering babies, nurse midwives are trained to do normal gynecological screening and annual check-ups, post-partum checks, family planning counseling, treat vaginal infections, fit IUDs, and prescribe birth control pills (under a physician's signature).

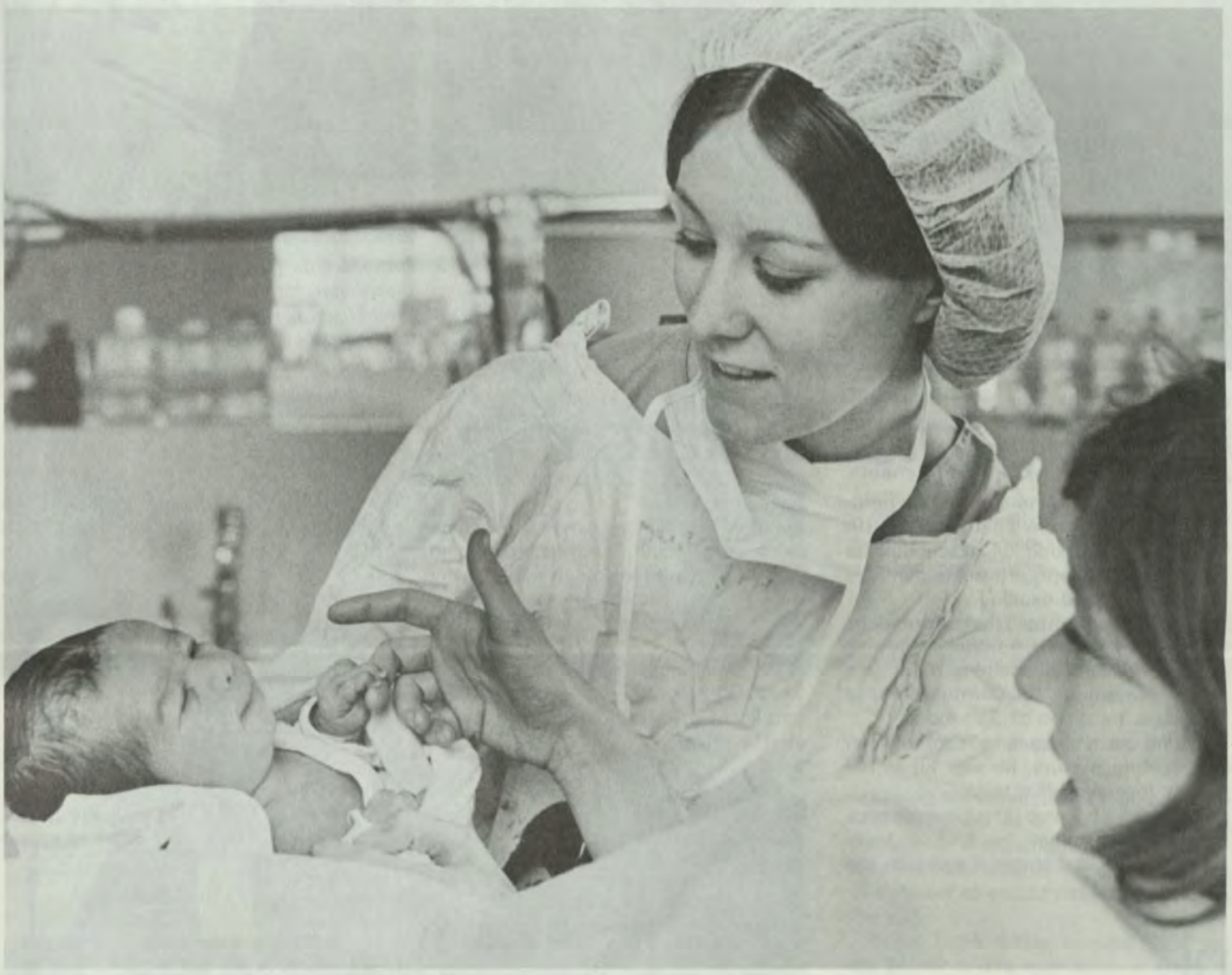
Mrs. Howe explained that more and more obstetricians are discovering the value of practicing with at least one nurse midwife. Not only can the nurse midwife spot problem pregnancies, but she can also back up the physician in emergencies—in addition to maintaining a close relationship with each patient.

Mrs. Howe stressed her role as a member of the health care delivery team. "As a nurse midwife, I always work with a physician-partner who provides expert back-up care when my patients become high-risk. Likewise, for those high-risk patients who are on the physician's caseload, I provide for their 'normal' needs and answer questions they may have."

In addition to her work as a nurse midwife, Mrs. Howe serves as a clinical nurse specialist for high-risk pregnancy patients from the Health Sciences Center who are admitted to the E. Henry Wemme Hospital for bedrest.

The HSC's new nurse midwife holds joint appointments with the School of Nursing, where she is an instructor in maternity nursing, and the School of Medicine, where she is an instructor in perinatal medicine.

In addition to lecturing to junior and senior nursing students and pediatric nurse practitioner trainees, she instructs medical students on such topics as "Normal Labor and Delivery," pelvic examinations, and "Changing Roles in Nursing."



A mother touches her newborn infant for the first time. The baby was delivered by Carol Howe, the Health Sciences Center's first nurse midwife.

Kassebaum, Peterson named HSC vice presidents

Two new vice presidential appointments recommended by HSC President Lewis W. Bluemle, Jr., were approved March 23 by the State Board of Higher Education.

Dr. Donald G. Kassebaum, director of the University Hospital and Clinics, has been appointed vice president for hospital affairs effective April 1.

President Bluemle explained that hospital operations consume half of the HSC's total budget and present the most challenging management problems on the campus.

"This appointment, I believe, will more appropriately reflect the responsibility of the chief administrative officer of the University Hospital and Clinics," he said.

Dr. Kassebaum, an alumnus of the School of Medicine, has been on the faculty since 1962. In 1973 and 1974, he received the Dr. Allan J. Hill Teaching Award. He has served as chief of medical service at University Hospital North, director of medical intensive care and director of the electrocardiography laboratory.

He is a fellow of the American College of Physicians and a member of the Western Society of Clinical Research, the Society of Critical Care Medicine, Portland Council of Hospitals, Northwest Oregon Council of Hospitals, Plan Development and Coordinating Committee of the Comprehensive Health Planning Association, Council of Teaching Hospitals of the Association of American Medical Colleges, and has been nominated to the board of directors of the new Northwest Oregon Health Systems Agency.

ROBERT A. PETERSON
vice president for administration and finance

DR. DONALD KASSEBAUM
vice president for hospital affairs

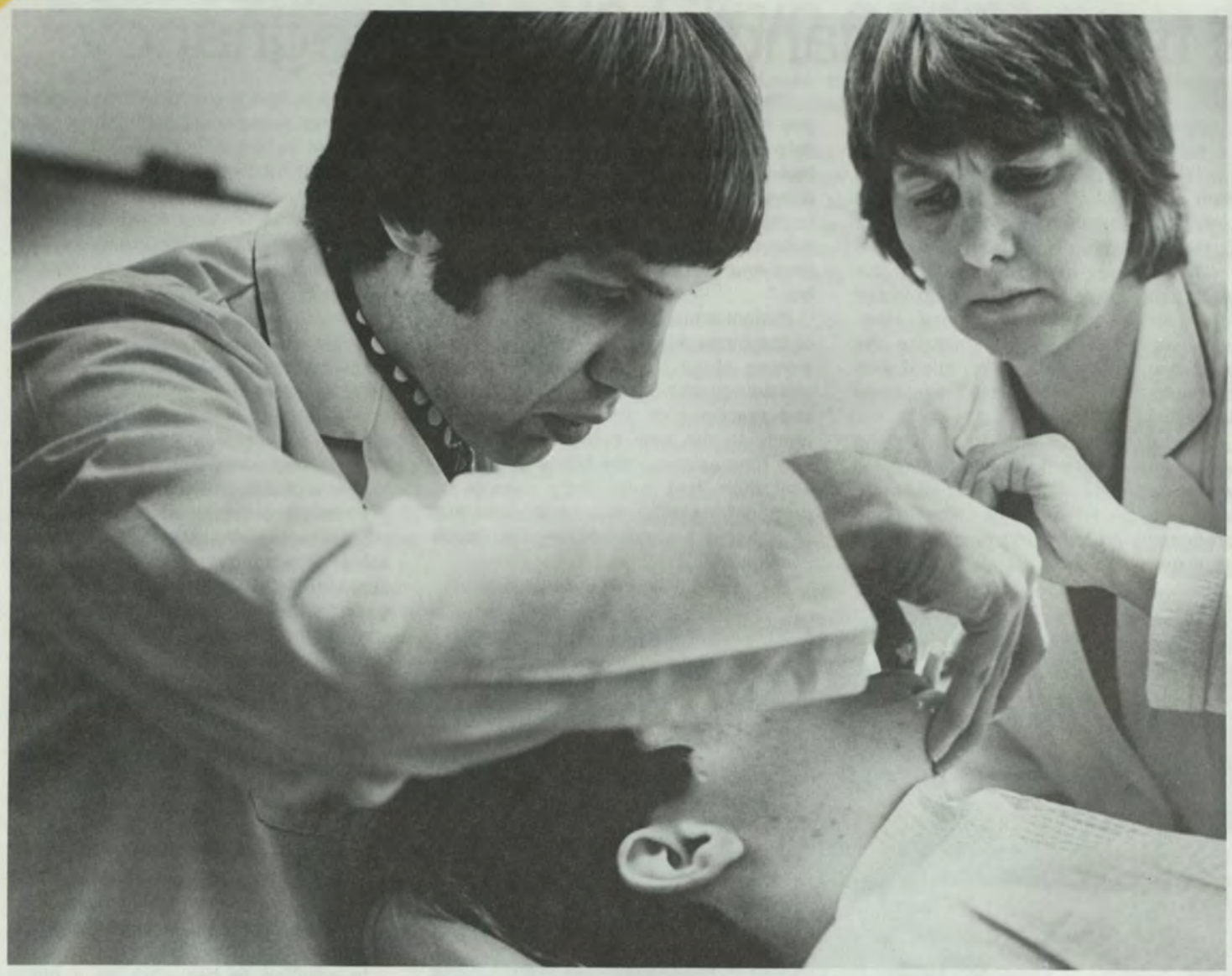
Robert A. Peterson, budget director, has been appointed vice president for administration and finance, effective April 1.

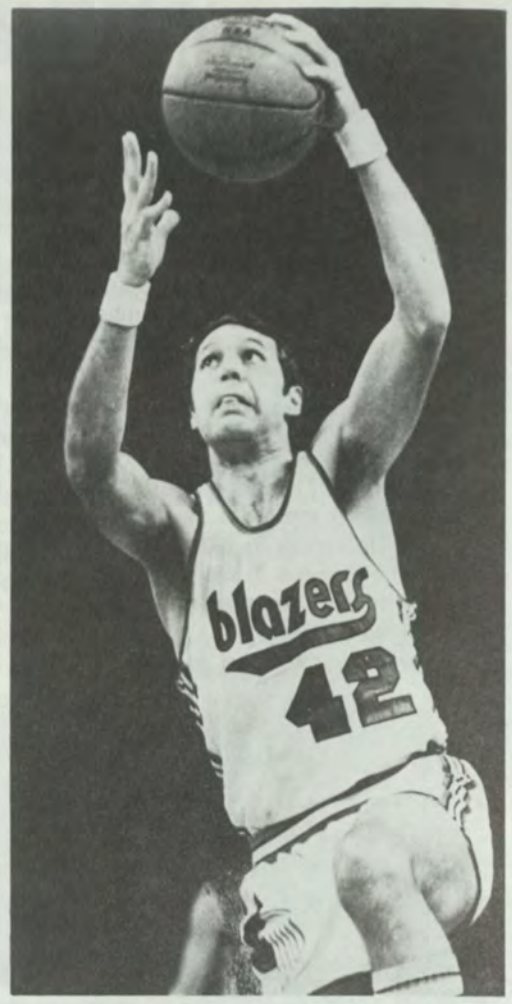
He succeeds William Z. Zimmerman, who has served as vice president for administration since November, 1974, and in other administrative positions on campus since 1945. Mr. Zimmerman will remain on the administrative staff as special assistant to the president.

Mr. Peterson served as budget officer of the School of Medicine from 1972 to 1974 when he was appointed budget director of the reorganized Health Sciences Center. Previously, he was assistant budget officer and assistant business manager at Portland State University from 1968 to 1972 and also served as administrative assistant in the Probate Section of the Trust Division of the U.S. National Bank of Oregon.

He received his B.A. from the University of Idaho and an M.B.A. from PSU. He has completed the basic and advanced courses in College and University Business Administration at the University of California, Santa Barbara.

Mr. Peterson is a member of the Hospital Financial Management Association, the Western Association of College and University Business Officers and the Portland City Club.





Orthodontics graduate student Terry Dischinger, formerly of the Portland Trail Blazers, has traded basketball for a dental career. On left, he works with dental assistant Arija Anderson.

Portland Trail Blazer opts for career in dentistry

Terry Dischinger has left one exciting profession for another.

The former National Basketball Association (NBA) "Rookie of the Year," who completed a nine-year professional basketball career with the Portland Trail Blazers, is a graduate orthodontic student at the UOHSC School of Dentistry.

Dr. Dischinger is a 1974 graduate of the University of Tennessee Dental School in Memphis. He attended the school three summers between pro basketball seasons and a year and a half after retiring from the NBA and Blazers.

A three-time All-American basketball player as an undergraduate at Purdue University, he said he has had no problems adjusting from an 82-game NBA schedule to working on a schedule of dental appointments. He finds dentistry "challenging and exciting."

While playing for the Blazers he gained some dental notoriety following a fight with the Philadelphia 76ers, in a game played in Portland Memorial Coliseum.

Acting as a "peacemaker" between two fighting players, he was hit in the mouth, loosening five teeth.

The notoriety came through erroneous media reports that he had a tooth knocked out, and threw it away on the basketball court.

"After the fight was over I felt something in my mouth," Dr. Dischinger said. "I took it out and looked. It was chewing gum I had forgotten I was chewing. I threw it away. Some people thought it was a tooth."

Dr. Dischinger started this fall in a 21-month program which will result in a certificate in orthodontics. He plans to start a private practice in the Portland area.

While a Purdue student, he was starting forward on the 1960 U.S. Olympic basketball team which went undefeated, winning the gold medal in Rome.

His NBA career started in 1962 as the Chicago Zephyrs' second round draft pick. He went to Baltimore when the team became the Bullets. Then he was traded to Detroit, where he played for six seasons.

Although he asked Detroit to trade him to Phoenix, where he hoped eventually to practice dentistry, Dr. Dischinger was traded to Portland instead.

"I wasn't all that enthusiastic," Dr. Dischinger admits, "because it seemed to rain all the time in Portland. But my family and I fell in love with the Northwest and decided we wanted to spend our lives here."

News of alumni

Alumni are invited to submit news of interest for future publication in this column.

School of Dentistry

Dr. Stanley Mayall, Class of 1945, recently left for Guatemala to assist in the emergency relief work as a dentist and public health officer. Dr. Mayall practices in Spokane.

Dr. John P. Seeley, Class of 1966, has opened an office in Hermiston, Oregon. Dr. Seeley served as a dentist in the Bend area for six years and also worked two years with the Job Corps Center in Astoria.

School of Medicine

Dr. Phyllis Davis, Class of 1947, has been named director of clinical services for the Coos County Mental Health Department. Dr. Davis has been in general practice, worked for the City of Portland Health Department, as medical officer Chemawa Indian School in Salem, and at Dammasch State Hospital in Wilsonville.

Dr. Lester W. Mittelstaedt, Class of 1949, of Seattle, has been installed as president of the American Association for Clinical Immunology and Allergy. Dr. Mittelstaedt, an allergist, is a staff member of the Swedish and Harborview Hospitals in Seattle, as well as a clinical instructor in medicine at Children's Orthopedic Hospital, University of Washington School of Medicine.

Dr. John Tarnasky, Class of 1961, HSC clinical instructor in obstetrics and gynecology, has been installed as a trustee of the Multnomah County Medical Society.

Dr. Kenneth M. Stevens, Class of 1963, otolaryngologist, was recently elected president of the Linn County Medical Society. Elected secretary-treasurer of the Society was *Dr. Gerald Larsen,* Class of 1969, ophthalmologist.

Dr. Joan Tanner, Class of 1966, a general practitioner, has been installed as a trustee of the Multnomah County Medical Society.

State Board visits HSC

Members of the State Board of Higher Education spent a day on the Hill February 23. In addition to going on a tour of the Neonatal Intensive Care Unit (see photo) led by Dr. Gerda Benda, left, board members met with HSC President Dr. Lewis Bluemle. Dean Robert Stone spoke on "Issues in Medical Education and Health Care." Other topics presented included stroke research, an alternative American diet, and the School of Nursing curriculum.

Security officers play dangerous, but rewarding role

Being a security officer at the Health Sciences Center is no bed of roses.

Only within the last six months, one officer was shot at by a would-be thief, another was struck repeatedly by an angry patient wielding a purse, and others were subjected to verbal abuse by persons they were sent to aid.

But there are also rewarding aspects of their work. In addition to protecting state property and employees, officers may be called on to find the parents of a lost child or may be instrumental in soothing psychiatric emergency patients who are troubled and unruly.

"There's always something different happening," commented Officer Keith Kirkwood. "It's a challenge. For example, when we're called in the case of a disruptive patient, we go for two reasons: to calm the patient and protect the staff. When we arrive, the doctors stand back, and we take over.

"Our job is to protect people. That's why we're here. And that's why we *want* to be here," he added.

According to director Royal Archer, an HSC security officer is more than a policeman— "He's a policeman, psychologist, and counselor. To do his job well, he must be all of these."

Most officers in the 13-man department are former policemen with experience in a police department or in a related field.

All officers now carry firearms and have received extensive training in the use of sidearms and in civil liability. They are presently enrolled in a 40-hour course in injury management which will round out their skills as medical center security officers.

Royal Archer, director of security, explained, "Everybody on the crew is dedicated to this job as a career, not as a stepping stone to another police field. They want to do the best possible job for this institution."

One of the department's biggest jobs is protecting employees and the state from thieves.

He explained that some thieves have regular city-wide routes including many businesses or institutions, such as the Health Sciences Center.

The thief may choose the busiest time of the day for his work, wandering into offices, looking for unattended purses, billfolds, cameras, calculators, and other easy-to-pocket items.

The security department has already eliminated a number of these thieves and is also working to thwart another pest—thieves who break into and rob vending machines.

After hours, security officers patrol buildings, locking departments and outside doors.

"We shouldn't have to lock up departments, but too many people leave their doors unlocked, thinking the janitor cleans their offices first," said Mr. Archer.

"They don't realize the janitor may not get there for hours, and by then, the damage may be done."

During shift changes at night, officers are stationed at strategic locations throughout the campus to protect employees from assault. However, crimes of a violent or sexual nature are rare on the Hill.

Other night duties include deterring car prowlers who specialize in stealing tape decks and other valuables from autos—including tires.

Recently, members of the department followed one suspect to his home where officers arrested him as he was putting stolen tires on his own car.

According to Mr. Archer, after an item has been stolen, there is still a small chance of recovery.

Following a theft, officers interview employees and make theft reports which are filed with the Portland police department.

City police check downtown pawn shops periodically for stolen items. A dictaphone stolen from the HSC was recently recovered in this manner.

Security hopes that more departments will check out their electric marking pencil to etch identifying information on valuable items. Such markings facilitate recovery.

There are many other steps employees may take to aid the security office and protect themselves, observed Mr. Archer. Following are a few of them:

Items such as purses and calculators should be kept under lock and key at all times in spite of inconvenience.

"One of the first places thieves look is in unlocked desk drawers," the security chief commented. Employees are mistaken if they believe an unlocked drawer affords much protection for their valuables.

In addition, staff on the Hill should always keep their autos locked.

Mr. Archer suggests that a list of serial numbers of equipment be kept separate from the equipment itself. Likewise, employees should maintain a safe, separate list of their own credit card numbers.

Departments should lock all doors immediately upon leaving at night.

Any suspicious persons should be reported immediately to the security office, as should anyone who is seen removing state property from buildings.

The thief who recently stole several calculators from an HSC department left his fingerprints on a nearby instrument component which Security Officer Keith Kirkwood dusted for prints. Campus policy requires that calculators be kept locked up.

Researcher finds color blindness/high blood pressure link

This past summer an HSC medical scientist published what may have been the first paper on an apparent link between color blindness and high blood pressure.

Now, the study of U.S. Selective Service records in Oregon and Colorado, which led to the color blindness-high blood pressure link, may provide Dr. William E. Morton with what he considers more significant research on the relationship between hearing loss and high blood pressure.

In his paper, Dr. Morton, professor and head of the division of environmental medicine, discussed his findings that among draft age men born from 1939 to 1941 in Oregon and Colorado, whether or not they were accepted or rejected for the draft, the color blind men had about twice the normal rate of high blood pressure.

The study, which did not differentiate among the types of color blindness, concluded in part that those with color blindness stand a greater chance of having high blood pressure than those without color blindness, a genetic defect usually occurring in the male.

But, Dr. Morton said, he had taken the color blindness-high blood pressure study about as far as he can go. "I'm not in a position to pursue it," he said. "The next study in this area should be in family units. Researchers may be able to determine the cause of high blood pressure by intensively studying several family units, which have a history of color blindness. But that's a geneticist's area."

However, the same Selective Service records also have shown him an apparent link between high blood pressure and hearing loss. "I'm very interested in this since noise is environmentally related and can cause hearing loss. I consider this relationship much stronger and more significant," he said.

"Usually we think of noxious chemicals in the air or water when we think of environmental health problems, but radiation and noise can be just as potent causes of health impairment," Dr. Morton explained.

In about a year, Dr. Morton hopes to apply for a grant which would allow him to study further the relationship between hearing loss and high blood pressure.

Periodontal disease link

Is the body's immune system, which naturally protects against many diseases, related to the development of periodontal disease, which results in the loss of teeth?

A three-year study of this relationship has been funded by the National Institute of Dental Research. The $458,915 project will be carried out by the School of Dentistry's departments of microbiology and periodontology and the School of Medicine's division of immunology and allergy.

Related studies are being done by the Universities of Texas and Pennsylvania.

Titled "Study of Periodontal Disease of Patients with Abnormalities of the Immune System," the study seeks to gain evidence indicating how deficiencies in the body's immune system affect development of periodontal disease.

According to UOHSC microbiologist Dr. Howard Creamer, "Since 1968, there has been a very marked increase in research in this area. Chronic periodontal disease accounts for the majority of tooth loss after age 30 to 35, even though the teeth themselves may be sound. The disease affects the periodontium, that is, the gums and the bone supporting the teeth."

What causes the disease?

"One possible explanation is the allergic-like reaction to bacteria of dental plaque. This is basically what the study is about," he said. Dental plaque is a feltlike mass of bacteria and bacterial products which adheres to the tooth surface.

Creamer, associate professor of microbiology in the School of Dentistry, and Clinical Immunologist Dr. Emil J. Bardana, Jr., associate professor of medicine, allergy section, together with five other investigators, are working on the study.

Initial examinations of the 60 patients in the program began in January.

Bluemle says Soviets lag behind U.S.

The Soviet Union has far to go before it will catch up with the U.S. in the area of kidney dialysis and transplantation, according to Dr. Lewis W. Bluemle, HSC president and recent visitor to Russia.

Dr. Bluemle was one of four American nephrologists invited to Moscow last month to take part in a USSR-USA Symposium on Dialysis.

The president explained that the Russians were interested in learning more about technology and therapeutic approaches which American physicians have found successful in treating chronic kidney failure.

During the symposium, simultaneous translation was provided as the Soviet and U.S. physicians delivered papers on all phases of chronic renal failure. Physicians representing every republic of the Soviet Union attended.

Dr. Bluemle spoke on "Epidemiology of Chronic Renal Failure" and "Adequacy of Dialysis." He also chaired a session on complications in chronic renal failure.

In contrast to the U.S., Soviet physicians need not get permission from next of kin to remove a cadaver kidney for transplant.

The HSC president said he was especially interested in comparing American and Soviet data on treatment. "This was difficult because although we keep national statistics, I'm not sure the Soviets do," said Dr. Bluemle.

"In the U.S., there are now 26,000 patients on maintenance dialysis. In the Soviet Union, there is a maximum of 1,200, as far as I can judge from piecing together fragmentary data. Their capacity for treating masses of patients with dialysis is limited because there are few dialysis centers except in the largest hospitals. The average Soviet family does not have the capability of home dialysis. Their homes are too tiny."

(He explained that Soviet citizens are assigned housing by the government. Each family receives a certain number of square meters based on the number of family members. By U.S. standards of comfort, this space is remarkably small.)

"Soviet patients on dialysis that we saw—and we saw a good many—appeared to me in general not to be thriving. My impression was that they are not doing as well as many patients in the U.S. The Soviets tend to dialyze less frequently due to limited capacity. Whereas our patients are on dialysis about three times a week, theirs may average only twice a week."

Infection in patients with chronic renal failure is a more prevalent complication in the USSR than it is in the U.S., observed Dr. Bluemle. "I believe this is because Soviet standards for hygiene and public health are not equivalent to those in the U.S. That, in turn, is probably related to the terrible destruction and setbacks they suffered in World War II. They're still repairing the destruction.

"In the area of kidney transplants, statistics are also difficult to compare because the Soviets began transplanting later than we did," said Dr. Bluemle. "There have been about 3,500 kidney transplants so far in the U.S. The USSR's foremost transplant team has done 350 of these procedures.

"The Soviets do only cadaver kidney transplants; there are no live-donor transplants. They cannot legally remove a kidney until the donor's heart stops beating. Brain death is not legally accepted. The Soviets stressed this as a reason for some of their mortality statistics. Their transplanted kidneys are not in as good condition as ours.

"However, in contrast to the U.S., Soviet physicians need not get permission from next of kin to remove an organ, suggesting that this property belongs to the state, as does most other property."

Commenting on the health of Soviet post-operative transplant patients, Dr. Bluemle said, "I get the impression that many of the transplanted kidneys fail to function well. Over half the patients require subsequent treatment on an artificial kidney."

He believes that the Soviets are "just as advanced as we are in controlling rejection reaction." Dr. Bluemle added that Soviet mortality figures for transplants are similar to U.S. statistics for cadaver kidney transplants.

Comparing American and Russian hospitals, the HSC president commented, "We were struck by differences. Every hospital we visited was more than 100 years old. They were rather dark. Patient rooms were small, and there were generally as many beds as would physically fit in the room. There were not such amenities as television, closets, or bathrooms. Beds were old and made of iron painted white—like we had in the U.S. about a century ago.

One Soviet admissions director in Leningrad told the Americans that he wished his institute had more male applicants.

"My impression was that occupancy was close to 100 per cent everywhere. Patients were—I don't know how else to say it except—obedient; also friendly. We Americans were amazed to find that when physicians enter the room, the patient gets up and sort of stands at attention. There is a certain decorum.

"We were introduced to one patient who had just had a transplant the previous day. She stood up—and she looked well." Dr. Bluemle said her only qualm was that the visitors wanted to take her picture, and her hair was not done.

The American physicians learned that Soviet problems with medical education are the inverse of those in the U.S. One Soviet admissions director in Leningrad told the Americans that he wished his institute had more male applicants. The student body consists mainly of women, mirroring the fact that three-fourths of Soviet doctors are women. (Dr. Bluemle observed, however, that most administrators, faculty members, and medical specialists are men.)

The admissions director also bemoaned his students' lack of interest in specialization. Most can hardly wait to finish school and begin practicing, he said.

In the Soviet Union, the difference in income of a generalist and specialist is not great, Dr. Bluemle pointed out. In fact, the top monthly income for most Russian physicians is only about $330.

Dr. Bluemle praised the gracious hospitality of his Soviet hosts, but added that his American stomach was ill-

DR. LEWIS W. BLUEMLE, JR.
UOHSC president

equipped to handle the barrage of cognac, caviar, vodka, wine, and other delicacies which were offered at every turn.

He explained, "The toast is a very important part of social communication there. In fact, at a typical banquet—generally a three-hour affair—the longest interval between toasts was about 10 minutes. Most toasts related to Soviet-American friendship, particularly on a medical and scientific basis. The Soviets were very sincere. They want more contact. In fact, they are very admirable people in the sense that they are taking care of large numbers of patients with limited resources. During our five-day visit, one of our Russian hosts did seven kidney transplants—in between presentations and banquets.

"Medical progress in Russia has been excellent in the face of adverse conditions, and our exchange of knowledge was beneficial to both sides. I hope the Russians give us an opportunity to return their hospitality by visiting our medical centers."

Psychiatric patients find useful jobs are good therapy

An age-old philosophy that originated in China centuries ago is successfully being offered to psychiatric patients in the Health Sciences Center's psychiatric unit.

Industrial therapy, a concept that originated in China and Russia, has been an important and useful tool of treatment and rehabilitation for psychiatric patients at the HSC since 1961.

Industrial therapy (IT) is based on the concept that a patient's motivation and self-esteem are increased when he applies himself to a responsible job such as he might find outside the hospital.

IT is administered in conjunction with the occupational therapy program by therapists Andrea Wall and Vivian Coles.

About 80 IT assignments were filled by patients last year, and more than 70 department supervisors are now participating in the program. IT, which is always used in conjunction with other therapies, is completely voluntary. Although patients are not paid for their hour-a-day assignment, the HSC does not benefit economically from their efforts. Rather, patients volunteer for the therapeutic value as well as for work experience and job references.

Psychiatric patients referred by their doctors to the IT program select assignments according to their aptitudes and interests, as well as past job experience. The rehabilitative effects of a responsible work environment are felt to be essential preparation for a patient's return to society.

Jobs run the same gamut of opportunities in any business or workday situation, ranging from laundry room or cafeteria work to landscaping and greenhouse activities, typing, working with children at CDRC, or serving as nurse's aides.

Once a patient has been accepted for an assignment, his performance is closely monitored by occupational therapy staff and by his doctor. Of particular concern is the relationship between the patient's symptoms and the stresses of work in his new assignment.

The IT program has resulted in the hiring of five patients who remained in their IT jobs following discharge from the hospital during 1975. After discharge, patients may request job references and letters of recommendation from their IT supervisors if they wish to seek employment independently. A representative of the Department of Vocational Rehabilitation also helps patients find jobs or gain additional training.

With the cooperation of concerned departments throughout the HSC and a progressive psychiatric and occupational therapy staff, the IT program is helping patients reassume their places —and jobs—in society.

HSC medical student spreads word about Cry of Love

Joe Siemienczuk, HSC second year medical student, is a good communicator. He has to be as student coordinator of Salem's Cry of Love free medical clinic.

The Oregon City native, who took on the job last summer, is in charge of communicating the needs of the clinic in recruiting volunteer HSC medical students and volunteer Salem area physicians.

"Part of my job is to keep a steady supply of medical students coming in. I have to schedule them and make sure they show up. And I have to communicate Cry of Love to the professional community," he said.

Siemienczuk (pronounced "Sim-en-zick") said the most important and hardest work he does is to go into the Salem area and "talk to doctors and try to get them to volunteer their time. Or, if they will not volunteer, see if they will accept free referrals from the clinic."

A person who needs to be referred from Cry of Love can't afford to pay, he said. Many of the patients need referral to a private physician and not a county health department.

Figures attest to Siemienczuk's success as a coordinator and communicator. About 20 HSC medical students currently work at the clinic. A total of 35 Salem area doctors provide volunteer service to Cry of Love or take free referrals from the clinic. "Last July we were down to 13 doctors," Siemienczuk said.

"One of the things I like about working at Cry of Love is the uniqueness of the situation. Students are receiving invaluable experience that they wouldn't get otherwise. They get experience in clinical diagnosis, and at the same time help people from the community," Siemienczuk explained.

When talking to potential volunteer physicians, Siemienczuk has found the "teaching aspect of the situation is very attractive to them. We try to orient it in a teaching fashion. Many doctors enjoy working with medical students. I've been enthused with their response."

Student response has also been good. "As with the doctors, they don't get paid. They can quit any time. But the number of student volunteers has been slowly going up rather than down."

Photos by Tim Marsh

Large photo: *Resident Dr. Karl Wustrack (11), a member of the HSC's Medical-Dental basketball team drives against Oregon State University junior varsity player Terry Beck (53) in action February 21 in the Student Activities Building. Dr. Wustrack led his team with 21 points.*
Top right photo: *Third year dental student Dan Shaw (foreground) along with teammates Tracy Hill, far left, a second year medical student, and third year dental student Dan Roth, middle, watch action in game against OSU junior varsity.*
Bottom right photo: *SAB director W. C. "Bud" Dockery fulfills many roles for the team. He sets up facilities, schedules games, and does public address announcing at games.*

Hassles of student life fade on court

When the UOHSC Medical-Dental men's basketball team plays, it's not for fame or glory.

That's the way W. C. "Bud" Dockery, director of the Health Sciences Center's Student Activities Building (SAB), likes it.

"We try to play the whole thing down," Mr. Dockery said. "We don't display trophies from the past. We keep only a few statistics on the team. The players are students first and athletes second."

To say the least, the "Med-Dent" team has a low-key schedule. In the 1975-76 season, it played 13 games, eight at home. Competition, most against area college and university junior varsity teams, was in January and February.

Making up the team are 15 dental, medical, and nursing students, interns, residents, and a member of the UOHSC faculty, player-coach Dr. Thomas Richards, assistant professor of anatomy.

There's no limit to the number of years a player can be on the team. One of this year's members, 6-foot-1 *Dr. Ronald Oldroyd, Beaverton, a Brigham* Young University graduate, is in his seventh year. He played four years as medical student, one as an intern, and is in his second year as a urology resident.

Being on the team is a do-it-yourself proposition, with some valuable help on the side.

So not to interfere with classes, academic pursuits, or personal or family plans, games are played just Friday evenings and Saturday afternoons or evenings. Practice is limited to an hour on Thursday night.

The team provides its own transportation; no School funds are used. At home games, on their SAB regulation court, Health Sciences Center students referee.

Giving valuable help on the side this season have been three organizations.

The School of Dentistry Alumni Association bought new glass backboards for SAB, directly benefiting the team.

The School of Medicine Alumni Association donated new home and road uniforms. A long-time team fan, Gwynn Brice, assistant administrator of the UOHSC Outpatient Clinic, embellished the team's white uniform trunks with green trim.

Additional help came from the Sam Jackson Crafty Art and Buffalo Grass Society. It donated $200 in thanks for using the SAB outdoor tennis court for its Sixth Annual Fence Arts Festival. The donation bought game basketballs.

Today's Med-Dent teams have their roots with Medical School teams of the 1950s which won two Metropolitan Conference junior varsity championships.

Although low key, there are fans. Mr. Dockery said about 15 to 150 attend home games. "They are usually families, parents, girlfriends, and friends. Spectators are important. The team provides an outlet for its fans as well as individual players."

Newsmakers

Dr. Shabudin Rahimtoola, professor of medicine in the division of cardiology, delivered the keynote address at the National Indian Conference in Acute Coronary Care in Bombay in March.

The *304th Aerospace Rescue Recovery Squadron,* an Air Force reserve unit at Portland Air Base which aids the HSC in its Perinatal Emergency Transport System, has received the Pitsenbarger Memorial Trophy recognizing it as the top pararescue unit in the Air Force's global network.

The award recognizes operational readiness and efficiency, but also takes into account that the unit is credited with saving 10 lives in 1975 in missions in the Pacific Northwest.

Dr. Clarence V. Hodges, professor and head of the division of urology, has been elected president of the American Board of Urology for the year 1976. Dr. Hodges is currently on sabbatical leave from the UOHSC.

Dr. Ivan Langley, associate clinical professor of obstetrics and gynecology, has been named a member of the Oregon Health Commission, the governor's office recently announced.

Dr. Lewis W. Bluemle, president of the Health Sciences Center, was recently installed as a trustee of the Multnomah County Medical Society for the next two years. He was also appointed a member of the Society's judicial and business commission.

Dr. David Mahler, chairman of the department of dental materials science, has been awarded a five-year grant of $208,169 for the study of clinical behavior of dental restorative materials. The award for the first year, amounting to $36,459, was made by the National Institute for Dental Research, a division of HEW.

Dr. Jon Hanifin, assistant professor of dermatology, has been elected to the National Psoriasis Foundation's Medical Advisory Board. Dr. Hanifin is one of 17 dermatologists selected from medical schools and research institutes across the U.S. to serve on the board.

Dr. John Breitner, senior resident in psychiatry, has been granted a fellowship by the National Fund for Medical Education to study geriatric psychiatry at Bethlem Royal and Maudsley Hospitals in London.

Dr. David DeWeese, chairman of the department of otolaryngology, has just completed his fourth year as president of the American Board of Otolaryngology. He remains a member of the Board for the next two years. At that time, his total service of 17 years will entitle him to become a senior counselor to the group.

Dr. Bernard Pirofsky has been elected a member of the New York Academy of Sciences. Dr. Pirofsky, who is professor of medicine and microbiology and head of the division of immunology, allergy and rheumatology, has also been appointed the American College of Surgeons' district liaison associate, Commission on Cancer, for the state of Oregon.

Dr. Warren Johnson, assistant professor of otolaryngology (audiology), has been awarded a fellowship in the American Hearing and Speech Association. He was one of only 20 of more than 20,000 members who received the award in 1975.

Continuing as editor for the Academy of General Dentistry is *Dr. William W. Howard,* chairman of the department of fixed prosthodontics at the HSC School of Dentistry. He was elected to a three-year term at the academy's annual meeting in Chicago.

Anne Kelleher, head nurse, and *Marjorie Diekemper,* former staff nurse, both of the clinical research center, and *Dr. John Porter,* associate professor of surgery and head of the division of vascular surgery, School of Medicine, wrote "Drug Therapy by Indwelling Arterial Catheter," in the November 1975 issue of *American Journal of Nursing.*

VIPs

Service Anniversaries—From Personnel

MARCH

Five Years
Wayne Patterson, security
Donald Winans, psychiatry
Sharon Wolbert, CCD
Wayne Turney, physical plant
James Pohlman, hospital dietary
Dr. Benjamin Leung, surgery
Calvin Lamb, printing
Carolyn Grenfell, hospital dietary

Ten Years
William Griffith, instr & safety serv
Heather Rosenwinkel, library
Mary Lou Anderson, nursing service
Jerome Adey, dental materials
Mary Crooms, nursing service

Fifteen Years
Frances Sathre, nursing service
Ruby Carter, clin path

Twenty Years
Gene Trout, physical plant
Jeannette Kee, admitting
Bettye Lewis, nursing service

Twenty-five years
Leonard Hays, physical plant
Ruth Spoerli, CCD

Bernard Harpole doesn't forget the human touch

Dr. Bernard P. Harpole, clinical instructor in family practice, has a rather unique success story to tell about his thirteen-cent investment in public relations.

"Dear Friends,

"The thought has occurred to me that opening a great stack of bills around the first of each month can be pretty unpleasant. . . . I've noticed that one of the downtown stores that sends bills to my wife every month encloses a bit of blotting paper with a sample of perfume in each bill. This, then, is my attempt to make one of the most unpleasant parts of medical practice a little less distasteful.

"My plan is to enclose a letter like this with each bill. In these letters I'll try to keep you informed about medical matters that I think you'll be interested in. . ."

This was the introduction to the first letter Dr. Harpole wrote his patients in July, 1952. It was the start of a monthly practice which has been mutually beneficial and informative to doctor and patients.

Besides making medical bills easier to bear, the monthly letters offer some sound medical advice and help the doctor get some things off his chest.

Moreover, the idea has been picked up by several doctors throughout the country, all of whom like the response they get. Dr. Harpole's letters were also recommended by the American Medical Association Committee on Public Relations as an excellent public relations gesture.

Patients enjoy the inserts so much that many have written asking to receive the letters whether they get a bill or not. Dr. Harpole's mailing list has grown to over 700.

Source material? Dr. Harpole gets his ideas from patients' questions, from current medical findings and opinions, from newspapers, magazines and meetings. He writes in an easy style and purposely avoids making his letters sound too "literary."

"I want them to sound more like a letter from a friend than a news release. I even switch my grammar sometimes if I find that I'm getting too grammatical," explains Dr. Harpole.

The monthly letters aren't Dr. Harpole's only journalistic endeavor. He has written extensively for *Medical Economics* and was editor for *Patient Care Magazine* for seven years.

Actually the letter serves several purposes. Besides making medical bills a little easier to bear, they offer some sound medical advice and help the doctor get some things off his chest.

For example, in one letter he discussed a frequent problem encountered on night calls:

"Have any of you looked at your house number lately? In making calls after dark, I've found that some . . . are in front of the porch light, some behind pillars or shrubbery, and some are so placed that you can't find them at all. Try driving by your house sometime and see how easily your number can be seen."

Dr. Harpole's medical advice is often laced with a bit of humor:

"And now I'd like to give you my belated Christmas present. This present is a whole new bag of secrets that should go a long way toward running me out of business. . ." The remainder of the letter is concerned with advice on colds, nose drops and health care during cold weather.

When sensational stories about medicine appear in the lay press, he tries to give his patients the proper perspective on them. Occasionally, the letters include a thumbnail review of books the doctor thinks may be helpful to his patients.

Patients enjoy the inserts so much that many have written asking to receive the letters whether they get a bill or not.

Dr. Harpole has seen many changes in the field of medicine during his thirty years of general practice. "Having two sons who are physicians has really kept me on my toes." (Pat and Tom Harpole are both graduates of the HSC School of Medicine.) Dr. Harpole commented on these changes in one of his monthly letters:

"People have been telling me lately that they feel doctors have changed," he wrote. "They say that . . . we don't seem to pay as much attention to them as we used to, and . . . that it's awfully hard to get us to make house calls.

"Maybe they're right, but I well remember our old family doctor. He was a grand guy and a fine doctor. He had all that we've lost, but unfortunately none of what we've gained. . . If I had pneumonia, I'd rather wait till morning and have a nurse give me penicillin than have the physician of twenty years ago, even with all his night house calls and bedside manner."

Dr. Harpole said, in the same letter, that "treating the sick *has* lost much of its human touch." But it wouldn't be surprising if many of his patients disagree with him.

Dr. Harpole examines young patient in his Portland office. The physician has hit on an unusual way to strengthen the doctor/patient relationship.

Jessie Durkee

Durkee selected winner

Jessie Durkee, hospital admitting clerk, was Nice Person of the Month for February.

A letter signed by three HSC staff members stated, "After watching her deal with the many frustrations of locating non-existent patients, dealing with the myriad of questions and problems as well as extremely busy times at the desk at UHN, I have found her to be unfailingly considerate and never too busy to go to great lengths to solve a problem for someone."

Honorable mentions in February went to Dorothy Smith, RN, 3 NE; Dr. Stuart Levy, family practice resident; and Dr. George Olsen, associate professor of pharmacology. Also mentioned were Virginia Hollow, clinical dietitian; Ruth Mercer, director of dietetics; Mary Anderson, hospital aide, 2 NE; Anne Kelleher, RN, head nurse, clinical research center; Ken Turney, visitor, 2 NE; and Fayette Rathbone, ward clerk, 2 NW.

OSEA wins election

The Oregon State Employees Association (OSEA) came out on top in the March 12 election to decide which labor union would represent all employees of the Health Sciences Center.

OSEA defeated the American Federation of State, County and Municipal Employees by a vote of 632 to 457. A charge regarding conduct of the election has been made by AFSCME.

Guatemala trip

(continued from page 1)

unearthed Olmec head," recalled Dr. Feeney. "It sticks out of the ground about four feet and has a big grin on its face.

"When we got to the site, we found a group of Mayan Indians doing a ceremony around the head. They gave us permission to take part in the ceremony. Candles were burning, and they were making sacrifices in the hope that their families in the earthquake area were still alive. A priest chanted, and native clay idols were set close by. The ceremony culminated in killing a chicken and sprinkling its blood all around.

"When we returned to the U.S.," said Dr. Feeney, "one member of our group searched the literature and found that such ceremonies had only been reported by one other group of outside observers."

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NEWS

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