



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.

Physicians inject glue to halt tumor's blood supply

A tiny, new catheter and balloon tip developed by an HSC radiologist have made possible the perfection of a technique whereby glue is injected into blood vessels to starve a patient's tumor.

A special glue, similar to the kind you buy in a variety store to put plastic models together, is being used by researchers at the HSC in a new X-ray treatment.

The process starves the patient's abnormality by sealing off its blood supply. Tumors with abnormal vessels and abnormal connections between arteries and veins are being treated with this technique.

Dr. Charles Kerber, associate professor of radiology, has developed a new kind of catheter (a surgical tube inserted in the artery) which makes controlled placement of the glue possible. But he warns that the technique is not a permanent cure for cancer.

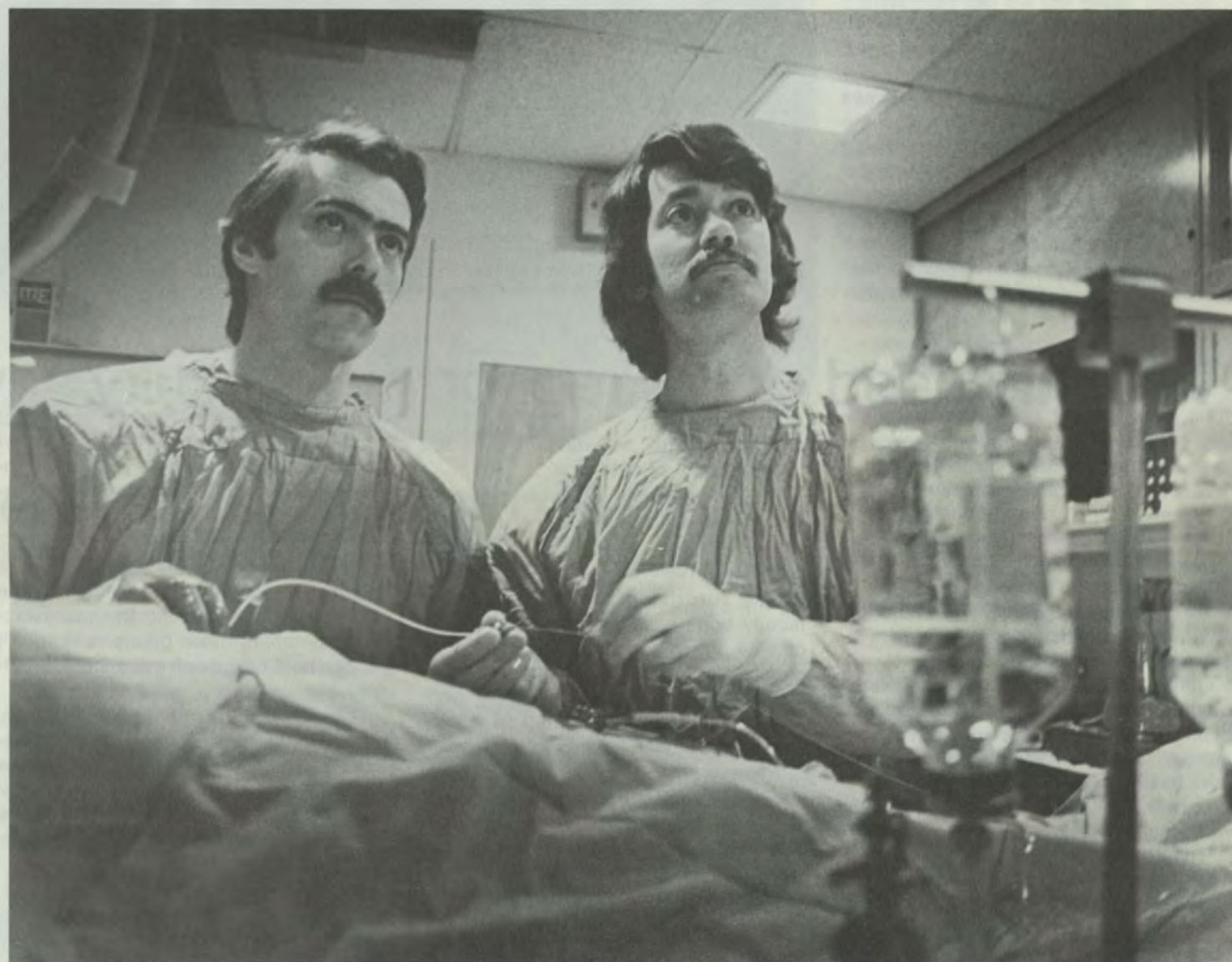
He developed the new catheter, a flexible silicone microcatheter with a balloon tip, with no grant support, in the laboratory of his southwest Portland home.

The new X-ray treatment, Dr. Kerber said, is more effective than other forms of catheter therapy, and can be used to make surgery safer or radiation therapy more effective.

"Some patients," he said, "have tumors which are so vascular that their surgical removal is dangerous due to expected blood loss. In patients like this, we can help surgeons. Other patients who are too sick to have surgery may have this technique as their only treatment."

He credits a friend, Dr. Paul Zanetti, a Corpus Christi, Texas, neurosurgeon, with pioneering the use of the glue as an artery occluder, or blocker.

When both doctors were in medical postgraduate training at the University of Pittsburgh, Pennsylvania, Dr. Zanetti



was using the glue to repair spinal fluid leaks.

"He was encouraged with his success, and used it on animals and some patients to seal off aneurysms, a weakness in the artery wall. It was through his help that the Food and Drug Administration was convinced to let us have a supply of the glue here in Oregon," Dr. Kerber said.

To use the new technique, a radiologist first identifies the abnormality by X ray. Angiography, the injection of a chemical which outlines blood vessels, first demonstrates the abnormality.

Through the same catheter used to perform the angiogram, Dr. Kerber's new smaller, flexible silicone microcatheter with balloon tip is inserted.

After insertion, the balloon, which has

Observing an overhead X-ray/television set, Dr. Charles Kerber and Dr. Stephen Cook maneuver the catheter into position. Once the catheter is in place, the glue is injected.

a microscopic leak in its tip, is partially inflated with fluid. Much like a parachute carried by the wind, the microcatheter is carried into the tumor by the rapidly moving blood.

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James Morgan named director of Center's libraries

James E. Morgan, director of libraries at the University of Connecticut Health Center in Farmington since 1973, will become director of libraries at the University of Oregon Health Sciences Center effective July, 1976.

In making the announcement, President Lewis W. Bluemle, Jr., said Mr. Morgan will direct the activities of both the School of Medicine and School of Dentistry libraries.

This consolidation, Dr. Bluemle explained, is the first step toward reaching the libraries' full service potential.

"We look forward to at least a decade of library growth to catch up to levels of service provided in other areas of the

country," he said. "Our goal is to improve library services for our students and faculty and to expand the libraries' regional service to hospital and health care professionals across the state."

Currently, the two facilities contain over 150,000 volumes of books, bound and unbound periodicals and subscribe to over 3,000 periodicals, an inter-library loan service and *Medline*, administered by the National Library of Medicine.

One of his priorities, Mr. Morgan said, will be to develop a health information network in Oregon and one that will work effectively with the Pacific Northwest Regional Health Sciences Library program based at the University of

Washington Health Sciences Library.

"We look forward to at least a decade of library growth to catch up to levels of service provided in other areas of the country," Dr. Bluemle said.

Prior to his Connecticut position, Mr. Morgan was director of public services for the University of Texas Medical Branch Library for four years and head of public services for the University of Texas Medical Branch Library for four years and head of public services for the Georgia College Library for two years.

He received his B.S. from Arizona

State College and a Master's degree in library science from Florida State University.

Currently, he is chairman of the exchange committee for the Medical Library Association (MLA), and a member of the steering committee and telecommunications task force of Target '76 for the Connecticut Library Association, the task force of the New England Regional Medical Library and has recently served as chairman of the New England Regional Group of the MLA.

Morgan succeeds Margaret Hughes, who retired last summer as head of the School of Medicine Library after holding that position ten years.

Kerber developed microcatheter for glue injections

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A follow-up X ray is taken to make sure the balloon has traveled to the correct area. When this is assured, a syringe is used to inject the glue through the microcatheter.

The glue hardens within one or two seconds, sealing off the artery and starving the abnormality.

Development of the silicone microcatheter was the key to use of the glue

in the new process, Dr. Kerber said.

"Up until now, it was difficult to put glue precisely where we wanted it. The rapidly flowing blood would carry it away, generally right through the abnormality. The glue would end up in the lungs.

"With the balloon microcatheter, two problems are solved. First, because the catheter is so small we can get right into the area we want, and second, we

can inflate the balloon to stop the blood flow long enough for the glue to set up," he said.

For about three and one-half years, Dr. Kerber has been doing laboratory work at the Health Sciences Center on this technique.

The research involved making experimental aneurysms and arteriovenous fistulas (an abnormal connection between an artery and vein) in animals.

Various techniques to deposit the glue were developed to block off these man-made abnormalities.

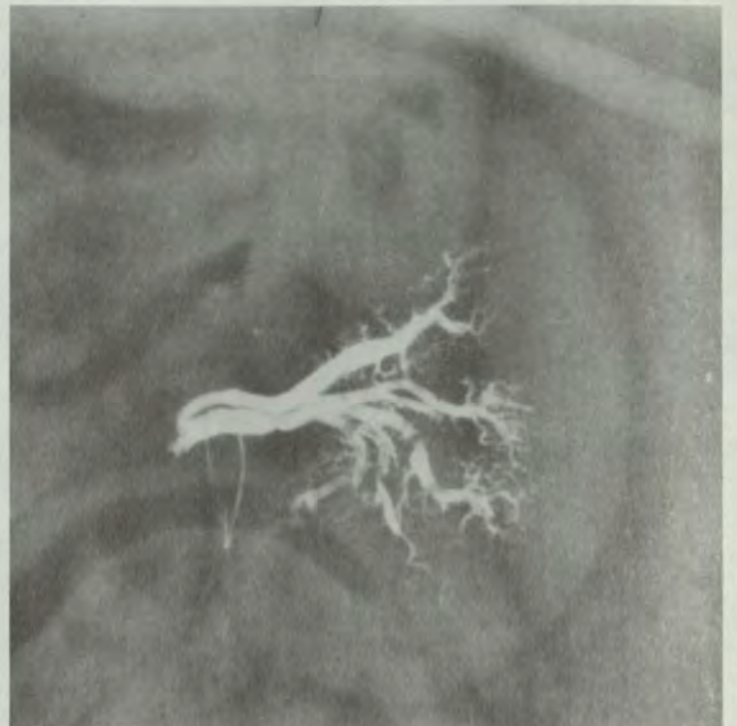
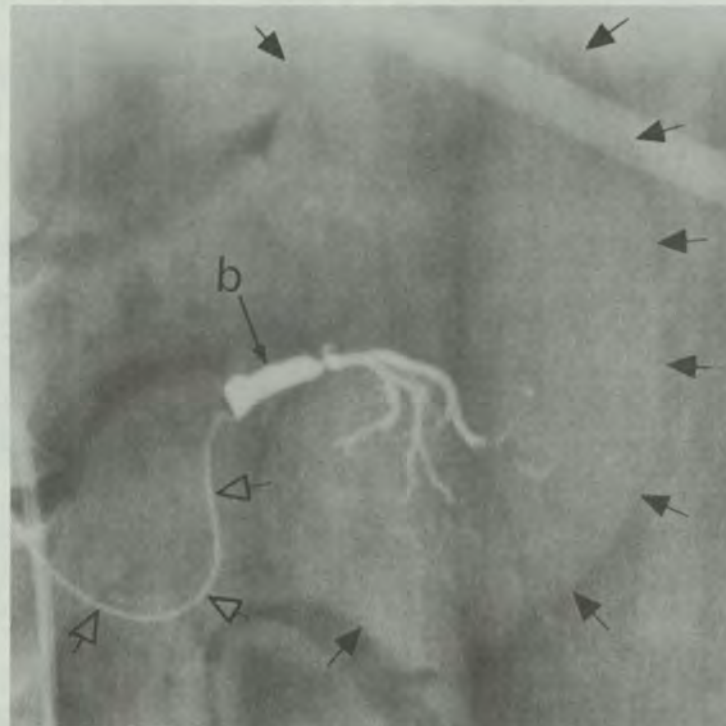
At this time, only five patients have been treated by Dr. Kerber with this new technique. He emphasizes that it is still quite experimental and the glue remains closely controlled by the Food and Drug Administration.

But the results in these five cases have been encouraging, he said.

The X rays on the right show an animal kidney which is being injected with special glue.

X ray on left:
Arrows outline the kidney. The microcatheter (open arrows) ends in a balloon (b). X-ray absorbing contrast agent blows up the balloon and then passes out beyond the balloon tip, outlining arteries nourishing the lower part of the kidney. This allows the radiologist to be sure of the exact placement of the balloon.

X ray on right:
The glue (mixed with tantalum dust to make it show on X ray) has been introduced through the microcatheter, completely blocking and filling the arteries. This X-ray photograph was taken after removal of the microcatheter. No blood is able to reach the lower part of the kidney now. It will shrivel and die.



Students need closer rapport with faculty, says Dresler

School of Medicine senior Steven Dresler discusses students' need for closer relationships with members of the faculty and with each other.

Medical students rarely have time for anything but medicine. Steven Dresler is an exception.

Since he arrived on the Hill as a freshman four years ago, Dresler has been one of the most active students on campus. His involvement in student affairs has gone beyond politics; he views progress from the standpoint of human relationships.

The Council of Student Representatives will honor him in May with a special award recognizing his many contributions toward improving medical education and the quality of student life.

In a recent interview with *HSC News*, Dresler, who will graduate in June, dis-

cussed changes he would like to see in the School of Medicine.

"One thing which is seriously lacking yet is amenable to change is the relationship between students and faculty," observed Dresler.

"It's surprising that students and faculty don't have a closer relationship outside the classroom. The faculty is approachable, but to get to know them, you must be fairly aggressive. In general, students are not invited to faculty members' homes.

"A closer relationship would decompress tensions. Students and faculty shouldn't feel like adversaries. We're just one step away from being physicians ourselves, and these iron-clad boundaries between us serve no purpose.

"Another problem is that students themselves are not really that close. Compared with the dental school, the medical school has not had as many school activities.

"I believe the school should foster more extracurricular events to bring students closer together. This would help people develop real friendships, not just acquaintances. Students need to get together to solve problems. We need better social coping systems.

"Students have had to work very hard to get into medical school. For a lot of important years, just getting into school has been the sole focus of their lives. When they get here, some of them develop personal problems they don't know how to handle. They need real friends to turn to."

Dresler, his wife Patricia, and other students were active this year in organizing the first all-Hill student/staff parties in the school's history.

"We're headed in the right direction, and we are receiving support from a number of administrators, including the dean and the president. But many faculty members and others still don't understand how much good these activities can do."

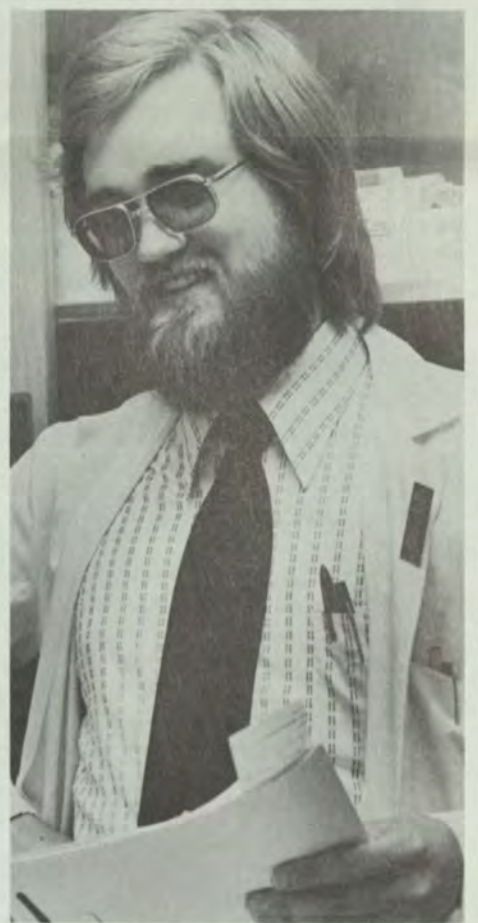
The medicine senior continued, "Something we really need is a formalized student affairs office. This office could help students with extracurricular projects, do counseling, help arrange for typing of students' work, take phone messages, and more.

"Many schools have this kind of office, and although our administrators agree it is necessary, things move very slowly."

In addition to reviving and reactivating the Council of Student Representatives, Dresler's activities and honors include: American Medical Student Association (AMSA) local president, two years; delegate to Oregon Medical Association house of delegates, two years; invited to attend two American Medical Association annual meetings; and member of AMSA committee on Medical Education.

He originated and published the initial year of *Student News*; is a member of a faculty committee studying grades; helped draft the all-Hill constitution; and was a major force in reviving the Student Activities Advisory Group.

Dresler says his involvement in the conduct of education stems from a per-



STEVEN DRESLER
fourth-year medical student

sonal interest. After internship and a residency in pathology, he plans to pursue a career in academic medicine. He hopes one day to join the faculty of the UOHS.

HEALTH SCIENCES CENTER NEWS

Volume 5, No. 4
April, 1976

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Trash bin in parking lot yields historical curiosity

Garbage cans may yield strange treasures. When *HSC News* staff reporter Tim Marsh was walking through a campus parking structure last month, he spotted an old, yellowed newspaper in a trash can. It turned out to be the classifieds section of the September 27, 1925, *Sunday Oregonian*.

Those who feel the bite of inflation may groan as they read this sampling

of real estate ads from 50 years ago:

LAKE OSWEGO—Acre with beautiful fir, cedar and dogwood trees, on rock road, five minutes' walk to station, 30 minutes out, water, gas, electricity, \$800; monthly payments \$10. . . .

SUMPTUOUS WEST SIDE HOME

One of Portland's most palatial homes, consisting of 12 rooms and sleeping porches, servants' quarters, with separate baths, 2 tile baths, separate showers, spacious living rooms, 4 massive fireplaces, solid mahogany and ivory interior finish, hardwood floors throughout, with all the features in keeping with a mansion of this character; every luxury, every convenience will stand the most rigid

investigation; details and finish will meet the requirements of the most exacting; \$26,500. . . .

DANDY chance; 1/2 acre, new chicken house; also new bldg, can be made into dwelling; 100 chickens; on Palatine road. . . .

BUY the family a cabin site at Devil's lake, near the ocean; 100x100 feet, \$100; one acre, \$200; hunting, fishing, bathing, boating, summer resort, ocean and lake, ducks, fish, crabs, clams, rock oysters. . . .

FOR RENT, 10-acre farm, seven-room house, good barn, \$18 per month, on car line, 12 miles out, Troutdale car line, inquire stall 453, Yamhill Market.



Junior nursing student Tom Tarrants, R.N., is the only male in his seminar class on the family. He finds that as women's roles change, they are more willing to accept men in the nursing profession.

Male nursing students point out problems

You're a patient in a hospital bed. Through the door of your room walk two persons, a woman and a man, wearing appropriate white hospital garb.

Stereotyping job roles tells you the woman is a nurse and the man a doctor. You're wrong. In this instance the woman is a doctor and the man a nurse.

This is a minor problem which male nurses face in a traditionally female-dominated field, according to four male

nursing students recently interviewed by HSC News.

Registered nurse Oris Ballard, senior student and also a charge nurse in University Hospital South, said one of the problems of being a male nurse is misidentification.

"Very frequently the patient refers to you as a doctor. I promptly tell him I am a nurse. I've had the most problems

when a woman physician and I both enter the room at the same time. The patient tends to talk to me as the doctor," he said.

Junior Stann Clare said he introduces himself to patients as a student nurse. He explains, "They say, 'Oh, are you going to be a doctor?' I say, 'No, I'm going to be a registered nurse.' For a lot of people it just doesn't sink in. Other people say, 'Wow, that's fantastic.'"

The students agreed that men are a minority in the nursing profession.

"Certainly," said R.N. Tom Tarrants, a junior. "We're a very small percentage of the nursing population. Consequently, I think we suffer some of the problems of a minority. It's subtle at times. But I don't think it has to be overt to be a problem."

Although males in nursing are in the minority, senior Jeff Kluth said, "With each year the number of men in nursing is growing. I think there's a definite place for males in nursing."

Mr. Clare said men in nursing often get a better deal than many women in the field.

He believes many men are put into administrative nursing positions instead of working up the ranks in nursing. "I think men just get the better breaks."

Such opportunities are often unfair, Mr. Clare said.

"A lot of guys are not qualified to do what they're doing. But because they may be one of the few men in a hospital, they sometimes end up immediately in a top job. I've heard that from a lot of people; guys who barely made it out of school would be in charge of a whole wing," he said.

While part of a nursing minority, Mr. Ballard said, "I haven't found this uncomfortable. In my experience as a nurse I've been well accepted."

In the past, female nurses have been slow in accepting men in their profession, according to Mr. Tarrants. "But I think these barriers are breaking down because of the changing role of women. They're more willing to accept men in nursing."

Mr. Kluth plans to become a physician and hopes to enter medical school this fall. "If I didn't have a medical career in mind I'd certainly stay in nursing. I think there's a lot of satisfaction in it."

Mr. Ballard feels there is a "very real need for men in nursing. I think it's good if a patient is able to designate a preference for a male or female nurse. Patients choose their physicians; they have not been able to choose their nurse. Male nurses give them a choice."

Medical staff establishes new campus injury system



A newly revised campus injury emergency system has gone into effect at the UOHSC.

The new campus emergency system is the product of recent review and revisions by the Emergency Services Committee of the medical staff. Dr. Thomas Lindell, acting director of emergency services, heads the committee.

According to the committee, the campus emergency telephone number remains 7676. Persons reporting injuries to the operator at this extension should remain calm, give their names and extensions, and describe the location of the victim clearly and carefully.

The operator, in turn, calls the campus security office which sends an officer to the scene. In the future, all security officers will have completed a 40-hour course in injury management. With this knowledge, they will be able, when arriving on the scene of a campus injury, to make an assessment, give first aid or resuscitation as necessary, and call a physician/nurse emergency team to aid the victim if required.

A nurse, left, security officer, and an Outpatient Clinic employee, followed by a physician, transport a campus injury victim to the ER.

Under the new system, physical plant vehicles will not be used to transport victims to the emergency room. If transportation from a remote campus site is necessary, a commercial ambulance service will be called (average arrival time to the campus is between three and six minutes). If the emergency occurs relatively near the emergency room, the victim will be transported by stretcher.

The campus emergency depicted in the accompanying photo occurred near the Outpatient Clinic in mid-February. The victim was transported by stretcher to the emergency room.

Oregon architect dies

Ernest F. Tucker, architect who designed the HSC School of Dentistry building and University Hospital South, died last month at the age of 75.

Mr. Tucker, who designed some of the state's major buildings, was the uncle of Dr. Ernest Livingstone, School of Medicine Class of 1951 and associate clinical professor of medicine.

The late architect's father (Dr. Livingstone's grandfather) was Dr. Ernest Fanning Tucker, professor in obstetrics at the School of Medicine in the early 1900s. Dr. Tucker helped found the Portland Free Clinic, a forerunner of the School of Medicine's outpatient clinic.

Patient advocate deals with problems, complaints

When a patient enters the hospital or clinic, he is often beset by anxieties and fears. He and his family are aliens in a complex and often impersonal environment over which they have little or no control.

If the patient is treated by hospital staff with what he views as carelessness or indignity, he may react with emotions of frustration, humiliation, and finally rage. Understandably, he does not show the tolerance he might have in his healthy state.

In the past, no one individual was assigned responsibility for the patient's response to the system of care in the hospital and clinics. Countless patients remained frustrated or angry, and recurring problems relating to patient service were not identified.

Last month, the Health Sciences Center joined a growing number of hospitals throughout the U.S. which have responded to the problem of patient alienation by adding a patient advocate to their staffs.

Serving in this role at the HSC is Shirley Geis, patient relations coordinator.

The new coordinator's background includes nine years in family counseling and, more recently, five years as administrative assistant to Dr. J. David Bristow, former department of medicine chairman.

Stressing the fact that she functions as a member of the health care team, Miss Geis explained that her principal duty is dealing with patient complaints and problems and communicating with patients, staff, and physicians to clear up misunderstandings.

"This is a sign of progress within the institution and a demonstration of our desire to serve the patient more completely," she said.

Miss Geis receives information about problems from patients themselves and from physicians, nurses, admitting clerks, clinic clerks, social service, the director of the hospital and clinics, and other administrators. She will soon make periodic rounds of hospital and clinic areas, talking directly with patients and their families.

"Staff who are busy with other responsibilities don't always have the time necessary to deal with an involved problem. This is where I come in as a member of the health care team," Miss Geis pointed out.

Examples of specific problems she might deal with include the following:



Shirley Geis, above, the HSC's new patient relations coordinator, lets patients know she has the time necessary to listen to them and sort out their problems or complaints.

A clinic patient may feel he has had to wait too long in the admitting area. Or, a patient may feel he has been unfairly charged for a service, or he does not understand his bill. A patient may complain that his meal was served cold. A distraught mother wants a copy of her child's medical record. A young man loses his temper when he disagrees with his physician's advice.

"Problems range from those that are small to those that are complex and require a great deal of sorting out," Miss Geis said. "If I feel it's appropriate, I consult the patient's medical record to get a more complete picture. Then I may call the physician, nurse, or service to discuss the problem with the appropriate party. I seek out both sides of the story.

"If a patient is hostile or angry, I listen to his problems and try to give positive feedback. Sometimes a patient's complaint is the outgrowth of a deeper personal problem. In this case, I may do some counseling in addition to investigating the problem.

"If the patient feels I've done all I can, he or she will usually respond and cooperate."

If repeated patient complaints about a specific problem indicate a flaw in the health delivery system at the HSC, Miss Geis brings this problem to the attention of appropriate administrators.

The new patient relations coordinator is involved in several other projects relating to patients' welfare.

First, she is helping the volunteer service establish hostess/information

desks in the north and south lobbies of University Hospital. Mature, sympathetic volunteers will be selected whose duties will range from calming the worried patient to making sure that newly admitted patients are settled comfortably in their rooms.

Second, she is on a committee which will oversee publication of brochures to help patients get acquainted with the medical center.

In the future, she will be involved in the inservice training program for hospital and clinic employees. This program will stress appropriate attitudes and behavior toward patients.

Miss Geis is in room 1230 in the Out-patient Clinic and may be reached at extension 8504.

Health Service Agencies will foster more cooperation

The Portland Metropolitan Comprehensive Health Planning Association is awaiting notification from the Department of Health, Education and Welfare concerning its application to become a Health Service Agency under new federal legislation.

The soon-to-be-designated Health Systems Agency (HSA) for northwest Oregon is an outgrowth of national legislation which will have a significant effect on planning and regulating health care in the U.S.

Under the National Health Planning and Resources Development Act of 1974, HSAs were established to provide rational and effective health planning on the local level.

Stated goals of the new six-county HSA which includes the Portland area—known as Northwest Oregon Health Systems—include:

- improve the health of residents.
- increase the accessibility, acceptability, continuity, and quality of health care.
- hold down costs of health care.

• prevent unnecessary inefficiency and duplication of health resources—to be accomplished by effective health planning.

According to HSC vice president Dr. Donald Kassebaum, who has been nominated to represent this Center on the new HSA's board of directors, "The thrust of the Health Services Agency that has the greatest effect on us is the requirement that we document our need for new facilities and equipment.

"If a hospital plans to make a large capital expenditure," Dr. Kassebaum continued, "it must submit its plans to the local HSA which reviews them to determine that they are indeed needed.

"The new legislation encourages hospitals to collaborate. For example, if we want to develop a rehabilitation program, we will be obliged to look at community programs and resources and consider integration with the community before arbitrarily developing a duplicate program here."

Dr. Kassebaum explained that although the new legislation will increase paperwork and red tape and "will significantly slow down capital construction and acquisition of equipment, it will drive us in the direction of greater participation with community health system development."

Northwest Oregon Health Systems will serve as the HSA for Oregon Area I. Areas II and III are comprised of southwest and eastern Oregon, respectively. Each HSA must devise a health systems plan and implementation plan for its area annually. The plan will list funding priorities for programs, construction, equipment, modernization, etc. The board of directors will hold monthly meetings open to the public.

Boards of directors for each HSA are required to include a greater percentage of health care consumers than providers.

"There is some apprehension about the nature and directions of health care planning heavily influenced by consumers," said Dr. Kassebaum. "On the other hand, consumers must pay the bills—which have escalated considerably.

"Looking at the HSA board constructively, we would hope it will contain an optimum blend of the perspectives of health care providers and the understanding of health care consumers."

Planning under the HSAs will be an increasingly disciplined and open process, with cooperation among institutions in the framework of community

priorities. The Health Sciences Center will play a uniquely broad role in the new system.

"This institution serves the entire state," explained Dr. Kassebaum, "so while we will focus on our particular area (Area I), we will integrate with the other two areas in the state."

Scott heads service

Mark D. Scott has been named director of surgical services at the Health Sciences Center.

Mr. Scott, who comes to the HSC from L.D.S. Hospital, Salt Lake City, Utah, where he served as assistant administrator of surgery, 1971-75, is a graduate of Utah State University, Logan, Utah.

According to Dr. Donald G. Kassebaum, vice president for hospital affairs, Mr. Scott is administratively responsible for all aspects of operating room and post-anesthetic recovery room functions of the north and south units of the consolidated University Hospital.

The appointment facilitates consolidation of the operating rooms and related programs of the hospital.

Prenatal diagnosis clinic brings peace of mind

Peace of mind is one of the major benefits of the HSC's Prenatal Diagnosis Clinic.

As part of the Crippled Children's Division's Genetics Clinic, it serves families in Oregon, Idaho, Montana, Alaska

and northern California, offering them help with high-risk pregnancies.

According to clinic co-director and founder Dr. Gerald Prescott, associate professor of medical genetics and perinatology, "Tremendous advances in the

medical genetics field make it possible to diagnose 80 crippling metabolic diseases, all of which cause mental retardation or malformations in a developing fetus, and any chromosome defect affecting the skull and spine.

By analyzing amniotic fluid surrounding the fetus between 13 and 16 weeks of gestation, the clinic can accurately predict if a child will be normal or have abnormalities.

A prediction a child will be normal can bring relief and peace of mind to a family which knew that an abnormality was possible. A prediction of an abnormality can better prepare a family for a baby's needs.

In many cases of a known abnormality, families decide for an abortion. (The clinic does not give abortions, and patients are referred for that service.)

Whatever decision a family makes, Dr. Prescott said, "We support them. We're happy to do the test and counsel about the disease involved, but we can't make the decision. It's up to the family."

Women come to the clinic on referral from the Genetics Clinic, from other medical school clinics, from private obstetricians or pediatricians, from public health nurses, or by self-referrals.

Dr. Prescott stresses the fact that those seen by the clinic must meet its criteria. "It's possible to determine a child's sex by the analyses we do. We won't do the tests for a family purely because they want to find out if the baby will be a girl or a boy," he said.

Even if a woman fits into the criteria, her safety and her child's have to be considered. Complications may occur from drawing of the amniotic fluid through a needle in the mother's abdomen. Risk might include injury to the mother or fetus, or miscarriage.

"We explain to the family all of the benefits and all of the risks of what we do," Dr. Prescott said. "Usually we consider the risks far smaller than having an

affected child. In over 300 cases we've had no complications."

(Recently ultrasound, which uses high frequency sound waves, has cut the risks even further.)

The clinic was founded in 1970 and continues under the co-directorship of its co-founders, Dr. Prescott; Dr. Martin Pernoll, head of the division of perinatal medicine and associate professor of obstetrics and gynecology; and Dr. Frederick Hecht, professor of pediatrics, medical genetics, and CCD.

Program stresses nurse/doctor team

A two-term practicum in a graduate nursing program at the Health Sciences Center is preparing nurses and doctors to work together as a team to help patients with psychiatric problems in a community health care setting.

The practicum is part of the two-year program in psychiatric mental health nursing and is supported by a three-year \$231,010 grant from the National Institute of Mental Health. It involves both graduate nursing students and resident physicians from the School of Medicine's psychiatric training program.

The program demonstrates that much of the education in community psychiatry is the same for both physicians and nurses.

Nursing students and psychiatric residents participate in weekly seminars which cover all aspects of health care.

"We try to provide an over-all view of health care delivery, as well as a specialization in community psychiatry," remarked program director Charlotte Markel, associate professor and chairman of the School of Nursing's department of psychiatry. Director of the School of Medicine's community psychiatric training program is Dr. James H. Shore, chairman pro tem, department of psychiatry.

In addition to the joint seminars, teams comprised of a second-year nursing student and a second-year resident are placed two or three days a week at various county health agencies. "They learn that teamwork is essential in providing optimum service," Ms. Markel said.

An outgrowth of the nursing program is the follow-up done on patients after they leave University Hospital's psychiatric emergency room. The first-year students evaluate patients and offer short-term follow-ups via house visits, telephone calls or clinical appointments.

Last fall in a sample two-month period, the program offered follow-ups on 11 out of 13 patients. Out of the 11 patients, the problems of seven could not have been met in existing mental health services, according to Ms. Markel. "Our goal is to provide service where mental health care would not have been available," she added.

"The graduate nursing students are able to see community psychiatry as a part of the arena in which they will be employed, whereas most graduate nursing programs develop community psychiatry as an option, with no interdisciplinary studies given," concluded Ms. Markel.

Project funded

A grant from the American Nurses Foundation for a study of the effectiveness of patient education, particularly for the adult with a chronic illness, has been awarded to Dr. May Rawlinson, associate professor of nursing.

Dr. Rawlinson will develop and test three patient-teaching strategies and instruments to measure subsequent learning in her project, "Patient-Teaching: Trait-Treatment Interaction Strategy."



Cathy Olson, research assistant in the cytogenetics laboratory, goes over a completed karyotype of a fetus with Dr. Gerald Prescott.

Employees brush up on interview skills

Interviewing prospective employees in a productive and legally prudent manner is something of an art.

So far, about 50 Health Sciences Center employees have had an initiation in the art of interviewing as a result of a course entitled "Developing a Diversified Work Group."

The six-week course is sponsored by the personnel office. It involves a half-hour, weekly television program (on the Oregon Educational and Public Broadcasting System) followed by a group discussion and role-playing. The present class began April 19.

"Interviewing is a skill, and being able to do it correctly is more important

today than ever before," asserted Barbara Temple, HSC personnel specialist and one of three coordinators of the class.

"As a result of the Equal Employment Opportunity Act and Affirmative Action, those being interviewed are watching closely for discrimination. Supervisors must review their interviewing techniques in order to avoid the possibility of a discrimination complaint.

"Questions about an applicant's personal life are no longer acceptable. For example, you may not ask women questions such as, 'Are you married? Do you plan to have any children?' or 'What are your babysitting arrangements?'"

Mrs. Temple continued, "If such questions are asked of women, they must be asked of male applicants as well, since men are also absent because of a sick child. These questions are, however, not usually relevant to a job interview anyway.

As a result of the Equal Employment Opportunity Act and Affirmative Action, those being interviewed are watching closely for discrimination. Supervisors must review their interviewing techniques in order to avoid the possibility of a discrimination complaint.

"The interviewer's responsibility is to assess the applicant's qualifications by asking job-related questions. He or she should ask about the applicant's work background, duties, and how they felt about their last job. This will give you much more information about whether or not the applicant is really interested in working and meets the demands of the job."

(Many businesses and institutions employ an Affirmative Action officer who follows the cases of minority applicants. Bill Jackson fills this slot at the HSC.)

Mrs. Temple commented that the six-week class is built around the conviction that a truly effective work group requires a broad spectrum of skills and experience as well as cultural and ethnic heritage.

Colleagues select Ronald Marcum



Dr. Ronald Marcum, resident in obstetrics and gynecology, was selected nice person of the month for March.

Employees nominating Dr. Marcum cited his "warm and gentle spirit," willingness to accept suggestions, his ready smile, and thoughtfulness.

March honorable mentions were Mark Leitschuh, hospital aide, 2NW, and Elizabeth Pickering, R.N., UHN. Also mentioned was Valerie Fazzolari, dietary aide, UHN cafeteria.

The Courtesy Committee encourages HSC staff "to take a minute to nominate a co-worker, or suggest that a patient recommend someone he has noticed during his hospital stay."

University Hospital readies for accreditation visit

University Hospital will be the subject of a comprehensive survey by the Joint Commission on Accreditation of Hospitals later this year.

In December, 1974, representatives of the Joint Commission on Accreditation of Hospitals made a survey visit to the Health Sciences Center's University Hospitals. That visit resulted in a tentative decision of non-accreditation of the hospital, pending appeal.

The Commission's preliminary decision was based on the hospital's alleged failure to implement 30 of the 66 recommendations which the Commission had made during their previous survey of November, 1973.

Although a successful appeal was made, and full accreditation was extended six months later, Health Sciences Center staff have continued to work hard throughout the last year and a half to correct deficiencies cited by the Joint Commission.

Members of the Commission will be back on campus for another annual accreditation visit some time in 1976.

According to Dr. Donald Kassebaum, vice president for hospital affairs, efforts to rectify deficiencies have been concentrated in three major areas: medical staff organization, environmental standards, and medical records.

In regard to problems which the Commission cited in medical staff organization, Dr. Kassebaum commented, "The decision of non-accreditation was in large measure to make a point—more than to cite our total failure to comply with requirements.

"We had not ignored the Joint Commission's recommendation to form a medical staff organization. In fact, such an organization was nearly formed at the time of the 1974 survey. But because the medical staff bylaws had not yet been approved by the State Board of Higher Education we were technically not in compliance."

Commenting on problems cited in environmental safety, Dr. Kassebaum said, "We had recognized deficiencies in this area and had designated funds for their correction in the biennial budget which was presented to the Oregon legislature in January, 1975, when it convened. There was a delay between identifying the need for hospital physical improvements and actually getting the budget funding to make them.

"When the environmental deficiencies were cited in November, 1974, we were already in a biennial budget period. The cost of installing sprinklers throughout the hospital runs into several hundred thousand dollars, and there was no reserve fund to cover this."

Efforts to rectify deficiencies have been concentrated in three major areas: medical staff organization, environmental standards, and medical records.

Dr. Kassebaum continued, "The principal deficiency that was truly our fault relates to medical records completion. Our record filing and retrieval system was antiquated. There also was significant lack of attention and discipline among the medical staff and the house staff who are responsible for medical records completion."

Dr. Kassebaum outlined steps which have been taken to correct deficiencies in the three major areas cited:

Medical staff organization: A medical staff organization was approved in April, 1975, and authorized by the State Board of Higher Education.

Environmental Safety: An environmental safety program was funded as a high priority by the state legislature. Environmental conditions in the hospital have been systematically improved. New safety features include an automatic sprinkler system in University Hospital North; fire resistant partitions and doors; improved ventilation systems in the hospitals and clinic laboratories, etc.

Medical records: A new medical records librarian, Sally Mount, has joined the staff. (Miss Mount is former assistant professor of medical records administration at the University of Texas Medical Branch, Galveston.)

Even before Miss Mount's arrival, Gwynn Brice, assistant administrator of the Outpatient Clinic, had initiated reorganization of the medical records system, with physical remodeling for improved filing and retrieval, and improved training and supervision of medical records technicians.

A standing committee of the new medical staff organization (chaired by Dr. William Clark, associate medical director) was appointed to bring together the collaborative efforts of administrators, medical staff physicians, nurses, and house staff to assure medical records systems development in an improved physical setting.

As a result of these efforts, the number of incomplete records has been reduced from 3,000, at the time of the accreditation visit, to between 300 and 600, a figure not unreasonable for our patient volume.

Dr. Kassebaum pointed out another area in which the hospital has made improvements which will be of interest to the Joint Commission.

"Quality control of patient care has become a high priority for review by the survey team. The basis for quality control of patient care is the 'process and outcome audit.' Through audits, we document the nursing and medical procedures and practices which we perform—and their results—and then measure these against recognized standards of medical care and outcome. Medical and nursing audits are our quality assurance check."

In anticipation of the Joint Commission's next visit (which is now overdue due to reorganization within the Commission), the medical staff is continuing to bring hospital procedures more closely into compliance with the Joint Commission's accreditation manual.

"We are in nearly complete compliance with the standards emphasized at the last survey visit and have also been concentrating on correction of lesser deficiencies which may be highlighted on a subsequent visit when the big problems no longer get attention," said Dr. Kassebaum.

These areas of correction include:

1. Outpatient Clinic procedures—medical staff supervision and quality control of ambulatory care.

2. Emergency services, including written definition of policies, procedures, and physician and nurse staffing.

3. Infectious disease control in the hospitals and clinics.

4. Updating of the rules and regulations of the medical staff.

5. Continued improvement of safety and comfort in the patient care environment through remodeling, renovation, and further improvement of electrical and instrument safety, and safety aids for patients and staff.

"We are in nearly complete compliance with the standards emphasized at the last survey visit and have also been concentrating on correction of lesser deficiencies which may be highlighted on a subsequent visit."

"We have benefited a great deal from the flurry engendered by the accreditation review and near disaccreditation," commented Dr. Kassebaum. "We had become complacent and were reminded that we really couldn't document our quality in spite of our reputation as a teaching hospital. In fact, there were some areas in which we fell badly behind the standards of community hospitals.

"The accreditation experience created a lot of anxiety and made everybody work very hard; but it's been good for us and has catalyzed some rapid improvements in our system of patient care and in the internal discipline of the medical staff."

Dr. Starr describes new pacemaker at Tokyo meeting

An improved heart pacemaker which overcomes a number of problems inherent in previous models has been developed by a team of HSC scientists.

Three Health Sciences Center scientists returned in late March from Tokyo, where they described their development of an improved heart pacemaker at the fifth international symposium on cardiac pacing.

The pacemaker, developed in conjunction with Edwards Laboratories, solves a major problem of pacemaker implantation, seepage of body fluids into the tiny unit.

Such fluids damage the pacemaker's delicate electronics, cause battery and circuitry deterioration, and can eventually result in malfunction or total failure.

The improved pacemaker described in Japan by Dr. Albert Starr, head of cardiopulmonary surgery, is hermetically sealed and uses mercury-zinc batteries.

(Also present at the Japan conference were Jeri Dobbs, assistant professor of cardiopulmonary surgery, and Suichiro Sugimura, senior resident in thoracic surgery.)

Sealing will permit development of pacemakers with tiny computerized devices that can detect changes in the patient's body and adjust the pacemaker accordingly, avoiding surgery now required to reset it.

Although mercury-zinc batteries are the preferred power source for pacemakers, these batteries produce hydrogen gas which must be vented from the sealed pacemaker. The gas cannot escape into the patient's body.

The HSC team solved the problem of gas pressure buildup by using a "getter," or sponge, that absorbs hydrogen gas driven off as the battery discharges.

Laser beams are used to weld shut the pacemakers. The hole in the case for the wires that go to the heart is sealed with a special ceramic bead.

In 22 months' use, there has been no failure of the improved pacemaker.

Other changes which the team has made in the pacemaker during the last five years include decreasing its size and programming it for telephone monitoring.

"The Japanese listened to our report with great interest," Dr. Starr explained. "Although the new pacemaker was introduced relatively recently, it is already the second most commonly used pacemaker in Japan."

He added that the pacemaker went through a testing period of more than two years before being released for widespread use.

So far, 150 of the new pacemakers have been implanted in Oregon; between four and five thousand have been implanted throughout the world.

Earlier in March, Dr. Starr and his associate Miles Lowell Edwards, an engineer, were honored along with nine other medical innovators at a special dinner in Beverly Hills, California.

The American Hospital Supply Corporation commended them as co-developers of the Starr-Edwards heart valve.



Dr. Starr was interviewed by KPTV after his return from the Japanese conference. The HSC physician explained that the new Starr-Edwards pacemaker is already the second most commonly used pacemaker in Japan.

Bridge across ravine is part of steam plant construction project

HSC employees who are inconvenienced by the closure of S.W. Gaines Street near the Crippled Children's Division may be disappointed to learn that S.W. Gaines will not reopen to traffic until June.

But it's all for a good cause, according to director of the office of facilities management Ralph Tuomi. The road has been torn up as part of the first phase of construction of a steam plant across from CCD which will eventually serve

the entire HSC campus.

An interesting aspect of the six-year project is that it calls for construction by 1979 of an overhead pedestrian bridge across the ravine between Veterans Hospital Road near the Campus Services Building with a point west of the Student Activities Building.

The main function of the bridge, however, will be to serve as part of a campus-wide system of walk-through tunnels containing steam heating dis-

tribution pipes. (The HSC uses steam for its heating system, sterilizing, etc.)

The underground system will be large enough to accommodate maintenance personnel. The complete campus tunnel system is scheduled to be operational by 1982.

Mr. Tuomi explained that the new steam system is necessary to replace the present system housed in the basement of University Hospital's south unit. Since the UHS system went into service

about twenty years ago, campus needs have multiplied two to three times. There is no room for expansion in the basement location.

The new plant, which will be capable of expansion to meet future needs, will be located south of the large parking lot across S.W. Gaines Street from CCD. A starter plant serving south campus will be completed next year. The first of the tunnels is being constructed beneath S.W. Gaines.

Most hazardous time of human life is before birth

A great deal of human suffering and disease has its origin in fetal and neonatal life. Indeed, the perinatal interval is the most hazardous time of life.

Most cases of perinatal mortality and mental or physical deficiencies occur in pregnancies with definable risks based

on previous screening. This screening may be accomplished by determination of the patient's physical condition, heredity, prior reproductive history, laboratory test results and other factors.

To recognize and treat those at high-risk and yet individualize the emotional

experience and maximize patient participation, the division of perinatal medicine uses a unique regional/team approach unavailable elsewhere in Oregon, explained Dr. Martin Pernoll, head of the division.

The team consists of obstetricians, nurse practitioners, midwives, neonatologists, nutritionists, physical therapists and social workers and screens patients for risk throughout pregnancy. Thus, patients may be assigned to a tract of high, moderate or low risk. Within these tracts, individual care plans are formulated.

Patients at low and moderate risk are cared for almost entirely at outreach clinics. Those at high risk are seen at the high-risk obstetric clinic at the HSC, which is the referral focus for all patients at high risk and some of the patients at moderate risk.

In order to decrease the risk to both mother and baby, the HSC division of perinatal medicine employs several major scientific advances—antenatal genetic diagnosis, ultrasonic diagnosis, physiologic maturity testing and electronic fetal monitoring.

The first of these, antenatal genetic diagnosis, allows identification prenatally of certain mental and physical handicaps. This is accomplished by amniocentesis, a procedure in which fluid from the space surrounding the baby is withdrawn and analyzed for chromosomal or biochemical abnormalities.

Ultrasonic diagnosis has become very sophisticated at the HSC under the direction of Dr. Timothy Lee, associate professor of radiology (diagnosis). This

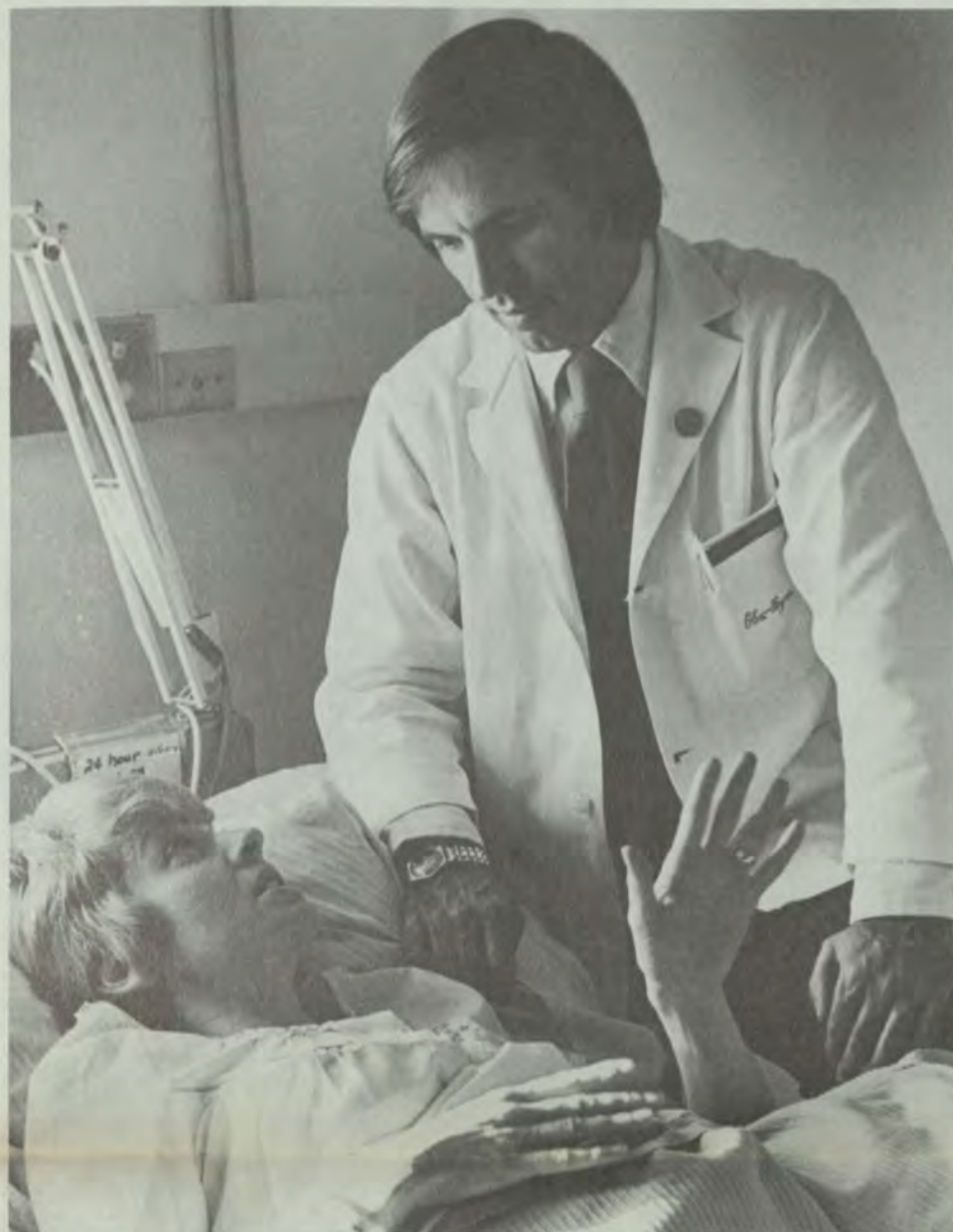
tool offers a precise means of fetal investigation using ultrasonic sound. It allows, for the first time, accurate soft tissue visualizations while the fetus is contained within the uterus. Examples of the detectable conditions include gross anomalies in fetal development, multiple gestation, abnormal placental placement, and abnormal fetal positioning.

Another important testing service, physiologic fetal maturity testing, was started in the laboratory of Dr. Neil Buist, associate professor of pediatrics and medical genetics, in conjunction with the division of perinatal medicine. Relative physiologic maturity (capability to survive in the outside atmosphere) may be determined by special tests taken from the amniotic fluid. Thus, it may be determined if it is more advantageous for the baby at risk to be maintained within the uterus or if it should be delivered and maintained in the neonatal intensive care center, by a team of skilled neonatologists.

Comprehensive electronic fetal monitoring has become a part of the division's regular care during labor and delivery. These monitors, which may be attached directly to the fetus or merely strapped to the mother's abdomen, display the duration and intensity of the patient's labor contractions, and the fetal heart rate, on a continuous permanent record. Proper therapy may therefore be instituted immediately should indications of fetal jeopardy become apparent.

"However, application of the most advanced medical knowledge is only successful if it exists in a milieu of mutual patient-health care worker respect and trust," explained Dr. Pernoll.

"It is extremely important that patients understand the 'hows and whys' of the health care system so that they can feel comfortable and confident with it. Justifying patient confidence is a vital part of our program," stressed Dr. Pernoll.



Responding to questions and concerns of obstetrical patients is a vital part of instilling patient confidence, according to Dr. Martin Pernoll, head of the division of perinatology. Above, Dr. Pernoll listens to Linda Ruel's questions about her pregnancy.

Seniors receive internship, residency appointments

Seniors in the School of Medicine received internship and residency appointments in March. Following is a list of '76 graduates and hospitals in which they will serve:

Four Year Students

Anthony, Forrest H.
Good Samaritan Hospital, Portland, Oregon

Athay, Steven G.
Providence Hospital, Portland, Oregon

Bair, Donald G.
Bethesda, Maryland (Navy)

Barry, Timothy D.
University of Oregon Health Sciences Center

Barsotti, Richard J.
Los Angeles County, USC Center

Biermann, Kerry C.
Sioux Falls Family Practice Program

Blahnik, Michael R.
Maricopa County, Phoenix

Blake, Christopher A.
Providence Hospital, Portland, Oregon

Boekelheide, Sarah J.
University of Colorado Affiliated Hospitals

Bonnette, James C.
Pacific Medical Center, Presbyterian, San Francisco

Brackebusch, Mark C.
University of Oregon Health Sciences Center

Brown, William J.
University of Iowa Hospitals

Byerly, Robert G.
University of New Mexico Affiliated Hospitals

Caffaratti, Barbara R.
Emanuel Hospital, Portland, Oregon

Campbell, Robert P.
Gorgas Hospital, Balboa Heights, Canal Zone

Cardenas, Juan
Children's Hospital Medical Center of N. Calif., Oakland

Chadband, Robert B.
Madigan Hospital, Ft. Lewis, Washington (Army)

Chadwick, Heathcliff S.
L.A. County Harbor General

Claridge, William C.
Scenic General, Modesto, California

Connelly, Jan S.
Sacred Heart Medical Center, Spokane

Cross, Steven W.
Spokane Hospital

Davis, James E.
San Bernardino Medical Center

deLooze, Theodore H.
University of Michigan Affiliated Hospitals

DeVos, Gary S.
Spokane Hospital

Evans, Keith H.
Latter Day Saints Hospital, Salt Lake City, Utah

Exall, J. Stuart
Highland General, California

Findlay, Laird A.
Edward J. Meyer Memorial, Buffalo, N.Y.

Fitzhugh, William C.
University of Oregon Health Sciences Center

Fleming, Daniel J.
Providence Hospital, Portland, Oregon

Gehling, Guy F.
University of Oregon Health Sciences Center

Gentry, Sherry L.
Grady Memorial, Atlanta, Georgia

Gill, Lawrence A.
St. Michael's Hospital, Milwaukee, Wisconsin

Girod, John C.
University of Kentucky Medical Center, Lexington, Kentucky

Grady, Michael E.
Valley Medical Center, Fresno, California

Green, Sidney I.
University Hospitals, Madison, Wisconsin

Greenstreet, Michael M.
Providence Hospital, Portland, Oregon

Higginson, Grant K.
Wilmington Medical Center, Delaware

Hine, John M.
Baptist Medical Center, Oklahoma City, Okla.

Hoesly, John E.
Providence Hospital, Portland, Oregon

Israel, Jeffrey M.
Cedars Sinai Medical Center, L.A., California

Jacobson, Janet L.
St. Vincent Hospital, Portland, Oregon

Jacobson, Stephen G.
St. Joseph's Hospital, Denver, Colorado

James, Matthew
Sacred Heart Medical Center, Spokane, Wash.

Johnson, Charles R.
San Bernardino Medical Center, California

Katon, Wayne J.
University of Washington Affiliated Hospitals

Kitterman, James F.
University of Oregon Health Sciences Center

Knopf, Gregory M.
Emanuel Hospital, Portland, Oregon

Larson, W. David
Gorgas Hospital

Lee, C. Frost
Charleston Area Medical Center

Lee, Gilbert B.
Charleston Area Medical Center

Lee, Myron L.
San Bernardino Medical Center, California

Lorence, Thomas A.
Providence Hospital, Portland, Oregon

Martin, Steven D.
University of Oregon Health Sciences Center

McCallum, Douglas G.
St. Lukes Hospital, Denver, Colorado

McCartney, Richard A.
Kern County General, Bakersfield, California

McCoy, Jon T.
University North Dakota Affiliated Hospitals, Grand Forks

Medlicott, Alex G., III
Spokane Hospital

Mercer, James K.
Akron City Hospital, Ohio

Messerschmidt, Gerald L.
Kaiser Foundation, San Francisco, California

Meyer, James A.
University of North Dakota, Minot

Michels, William L.
Wright Patterson Air Force Base (Air Force)

Myers, P. Bruce
Maricopa County Hospital, Phoenix, Arizona

Neislar, Jane V.
Baylor College Affiliated Hospitals, Houston

Orr, Rodney E.
Weld County General, Greeley, Colorado

Personett, Gregg L.
Emanuel Hospital, Portland, Oregon

Phillipson, Beverly E.
Emanuel Hospital, Portland, Oregon

Pressman, Scott H.
St. Vincent Hospital, Portland, Oregon

Purdy, Alan D.
University of Oregon Health Sciences Center

Redd, Richard A.
Brook Army Hospital, San Antonio, Texas

Reifschneider, James H.
Tucson Hospitals Education Program, Arizona

Ritchey, Timothy J.
Gorgas Hospital, Balboa Heights, Canal Zone

Rorick, J. Thomas, Jr.
Oakland Naval Hospital

Rosenbaum, Howard S.
Kaiser Foundation, San Francisco, California

Rummell, David R.
Stanford University, California

Safty, Thomas K.
Baylor College Affiliated Hospitals, Houston

Samuels, Lynn E.
University of California (Davis) Affiliated Hospitals

Sayre, Lewis W.
University of Oregon Health Sciences Center

Schneider, Fred V.
St. Francis Hospital, Wichita, Kansas

Schvaneveldt, John A., Jr.
Oakland Naval Hospital (Navy)

Shenk, Douglas C.
University of Utah Affiliated Hospitals

Siegel, Martin E.
Bayfront Medical Center, St. Petersburg, Florida

Skoog, Steven J.
Walter Reed Army Medical Center, D.C.

Slack, David P.
San Diego County University Hospital, California

Smith, Heather S.
Madigan Hospital, Ft. Lewis, Washington (Army)

Standerfer, R. Jay, Jr.
University of Oregon Health Sciences Center

Stansbury, James M.
San Diego Naval Regional Medical Center, Calif. (Navy)

Stilwell, Jane E.
University of Oregon Health Sciences Center

Stochosky, Barbara A.
San Bernardino Medical Center, California

Taggart, Phillip R.
Latter Day Saints Hospital, Salt Lake City, Utah

Taylor, Roy A.
Emanuel Hospital, Portland, Oregon

Thomas, J. Gordon, Jr.
Gorgas Hospital, Balboa Heights, Canal Zone

Thomas, Steven O.
Spokane Hospital

Thompson, James M.
Gorgas Hospital, Balboa Heights, Canal Zone

Tolby, Rebecca S.
Emanuel Hospital, Portland, Oregon

Treyve, Edward L.
University of Washington Affiliated Hospitals

Vigeland, Karen M.
Good Samaritan Hospital, Portland, Oregon

Vrtiska, Timothy F.
Highland General, Oakland, California

Wagner, James M.
Sinai Hospital, Detroit, Michigan

Walker, Stephen C.
University of California (Irvine) Affiliated Hospital

Waters, Carolyn B.
Kaiser Foundation, Los Angeles, California

Watson, John W.
St. Vincent Hospital, Portland, Oregon

Weber, Larry A.
University Hospitals, Madison, Wisconsin

White, Keith A.
University of Oregon Health Sciences Center

White, Michael C.
Tucson Hospitals Education Program, Arizona

Whitehead, Myron E.
Madigan Hospital, Fort Lewis (Army)

Witham, Robert R.
Kern County Hospital, Bakersfield, California

Five Year Students

Clark, Thomas L.
Long Beach Veterans' Hospital

Darm, Jerry R.
University of Oregon Health Sciences Center

Dresler, Steven L.
Toronto, Canada

Galey, W. Ted
USAF Medical Center, San Antonio, Texas

Hunstock, Alan T.
University of California Hospital, L.A., California

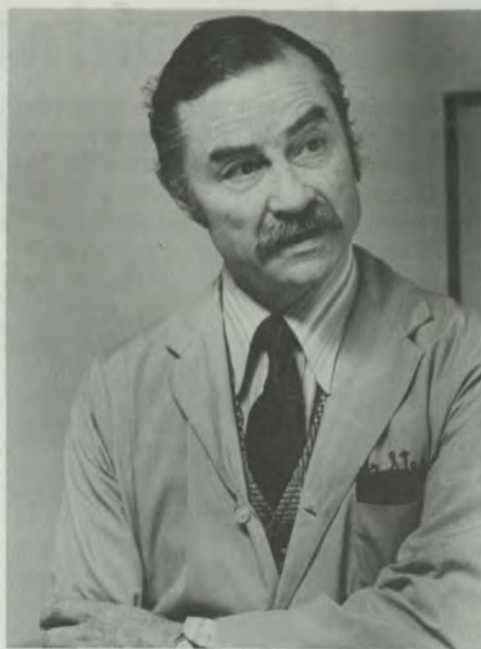
Kelly, Brian R.
University of Oregon Health Sciences Center



DR. JOHN PHIL KEIZER
associate clinical professor of ophthalmology



DR. THOMAS SAUNDERS
clinical professor of dermatology



DR. JOHN STEPHENS
associate clinical professor of medicine



DR. ROBERT RINEHART
associate clinical professor of medicine

Medicine alumni attend lectures, renew friendships

About 300 physicians from throughout the country attended the 61st annual scientific meeting of the Alumni Association of the School of Medicine March 31 through April 2.

The annual meeting was held in conjunction with the Sommer Memorial Lectures.

New alumni association officers installed at the meeting were Dr. Phyllis B. Church, '67, president; Dr. William Fisher, '49, vice president; Dr. J. Gordon Grout, '54, treasurer; and Dr. Richard Hodgson, '56, secretary.

Regional vice presidents are Dr. Theodore Odland, '53, Davis, California; Dr. James Elliott, '57, Havre, Montana; Dr. Roger Engberg, '57, Moorhead, Minnesota; and Dr. David Haugen, '62, Carmichael, California.

At the alumni luncheon April 1, Dr. Fisher announced that alumni contributed more than \$40,000 to their annual giving program in 1975. He presented a check for \$6,000 for the HSC Library to Heather Rosenwinkel, acting librarian, and a check for \$7,700 to the School of Medicine scholarship fund.

This year the Alumni Association began a new tradition of honoring the contributions of the many Oregon physicians who serve as volunteer physicians at the School. Almost 1,000 physicians presently serve in this capacity.

The five physicians honored this year were Dr. Kurt Aumann, Corvallis, associate clinical professor of medicine, who teaches in the endocrine clinic; Dr. John Phil Keizer, Portland, associate clinical professor of ophthalmology; Dr. John Stephens, Portland, associate clinical professor of medicine working in the division of metabolism; Dr. Robert Rinehart, Portland, associate clinical profes-

sor of medicine teaching in rheumatology; and Dr. Thomas Saunders, Portland, clinical professor of dermatology.

Dr. Fisher, who presented meritorious achievement awards to these five clinical faculty members, made the following remarks:

"Dr. Kurt Aumann is recognized for almost 30 years of continuous membership in the volunteer faculty. He makes the trip from Corvallis weekly and is called by the division chairman, 'one of the most faithful and conscientious members of the clinical faculty. . . . He is treasured for the value of his well-informed teaching and his clinical contributions.'"

"Dr. John Phil Keizer has participated in teaching, research and patient care programs in ophthalmology since the completion of his residency in 1954. His major contribution has been in the field of plastic surgery around the eye. . . . He has given generously of his time. . . ."

"In the absence of adequate full-time faculty in metabolism, Dr. John Stephens was the mainstay of the diabetes clinic and medical student teaching program in diabetes. Recently, largely through his efforts, the local branch of the American Diabetes Association has been revived and is active in raising funds for, among other things, research in diabetes in the division of metabolism. . . ."

"Without Dr. Robert Rinehart's help, it is felt that the bulk of our medical students and house staff members would not have had any formal exposure to the rheumatoid diseases. With Dr. Rosenbaum, Dr. Rinehart has consistently and meticulously directed and personally staffed the rheumatology clinic—one of the largest in the system."

"Dr. Thomas Saunders has concentrated his efforts since 1959 on establishing a dermatopathology aspect of the teaching and service programs in the dermatology department. . . . He is



the School's consultant in dermatopathology, represents the department at local, regional and national meetings in his subspecialty and is nationally recognized for his expertise. He is a loyal and dedicated member of the faculty. He is a fine and enthusiastic teacher."

Medical alumni gathered outside the Library auditorium during coffee breaks between lectures. Celebrating their 50-year reunion were more than a dozen members of the Class of 1926, represented (in photo below on right) by Drs. Wilbur Bolton, Arthur Jones, Bill Grieve, and Martin Howard.

Dr. Everett dies

Dr. Frank G. Everett, 69, professor emeritus at the School of Dentistry, passed away April 14.

Dr. Everett, who served continuously on the faculty since 1939, was born in Vienna, Austria. He graduated from the University of Vienna Medical School in 1932. He was also awarded a dental license from the university's dental school. He received a D.M.D. degree from the North Pacific College of Oregon. Dr. Everett was a naturalized U.S. citizen.

He was co-author of the text, *Orban's Periodontics*, now in its fifth edition. Dr. Everett was co-inventor of the Fixott-Everett Grid, a device used with oral roentgenography to measure bone changes in periodontal disease.

In 1971, Dr. Everett was named an outstanding alumnus and teacher by the University of Vienna. In 1974, the School of Dentistry Alumni Association named him recipient of the President's Award.

HEALTH SCIENCES CENTER NEWS

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