



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.*

## Youngsters' sense of isolation is transformed at camp



*Faculty members and fellows from the Health Sciences Center provided round-the-clock medical care for the Oregon Lung Association's first Camp Christmas Seal.*

Mention the word "summer" to most children, and they go bananas.

But for the child with severe asthma, summer is nothing special. Everything fun is forbidden, or so it seems, and days are often spent in isolation. The child's vision of himself as a cripple is magnified.

However, for the 35 asthmatic children who attended the Oregon Lung Association's first Camp Christmas Seal August 22-29 in Clackamas County, summer took on an aura of excitement and adventure.

The youngsters—some for the first time in their lives — took long hikes, swam, learned to scuba dive, and camped out overnight.

They learned what they *can* do, not what they *can't*. They learned more about their disease and how to cope with it themselves. They shared adventures with a new-found sense of security.

Among the round-the-clock medical staff (on 24-hour rotations) at the camp were Dr. Emil Bardana, associate professor of medicine, who was the camp's medical staff coordinator; four fellows

*(continued on last page)*

*Two young campers get an affectionate hug from archery counselor Dave Zielke. The youngsters all wore special "lung shirts."*

## University Hospital is granted two-year accreditation

University Hospital has been granted a two-year accreditation, the maximum offered by the Joint Commission on Accreditation of Hospitals, according to Dr. Lewis W. Bluemle, Jr., president of the Health Sciences Center.

This accreditation is based on the results of an on-site survey made by field representatives of the JCAH in May.

In a letter to Dr. Donald G. Kassebaum, vice president for hospital affairs, the director of the JCAH, Dr. John D. Porterfield said, "The Joint Commission wishes to commend you for maintaining standards deserving of accreditation and for your constant effort to improve the quality of patient care rendered in your hospital."

Accreditation indicates University Hospital has chosen to operate according to standards set by the Joint Commission and that the hospital has, in the main, met these standards.

Out of 7,150 hospitals in this country, approximately 4,800 general hospitals have earned accreditation recognition.

The Joint Commission's accreditation surveys are voluntary.

It is not legally necessary for a hospital to be accredited, but health care facilities have sought accreditation because it represents a benchmark of

quality that is higher than governmental licensure alone.

Reimbursement by federal insurance programs requires that a hospital meet basic accreditation standards.

The Joint Commission, a non-govern-

mental, not-for-profit organization based in Chicago, is composed of the American College of Surgeons, the American Hospital Association, the American Medical Association and the American College of Physicians.

## New Health Sciences Center department established

*Administrative and service personnel holding faculty rank have been invited to join the new Health Sciences Center department of health administration and service.*

A new Health Sciences Center department, the department of health administration and service, has been created by Dr. Lewis W. Bluemle, Jr., president.

The department encompasses all HSC personnel having faculty rank but primarily involved in administration and service.

It will be responsible for academic

appointments and promotions for most of those persons within its ranks.

Among the department's purposes are:

1) Provide an organizational structure and group identity for administrative and support personnel holding faculty rank.

2) Provide a mechanism for determining faculty titles and duration of appointments.

3) Provide management programs in the field of health administration and service.

Also included in the department will be deserving individuals not employed by the Health Sciences Center, such as

persons in community hospitals who play significant roles in affiliated educational programs.

Such persons will be given clinical appointments in the new department as in the case of other academic departments at the HSC.

Division heads within the new department are: John D'Aprix (president's office and staff); Robert Peterson (office of vice president for administration and finance, and staff); Dr. Robert Stone (School of Medicine and office of the vice president); Dr. Donald Kassebaum (University Hospital); Dr. Louis Terkla (School of Dentistry); and Dr. Victor Menashe (Crippled Children's Division).



# University Hospital faces critical year, says Urban

Although Stan Urban is quick to cite the challenges of his job as University Hospital administrator, he doesn't shy away from pointing out problems or areas of frustration.

This is a pivotal year for University Hospital, according to the new administrator. If the staff can come to grips quickly with organizational and financial problems, he foresees smoother sailing in the future.

Mr. Urban, who has been on the job since March, came to the Health Sciences Center after four years as associate administrator of Colorado General Hospital in Denver.

He was attracted by the Center's strong leadership and healthy relationship with the state legislature. And he was excited by the prospect of administering a newly consolidated University Hospital.

"After six months here, I know I made the right decision. I still feel excited and very much challenged," said Mr. Urban.

"There are so many things I want to do, so many improvements to make, that certainly my battery is charged. There is no end to what needs to be done."

Yet he recognizes that this situation leads to frustration among staff members who sometimes don't have what he calls the "big picture."

"You really only can go so fast. We have financial constraints placed on us by our regulatory and governing agencies. When a staff member's request for a needed additional employee or additional funding isn't met, he or she may interpret this as lack of confidence or understanding on the part of the administration. This leads to frustration and negative attitudes. That bothers me."

Mr. Urban believes that morale among hospital employees is due for a positive up-swing. He views the last twelve months as a period of unusual upheaval, and points to the pressures of new leadership, hospital consolidation and the implementation of the CORE accounting system.

"We think these changes are for the better," he said, "but the fact remains that people can only accommodate so much change. I think we've had too many things in the air at the same time."

"The department heads under me are

very desirous of getting some stability into the organization. I've started meeting with them regularly so we all know what's happening and can begin to feel we are going in the same direction."

Monthly departmental activity reports are being completed by all hospital department heads. For the first time in the Center's history, each department is performing a critical analysis of its current finances and productivity.

"We must get a firm grip on our spending patterns," Mr. Urban commented. "It's no secret; we're spending at a rate higher than we're authorized to spend. We're creating a deficit. That has to stop."

"But how do you slow down a 41-million-dollar-a-year complex, University Hospital? How do you do it in a way that doesn't seriously jeopardize programs which might take years to recover?"

"How do you do it without impacting revenue? And how do you do it when every single program has its advocate? It may well be that person's whole career. Dealing with this sort of thing is most difficult, but it must be done."

"Either we do it ourselves through our own internal decision-making process, or there's no question, it's going to be done for us."

Mr. Urban feels that, for the most part, the state legislature and State Board of Higher Education have been understanding and cooperative in the funding of University Hospital.

"They have done their fair share," he said. "They have shown confidence in the administration here by giving us the money we've asked for."

"It's simply imperative that we justify that confidence by managing within the dollars they've given us."

"I really believe this is a critical year. If we maintain a deficit situation, our credibility with the legislature and State Board would be severely damaged. That's something you don't repair within a year or two. In other words, this is the turning point."

If cost-cutting measures begun this summer are effective, and if monthly spending reports continue to pinpoint problems successfully, Mr. Urban believes University Hospital will meet the financial challenge ahead.

"Not only will we gain better control of our spending, but we will become much more sophisticated financially. As this happens, we will also be better able to tell our story to our governing bodies. And that's positive."



**STANLEY T. URBAN**  
administrator, University Hospital



## Riders raise \$14,000 for crippled children

*The world record for merry-go-round riding was set September 2 after riders had spent nearly two weeks aboard in a carousel marathon to benefit the HSC Crippled Children's Division and Seattle's Children's Orthopedic Hospital.*

Saddle-sore but triumphant, the last three riders in the Jantzen Beach merry-go-round marathon climbed off their horses at 12:21 p.m. September 2, after two weeks aboard.

The marathon began with 80 riders August 20. Their goal was to raise \$10,000 in pledges for the HSC Crippled Children's Division and Seattle Children's Orthopedic Hospital.

Some hoped to better the world's merry-go-round riding record of 191 hours.

When the marathon finally ended, not only had a new world's record of 312 hours been set, but riders had also

earned an unexpected \$14,000 for crippled children.

A number of individual riders and teams represented the Health Sciences Center. Among them was Ruth Wiens, associate professor of nursing, whose hour-long ride earned \$100—pledged by Dennis Lavery, associate director of development.

Bill Coultas, HSC refrigeration mechanic, rode the merry-go-round 14 hours. Mr. Coultas, who used vacation time to participate in the marathon, had backers who pledged \$15 an hour for his ride.

Teams representing the School of Nursing, School of Medicine, and Crippled Children's Division also joined in the marathon.

The six-member School of Nursing team rode a total of 192 hours. During breaks, members of the team and other nursing students gave free blood pressure tests to shoppers at the Jantzen Beach mall.



Large photo above: Ruth Wiens finds it hard to keep a straight face as nursing students provide her horse with a few distinguishing decorations, such as a nursing cap, surgical mask and gloves, and "Nightingale" sign. Photo below: Bill Coultas adjusts reins before his 14-hour ride.

### HEALTH SCIENCES CENTER *NEWS*

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

Lewis W. Bluemle, Jr., M.D.,  
President

Mary Ann Lockwood, Executive Editor, Assistant to the President for University Relations

Susan Pogany, Editor and Photographer

Tim Marsh, Staff Reporter

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# Hospital embarks on broad cost-cutting program

*Hospital costs are of great concern not only to staff at the Health Sciences Center, but also to hospitals throughout the nation.*

*The following article discusses cost containment at University Hospital.*

Concern about expenses is not a new experience for administrators of University Hospital. The biennial operating budget seldom has been sufficient to fund all of the rapidly growing medical care programs of the Health Sciences Center.

Now, however, pressures of the federal government's health planning statutes influence hospitals to pay greater attention to restraining costs. Moreover, the ever rising expenses of health care require hospitals to analyze carefully the determinants of costs, to measure the productivity of personnel, and to insure that effective care is delivered at acceptably low price.

Over 60 per cent of the hospital's costs are "people-related"—salaries, wages and fringe-benefits. As hospital workers have achieved parity with their counterparts in the profit-making industries, personnel costs have escalated in the past two decades. Clearly, holding down the hiring of hospital personnel will achieve the greatest proportion of cost-saving. On the other hand, increasing emphasis on acute and critical care requires far more man/woman nursing-care hours per patient-day.

Supplies and services (laboratory, X-ray, physical therapy, respiratory therapy, etc.) account for about 30 per cent of the hospital's expenses. The magnitude of these costs is affected significantly by the users' (physicians') desire to practice high quality, accurate and defensive (i.e., avoiding inferences of negligence-malpractice) medicine.

Once a hospital sets up its nursing care units, diagnostic laboratories and service departments, it establishes certain fixed costs of having people on the payroll; equipment purchased, leased and maintained; heat; lights; janitorial service, etc. These costs are met by the revenue from patient fees.

An optimum workload is sought in each unit of the hospital in order to accomplish two things: (a) insure adequate revenue by doing a sufficient number of services/tests; and (b) minimize the charges to individual patients.

Suppose a 30-bed nursing unit has an occupancy rate of 80 per cent (24 beds occupied) and an annual cost of \$1,-

165,080. Assume that it is decided to close 10 beds to reduce staffing costs by \$100,000 per year. This means that the census of the nursing unit now cannot exceed 20 beds.

Revenue from patient fees (\$133.00 per day for room, board, nursing, drugs, supplies and parenterals) which previously equaled \$1,165,080 will now fall to

University Hospital is examining its staffing patterns in comparison to outside standards, in order to identify unnecessary personnel expenses which can be trimmed.

By census forecasting, University Hospital intends to determine how and when the number of nursing personnel and operational beds should be varied.

laboratory testing in University Hospital significantly exceeds the standard of comparable hospitals: while the number of laboratory tests increases by 10-15 per cent yearly at other western teaching hospitals, the increase at University Hospital is by 20-30 per cent yearly.

This uncontrolled workload escalation has resulted in budget deficits around \$500,000 in the Clinical Laboratory and Diagnostic Radiology, forcing service cutbacks and the diverting of funds from acquiring new equipment to meeting personnel and supply costs.

Experience elsewhere has shown that an educational program dealing with laboratory cost-effectiveness can reduce diagnostic expenses in a teaching hospital.

Griner and Liptzin (*Ann Int Med* 75: 157, 1971) found that house staff at Strong Memorial Hospital, Rochester, New York, often ordered laboratory tests and X rays in the mistaken belief that patients' charts should contain a large volume of confirming and often duplicate laboratory data and X rays.

It is thought often that the expense of redundant laboratory work is borne by the State's general fund "teaching" subsidy of University Hospital's operating costs. On the contrary, hospital and clinic patients must pay these costs which now are itemized completely on each bill.

University Hospital believes that creating concern for the costs of medical care is an integral part of intern and resident training.

To this end, it is promoting cost-awareness in the selection and use of diagnostic procedures. Fee schedules are posted at all nursing units. Copies of patients' bills will be made available to house staff.

As a daily reminder of the cost saving effort underway, an appropriate set of posters (see accompanying illustrations) is on view throughout University Hospital.

Becky Beaver, University Hospital's symbol of tidiness and courtesy, has now turned her attention to discouraging unnecessary laboratory work and X rays.

Becky says that simply doing one less blood count and SAMC chemistry battery would save hospital patients over \$300,000 annually!

Comparable savings probably would accrue if physicians only order follow-up X rays when they can expect changes which influence treatment.

DONALD KASSEBAUM, M.D.  
VICE PRESIDENT FOR  
HOSPITAL AFFAIRS



\$970,900 per year. The revenue drop is then \$194,180, while the expected savings are \$100,000 yearly, or a net loss of \$94,100 annually.

In order to offset the loss of revenue (to meet costs) from bed closure, the routine room rates of the remaining twenty patients would have to be raised by \$12.90, or from \$133.00 to \$145.90 per day. Clearly, charges to patients would be fairer and distributed more equitably if the original higher occupancy rate were maintained.

Analysis of staffing is one of the most effective measures for cost containment, determining the most productive utilization of hospital workers, and eliminating redundant positions—or transferring them to other areas to fill vacancies, rather than hiring.

Recently, an underutilized 19-bed nursing unit was closed, and the patients and staff absorbed on other hospital wards, saving about \$25,000 per month.

The rapidly rising costs of hospital supplies, especially disposable plastic products, make it essential to manage hospital materials by means that standardize supplies, eliminate duplication, control inventories and insure purchasing economies.

Overuse of services, particularly in diagnostic testing, is a problem of most teaching hospitals. It is generally acknowledged that interns and residents order more laboratory tests and X rays than do more experienced physicians.

Evidence indicates, however, that

## Campus studies remedies for parking problems

Bicycle racks will be added, and campus parking rates will not be raised this fall, according to Warren Davis, supervisor of the campus parking service.

He said five new racks will be added on campus, perhaps by the library. There are now 15 racks, 10 at the Basic Science Building and five by the School of Dentistry.

Many students and employees ride bicycles to the HSC. There is no parking fee for bikes at the present time.

Parking officials decided rates for autos this year would remain the same as last year. Current rates have been the same since October, 1972.

However, rates will probably go up next year due to rising costs in several areas. Parking fees pay for bonded indebtedness of parking structures, parking service employee salaries, parking lot maintenance, and possibly in the future, a portion of the cost of running the campus shuttle bus.

"The Center has expanded services and added employees. More parking is needed, but because of financial and

space limitations, it's not that easy to provide it," said Mr. Davis.

He noted the HSC 1981-83 budget has as a "priority item" adding three stories to the lot 8 parking structure, behind University Hospital (south unit) and next to the School of Dentistry.

A second campus shuttle bus may be added during peak morning and afternoon hours. This would be in conjunction with assigning employees more parking spaces in lots close to the Crippled Children's Division.

He encourages car pooling by employees as another way to solve parking limitations. His office puts out "Pool Queue," an information bulletin for those interested in finding riders to start a pool.

Dr. Davis would like to see continued trial this fall of a temporary regulation instituted this summer.

It allows all employees with parking privileges to park their vehicles in any lot on campus after 2:30 p.m.

The regulation was created to alleviate parking shortages in some lots caused by overlapping shifts in the late

afternoons, Mr. Davis explained.

"It's worked well so far, but has yet to be really tested. Many people are on vacation in the summer, and the majority of students return in the fall," he said.

Mr. Davis foresees tighter control by the HSC Parking Committee on requests for special parking privileges.

"So many people say they need their cars close to where they work as part of their job. We have to be more selective. There's only so much space."

## Joan Ash holds new library post

Joan Ash has joined the Health Sciences Center as associate director of libraries.

Mrs. Ash, who arrived on campus in mid-August, is the former assistant director for technical services at the University of Connecticut Health Center Library, Farmington, Connecticut.

Her duties include assisting the director in over-all management of the libraries, overseeing personnel, and co-

ordinating activities of all library departments.

Mrs. Ash holds a Certificate of Specialization in Medical Librarianship and master's degrees in community health education and library service.

In addition to having written a number of articles for medical and library journals, Mrs. Ash has written a book which is scheduled to be in print this month. It is entitled *Health: A Multimedia Source Guide*.



# Terkla discusses dangers of denturist movement

People who go directly to a dental technician, instead of a dentist, to be fitted for and supplied with dentures are taking a gamble, according to Dr. Louis Terkla, dean of the HSC School of Dentistry.

They may end up spending less for their dentures, but if they knew the risks involved, they might look for less dangerous ways to cut financial corners, he observed.

*Improperly fitted dentures can destroy soft and hard tissues in the mouth.*

Denturism, as defined by the American Dental Association, is the illegal fitting and dispensing of dentures to the public. According to federal law, only dentists may supply dentures.

However, there is a movement afoot in Oregon and other states to legalize denturism. Those who wish to engage in denturism—denturists—are usually dental laboratory technicians who are trained only in denture processing techniques, said Dr. Terkla.

"They have had no formal education in examination of the oral tissues of an edentulous patient (one without teeth)," he said.

"They have had little or no biological

education. Consequently, they are just that—technicians.

"They make the assumption that because they make dentures for dentists (on work authorizations from dentists) they are qualified to treat patients directly," he continued.

The HSC dean explained that many edentulous patients have soft tissue diseases that must be treated before dentures are made. Some problems are revealed only by thorough X-ray examination by a dentist.

The possibility that a denturist will overlook a small cancerous lesion in the mouth is what worries dentists most.

"Unless these lesions are diagnosed and treated very early, the patient's chances for survival diminish considerably," said Dr. Terkla.

Although the total health of the patient may be at stake, the denturist has no training in identification and treatment of oral disease or in complex oral anatomy, he continued.

"Dentures should not be made in ignorance of the complicated inter-relationships of oral structures," said Dr. Terkla. "The denture must function in biological harmony in the patient's mouth."

He added that it is even possible for an ill-fitting denture to cause sufficient irritation to create a lesion that can be-

come cancerous.

Improperly fitted dentures can also destroy soft and hard tissues in the mouth.

Because denturists do not recall patients for follow-up examinations, problems go undetected, the dean said.

There is an active movement among a small number of dental laboratory technicians and legislators in Oregon to legalize denturism. Although bills to legalize the profession were defeated in legislative committee both in 1973 and 1975, denturists are expected to introduce another bill before the 1977 legislative session.

*The Association is working to develop new programs to meet the denture needs of the poor and elderly, the two groups who most often turn to denturists.*

The Oregon Dental Association (ODA) is continuing to combat the denturist movement in the state. Meanwhile, the Association is also working to develop new programs to meet the denture needs of the poor and elderly, the two groups who, for economic reasons, most often turn to denturists.

Two alternatives being considered are:

1) Determining whether a "quality"

denture can be made in the dentist's office with a reduced number of appointments and streamlined techniques in order to reduce the over-all cost of the denture.

2) Determining whether the dental profession can set up low cost clinics for persons who need full dentures. Treatment would be provided by practicing dentists.

The ODA also plans to present education programs for the public and health professionals in Oregon to promote a thorough understanding of the need for professional care by practicing dentists.

"I believe the challenge by denturists to the dental profession is a formidable one," said Dr. Terkla. "It has hazardous implications for the profession, for the future of dental education, and for the future of other health professions."

"If the denturists succeed in legalizing denturism, then other public groups can use the same legislative route to legalize their practice of some other aspect of dentistry or of medicine," Dr. Terkla said.

"The standards of educational quality that have taken so many years of professional evolution to develop will no longer have any meaning if we allow unqualified persons to provide health care."

## Patient progresses well following carbolic acid injections

Donald Wright, a 20-year-old auto-accident victim who underwent an unusual surgical procedure July 29 to relieve muscle spasticity, is progressing well, according to his physicians at the Health Sciences Center.

In July, Drs. Elmer Specht, professor of orthopedics and rehabilitation, and John Hoppert, resident, injected phenol (carbolic acid) into nerves that activate Donald's calf and wrist muscles.

The injections deadened and paralyzed the muscles temporarily, giving Donald a chance to decide whether he wants physicians to perform permanent surgical removal of the nerves.

Within a few weeks following his surgery, Donald was enthusiastic about having the nerves permanently paralyzed, a procedure which will relieve the spasticity he has experienced since being struck by a hit and run driver four years ago.

In the meantime, Donald is involved in a program of physical and occupational therapy in University Hospital and at home.

"The temporary nerve block has been very beneficial," said physical therapist Jean Schultz. "Donald can exercise his foot more easily, and his walking has improved."

She continued, "Only time and a lot of hard work will tell if he'll be a good walker. A realistic goal for now is to help him learn to move from his wheel-

chair to his bed by himself so that he is more self-reliant.

"He's worked awfully hard for the gains he's gotten, and lately his motivation has increased even more. His family deserves gold stars for being so consistent about exercising him each day."

Physical therapists are working with Donald on exercises to stretch his hand and leg muscles, which were tautly constricted before his surgery.

They hope to strengthen other muscles that are functioning well and to improve his standing balance and coordination.

In occupational therapy, Donald has been taught to use special aids for dressing and eating. He is also learning to use a typewriter.

For several weeks following his last operation, Donald gained some use of his hand. But as the temporary nerve paralysis waned, the muscles tightened and he lost this function, explained Kay Rhoney, occupational therapy supervisor.

Dr. Specht has not yet set the date for Donald's next operation.

*Donald Wright, who underwent surgery July 29, practices walking exercises in the physical therapy department with help from therapy technician DeVere Crawford. Further surgery is planned.*



## Unusual center helps patients learn to live with pain

*The Portland Pain Center, under the direction of Dr. Joel Seres, offers patients with chronic pain an alternative to surgery. Treatment is provided during a two to three week stay in Portland's Emanuel Hospital.*

Physical, emotional, and social problems can all contribute to pain.

Using a multidisciplinary approach dealing with all three, the Portland Pain Center seeks to return a patient with physically caused pain to as normal an existence as possible by non-surgical means.

Dr. Joel Seres, HSC associate clinical professor of neurosurgery, directs the

center, which is located at Emanuel Hospital. It is one of 15 such centers in the U.S.

Part of the way the center helps is through physical therapy and reducing drug dependence.

Physical therapy is directed primarily at getting patients to help themselves.

It includes individual exercise sessions; posture classes, where patients learn how to bend, lift, and move with less discomfort; relaxation exercises; and hydro (water) therapy.

"While most of our patients have tried various forms of physical therapy in the past to no avail, we find most can benefit if exercises are started gently and increased slowly. We have found carefully planned exercise programs can

help even the most severely disabled person feel better," Dr. Seres said.

When patients come to the center, they are asked to bring the pain medication they are currently taking. With their permission, the medication is withdrawn over a period of time.

"Our goal is to have the patient completely withdrawn from all sedatives and pain relievers when he leaves the center," he explained.

Dr. Seres points out that pain medication is appropriate for acute pain, but loses its effectiveness if taken regularly.

Depressed persons find it especially hard to live with pain, he said. "Many pain medications cause or increase depression. This, in turn, makes pain less tolerable. It develops into a cycle."

He said his idea of a pain center grew out of a "general frustration I felt seeing patients who had pain and were contemplating further surgery. I had nothing else to offer but surgery."

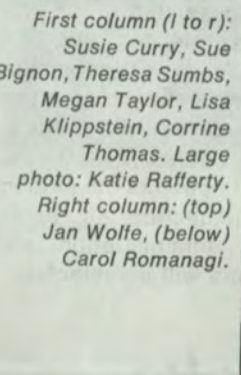
Since the center opened, its staff has treated over 1,000 patients, all of whom must be referred by their personal physicians.

Most of the patients are injured workmen. About 65 per cent suffer from chronic low back pain. Others suffer from cervical (neck) and headache pain.

The center does not promise total relief of pain.

Its goal is to help patients live as normal a life as their condition will allow without the need for analgesic medications and over-use of medical resources.





First column (l to r):  
Susie Curry, Sue  
Bignon, Theresa Sumbis,  
Megan Taylor, Lisa  
Klippstein, Corrine  
Thomas. Large  
photo: Katie Rafferty.  
Right column: (top)  
Jan Wolfe, (below)  
Carol Romanagi.

## Clinic clerks face daily pressures; reap rewards

Being a clinic clerk in the University Hospital clinics is hard work; but there are rewards.

The job requires a rare combination of patience and the capacity for remaining organized in the face of adversity.

Clerks must handle complicated problems and requests while seeing that nearly 600 patients flow smoothly through the clinics each day.

"New clerks feel the extreme pressure. Everything is strange to them, and there's so much to learn. They don't

know the staff yet, and it's frustrating," said Regina Mockmore, director of clinic admitting, who supervises the clerks. "It takes about six months to get oriented."

"The rewards are great if you like working with people. Patients come back and remember you. You feel you've done something productive."

She added, "Clinic clerks are responsible for the attitude of the public toward our system. This is where patients have their first contact with the Center."

The HSC's nearly 40 clerks are concentrated in the main registration area, the central appointment desk, and in desk areas on the floors.

Their duties include initiating billing forms, calling for medical records, setting up appointment schedules, relaying phoned-in lab reports, keeping statistics, and much more.

Turnover is low, Miss Mockmore explained. The reasons for this include good in-service training programs, productive departmental meetings, oppor-

tunities for promotion, and the chance to offer suggestions about how to make clinic operations more efficient.

For example, some of the clerks' suggestions for remodeling the clinic registration area were recently adopted.

A few of the clerks took their enthusiasm for remodeling even further and painted one entire wall of the central appointments desk area with a forest mural.

They plan a second mural for the patient registration office area.

## Eye may give clues in drug treatment of schizophrenia

Drugs that are used to treat schizophrenia frequently produce measureable changes in the retina of the eye.

In the future, physicians may monitor these changes as a clue to how the drugs are working in the treatment of patients, according to Dr. Duane Denney, professor of psychiatry at the Health Sciences Center.

Dr. Denney has received a two-year grant totalling \$80,000 from the National Institute of Mental Health (NIMH) to study the effects of these drugs on the retina.

This is the first federal funding for this research, which Dr. Denney and his colleague, Dr. Michael Daley, instructor in psychiatry, have worked on for over a year with help from the Grass Foundation.

According to the NIMH, schizophrenia is the world's number one mental health problem.

People suffering from this severe emotional disorder occupy approximately half the mental hospital beds in this country.

Of every 100 Americans, one person

can be expected to be hospitalized with schizophrenia at some time of his life, according to NIMH predictions.

The disorder usually begins early in life and may follow a chronic disabling course.

Currently drugs and psychotherapy are the main methods of treatment. "We don't know how these drugs, for example the phenothiazine called Thorazine, help schizophrenic patients," Dr. Denney said.

"But we do know that all the drugs effective in treating schizophrenia influence a chemical called dopamine, which is found in several parts of the nervous system."

He explained that dopamine is prominent in the retina of the eye, and the eye is embryologically like the brain.

Thus, the retina may serve as a simplified and easily accessible part of the nervous system for research in drug action.

"If we could understand how these drugs affect the retina, then perhaps we could come to understand how they affect those areas of the brain which are

probably involved in schizophrenia."

When schizophrenic patients are given heavy doses of certain medications, they may develop symptoms similar to Parkinson's disease.

It is now known that Parkinson's disease is due to deficiency of dopamine in part of the brain. Schizophrenia, on the other hand, may be caused by an excessive amount of dopamine or an abnormal sensitivity of the nervous sys-

tem to normal amounts of dopamine.

It has been known for several years that patients may develop some permanent side effects from certain drugs used in treatment.

According to Dr. Denney, better and safer treatment can be developed when the underlying biochemical abnormality in the brains of people suffering from major psychiatric illness can be understood.

## Dr. Lobitz receives double honors

Dr. Walter C. Lobitz, professor and chairman of the department of dermatology at the Health Sciences Center, received separate high honors in Philadelphia and Japan in September.

A member of the Health Sciences Center faculty since 1959, Dr. Lobitz was inducted as an honorary fellow of the College of Physicians of Philadelphia, oldest medical society in the U.S. Induction is rare and held in high regard by physicians.

In connection with the induction, Dr. Lobitz delivered the Louis A. Duhring Centennial lecture September 18 during a conjoint meeting of the Pennsylvania Academy of Dermatology and Philadelphia Dermatological Society.

Prior to going to Philadelphia, Dr. Lobitz received an honorary degree from Hokkaido University, Sapporo, Japan, during that university's 100th anniversary of founding.



# Research may aid sickle cell anemia sufferers

A research study that could help millions of people who suffer from sickle cell anemia, Mediterranean anemia and other diseases of the red blood cells is being conducted at the Health Sciences Center.

Dr. Bernard Pirofsky, head of the division of immunology, allergy and rheumatology and professor of medicine, has received the third year of funding from the National Institute of Arthritis and Metabolism to continue his research on the transplantation of red blood cells.

His current award is for \$43,996 bringing total research support in three years to \$127,491.

Currently this is the only study of its kind being conducted. There have been only two other attempts at red blood cell transplantation, in Paris and Holland, both within the last three years.

Diseases that involve the abnormality or inadequacy of the red blood cell population are mostly inherited, accord-

ing to Dr. Pirofsky.

The most commonly known is sickle cell anemia, a crescent-shaped malformation of the cells that plagues 10 per cent of American Negroes, and Mediterranean anemia, a malformation of the cells' enzymes, membranes and hemoglobin, affecting 20 per cent of Mediterraneans.

"Although many of these diseases aren't in the lethal stage and just leave the person anemic, they can lead to death if fully developed.

"There is no therapy and the only systemic method of helping the patient is by transfusions. Our goal is to correct this problem through the transplantation of red blood cells," said Dr. Pirofsky.

Dr. Pirofsky is using mice in his research, obtaining immature healthy red blood cells from the liver of fetuses and injecting these cells into mice with an inherited malformation of the red blood cells called hereditary spherocytosis.

He hopes that the healthy cells will eventually overtake the abnormal cells permanently, leaving only a population of healthy red blood cells. If this happens, he said, there are implications for the whole area of transplantations.

*"Although many of these diseases aren't in the lethal stage and just leave the person anemic, they can lead to death if fully developed."*

For example, what often happens in bone marrow transplantation, he explained, is the body's rejection of the transplanted tissue because there are too many lymphocytes in the transplanted tissue.

Lymphocytes are the white blood cells that are the primary source for the production of antibodies, which protect the body against foreign objects or substances.

Therefore, it's important to reduce the amount of lymphocytes in the transplanted blood cells to minimize the chances of rejection, he said.

Dr. Pirofsky will try to obtain the bulk of immature red blood cells which contain a minimal amount of lymphocytes, then devise ways to selectively inhibit their growth through the use of serum and drugs.

During the past two years, Pirofsky has developed three drugs that successfully inhibit the growth of lymphocytes.

Also during his work to date, Dr. Pirofsky has discovered the liver of the fetus as the best source of red blood cells and has found which section of the liver has the most abundant amount of cells and how to best obtain and store the red blood cells.

With this groundwork laid, he predicts he will be able successfully to transplant red blood cells in animals within the next year or two.

## New policy outlined for Student Activities Building

Health Sciences Center students will have more input into operation of the Student Activities Building (SAB) due to a new policy.

Adopted by the HSC Student Council in June, the policy gives students "greater input into the operation of the building in a direct manner which we haven't had in the recent past," according to medical student Steve Bailey, council president.

The new policy raises the number of student members of the SAB Committee from three (one each from the schools of medicine, nursing, and dentistry) to six (two from each school).

As under the old policy, the committee will have one administration member (appointed by the HSC president) and one house staff member (appointed by the vice president for hospital affairs). The SAB director will be a non-voting member and committee consultant.

One change will lower the number of faculty representatives from three (one from each school) to one.

Mr. Bailey said the original SAB Committee was formed several years ago but became defunct. About a year and a half ago the committee was reconstituted.

"At that time both the students and the HSC administration recognized the need for more student input into operation of the building," he said.

Several meetings, cooperation of the administration, and hard work by School of Medicine SAB Committee student representative Arlie Skurdal, a medical psychology graduate student, made the policy changes possible, Bailey said.

"A lot of credit is due Arlie. In my opinion he has played the most active role of anyone on the committee over the last year and a half," he said.

The SAB is unique at the Health Sciences Center. Its capital funding has

come entirely from students and, according to Robert Peterson, HSC vice president for administration and finance, student mandatory incidental fees pay for about 90 per cent of the building's operation costs. A small amount comes from faculty and house staff.

Mr. Bailey said this fall the HSC Student Council will ask for recommendations for SAB Committee student representatives from each of the school's student governing bodies.

After the council appoints the student members to the committee, Mr. Peterson said, faculty, administration, and house staff members will be selected.

## Tanz describes South African disfranchisement of blacks

An inside look at the life of black South Africans was provided to Health Sciences Center News in a recent letter from Dr. Ralph Tanz, associate professor of pharmacology.

Dr. Tanz, who is on a year-long sabbatical leave to the University of Cape Town Medical School, described a trip he took in July. Portions of his letter are excerpted below.

"Recently we took a quick tour from Cape Town eastward along the coast, then up into Swaziland and back through Lesotho.

"Stretching between Cape Province and Natal along the southern coast of South Africa lies an area of gently rolling hills that receives no rain in the winter months and is partly wet, but rather dry, in the summer as well.

"This is the Transkei, due to become an independent nation in October of this year.

"It covers an area of slightly over 16,000 square miles and is inhabited by between 1½ and 2 million Xhosa people (pronounced Kausa).

"Umtata, the capital, . . . is a small city that is trying to grow rapidly in order to present the appearance of what a thriving capital should be. Even so, one can walk from one end to the other in less than an hour.

"During the day, the town is like a teeming ant hill. The streets are jammed with natives who come in from the countryside to do their shopping.

"The women dress in a variety of fashions ranging from colorful native costumes to modern-day dress to outrageous combinations of both—while men are rarely seen in anything but conservative western clothes. . . .

"This is an agrarian society where kraals are grouped together, 20 or 30 at a time, in enclaves. . . . When a man becomes of age, he will buy cattle and

in turn purchase a wife with his livestock, and the chief will assign the couple appropriate land for their house and farm. . . .

"They are a peaceable, content, extremely friendly and fun-loving people. But unfortunately, most of the tribal customs are rapidly disappearing as they adapt more and more to the white man's ways. . . .

"Their most serious debilitating disease appears to be tuberculosis, which is being combatted by the South African National Tuberculosis Association quite effectively.

"Today, with better nutrition, green vegetables from their gardens and sufficient meat . . . , malnutrition is a rarity and one sees a plethora of happy children running around attending to the herds of livestock.

*"The South African government, in its infinite wisdom, has carved out an area for the Xhosa that borders on being semi-arid. It has conducted extensive geological surveys to make certain that nothing of value will be lost to them after independence is granted."*

"We are told that dental problems used to be a rarity, but that today with the adaptation to our dietary habits, more and more dental problems are arising. . . .

"Traveling further eastward about 20 km into the province of Natal, the countryside suddenly becomes green and lush. The South African government, in its infinite wisdom, has carved out an area for the Xhosa that borders on being semi-arid.

"It has conducted extensive geological surveys to make certain that nothing of value will be lost to them after independence is granted.

"The Transkei is but one of a number of independent homeland nations that the Afrikaner-controlled national government is attempting to create in order to solve their apartheid policy and placate world opinion.

"As these homeland nations are created, Blacks will automatically lose their South African citizenship and be forced to accept citizenship in their homeland nation or be left with no nationality.

"Nor does it matter that many Xhosa are living hundreds of miles away from the Transkei and have no desire to return.

"The vast majority of Blacks and most

of the English-speaking whites voice strong disapproval of this policy aimed at disenfranchising non-whites even further, rather than to accept them as full-fledged citizens of South Africa, as equals, with all attendant privileges. . . ."

*The remainder of Dr. Tanz's lengthy letter includes more on his travels and observations about South African problems.*

*Dr. Tanz will return from his sabbatical leave January 30. His studies in South Africa relate to the biochemistry, physiology and pharmacology of dysrhythmias and anti-dysrhythmias.*



*When the William Montag family, above, visited Mrs. Montag's sister on Marquam Hill in 1894, the Hill looked like this. Not until more than 20 years later, in 1919, did the University of Oregon Medical School decide to establish its campus on Marquam Hill. In the photo, the child holding the Union Army cap is the late Fred P. Montag, father of Louise Montag Hoffman, long-time Portland resident, who supplied HSC News with the picture.*



# Director foresees period of library growth ahead

"An older library, well established with quite an extensive collection, but offering challenges in every area," is the way James Morgan, new director of library services, describes the HSC libraries.

In a recent interview with *HSC News*, the former director of libraries for the University of Connecticut Health Center discussed his plans for the UOHSC library system, which includes the medical and dental libraries.

Because it has been underfunded over the years, the HSC library hasn't been able to keep pace with other major health sciences libraries in the U.S.,

according to Mr. Morgan, who has been on campus since July.

He explained that the library is currently funded by money from the state and by various medical organizations.

But he added, "A library this size should be receiving more state support. The next biennial budget, if approved by the state legislature, will provide extensive funds for upgrading library services and collection development."

In recent years, the HSC libraries, including the dental library, have purchased about 2,000 new books a year. "That figure should be up to about 3,500 a year to keep current with the literature," said Mr. Morgan.

The new director would like to see the HSC libraries become involved in a number of new services over the next few years.

Included among these are more audio-visual services, more opportunities for computer-assisted instruction, and more databases, such as Med-Line.

Another service in which he is especially interested is a "clinical librarian program" similar to those already established by a number of other health sciences libraries, including the University of Connecticut Health Center.

He explained that this program involves sending a librarian on rounds with physicians on various medical services.

The librarian listens for questions, returns to the library to do Med-Line searches, and then provides back-up documentation in the patient's treatment. HSC reference staff have already made attempts at such a program.

Mr. Morgan is also interested in eventually establishing a state-wide network for health information.

To do this, the HSC library must ex-

pand its role in the National Library of Medicine's nation-wide Biomedical Communications Network.

Mr. Morgan envisions a multi-level network of health libraries in Oregon, beginning with individual hospital libraries, which would turn to the UOHSC library on more difficult topics.

The UOHSC library, likewise, would turn to the University of Washington, which has the Pacific Northwest Regional Health Sciences Library. At the top of the pyramid is the National Library of Medicine.

Before establishing any new services or policies, Mr. Morgan will consult with a soon-to-be-selected Library Committee.

"Setting up a Library Committee is going to be one of my first orders of business," he said. The committee would include students, faculty, and staff.

"We'll be making a number of changes within this first year, and the Library Committee will be a very important group, advising me and my staff on the best way to proceed on things like renovations, hours of service, and whether or not we should curtail journal circulation."

One physical change which Mr. Morgan foresees in the near future is opening a basement corridor connecting Mackenzie Hall with the Library Auditorium. In addition to functioning as the only internal entrance to the auditorium, the corridor would double as an informal study area and lounge with a soft drink machine and paperbacks.

Mr. Morgan hopes that within the next five to ten years, a modern, new library will be constructed on campus.

"We're very much limited in the services we can offer now. It's mainly a

problem of space and how the building is configured. The present library was built in the 1930s.

"In the last 10 years, there has been a real push to upgrade medical library buildings. Most libraries today are modular. They're more open and can be changed to accommodate new or expanding functions."

The new director describes the challenges ahead as "intriguing."

"There's so much to tackle all at once. The library staff has done a commendable job in light of the funding shortages they've faced. Now they're anxious to make changes. It's difficult for me to hold some of them back."

"I took this job because it's a challenge that many medical librarians don't face. Also the new Health Sciences Center was only a year old when I was interviewed; I felt it was an exciting time to be associated with the institution."

"A lot of changes are going to happen on campus within the next few years, and I hope the library is one of them."

## HSC office gets grant

The School of Medicine has received a three-year grant of \$361,475 from the Northwest Area Foundation.

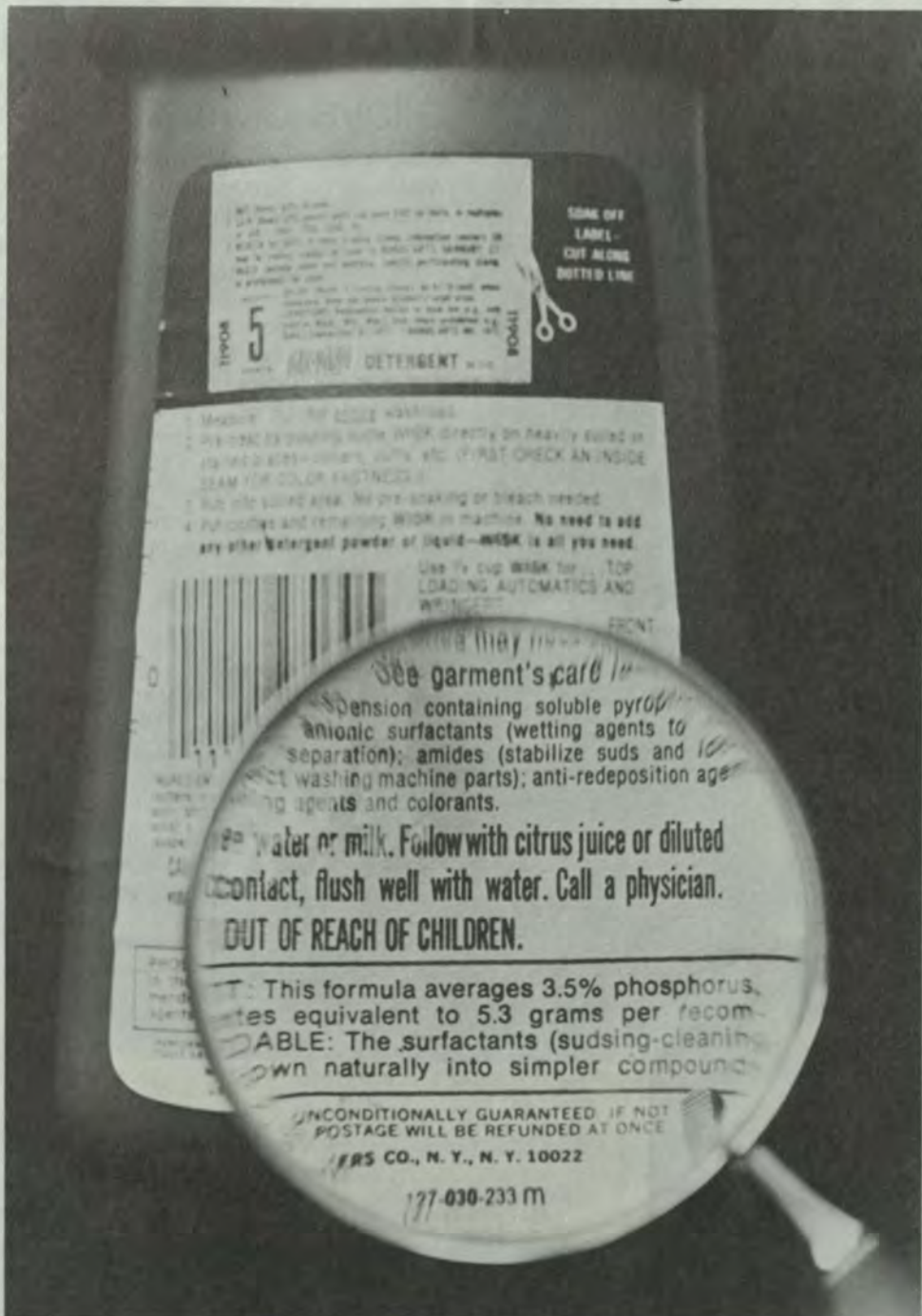
The grant will provide continued support to the office of medical education services that opened two years ago with initial funding from the Foundation to increase the effectiveness and efficiency of instruction and learning.

Dr. Robert Reichart, director, and Dr. Alison McPherson, associate director, work with medical school faculty in a variety of ways to improve instructional methods to achieve learning goals.



**JAMES MORGAN**  
director of library services

# Poison reference system saves time and lives



A new reference system is saving the Health Sciences Center's emergency services and pediatric departments valuable seconds in treating poison cases and drug overdoses.

Since July, University Hospital has been a subscriber to the Poisindex System which has access to information on several thousand possible poisonings and treatment related to each.

"With time a vital factor in treating poisonings and drug overdoses, the sooner the toxic substance is identified and treatment begun, the greater the chance a person has for recovery," said Dr. John Schriver, director of emergency services.

Using the Poisindex System it is possible to identify substances and treatment data within 30 seconds.

The system uses a desk-sized microfiche viewer, located in the emergency department. A looseleaf notebook filled with four by six inch microfiche cards (miniaturized black and white transparencies), containing over 2,000 entries per card, is kept next to the viewer.

Products listed range from gasoline to handcream, from birth control pills to soap detergent. The doctor or nurse user may also select pictures of poisonous plants and mushrooms as well as insects and snakes to assist in identifying these hazards.

All products are indexed by brand, trade, or generic name, manufacturer imprinting code (color of pill and numbers on pill), all well-known slang terms,

abbreviations, and common misspellings.

Subscribers have the opportunity to submit additional identifying slang names and add other data as it becomes known. Each subscriber's microfiche file is updated every three months or more often if necessary.

"This is the most extensive resource material available for the treatment of poisonings," said Dr. Schriver.

"It has already proven its worth several times for us," he said.

"In one case a 22-year-old woman was the victim of a drug overdose. An ambulance was called, and the paramedics were able to communicate with the emergency department via radio."

"They described a critically ill comatose patient with no blood pressure recordable. In addition, they described a capsule, and the identifying numbers on it, found next to the patient."

"The drug was identified using the Poisindex System, and appropriate management was implemented the moment she arrived."

She was resuscitated, admitted to the intensive care unit, and four days later discharged.

Access to the Poisindex System and to the Poison Control Center, which is directed by Dr. Emily Tufts, associate professor of pediatrics, is available by calling the Health Sciences Center.

## Alumni attend meeting

About 100 ophthalmologists from Oregon, Washington, Idaho, Montana, and Vancouver, British Columbia, attended the 31st annual meeting of the Oregon Ophthalmological Alumni Association at the HSC September 8-10.

Members of the association are graduates of the Health Sciences Center's School of Medicine ophthalmology program.

*In the fine print on most household product labels is valuable information about the product's potential as a poison. Hazardous products should be kept out of the reach of children. In case of accidental poisonings, the HSC's new Poisindex System discloses treatment data within thirty seconds.*



# Alumni notes

Alumni are invited to submit items of interest to this column.

## School of Medicine

Dr. Larry Zagata, Class of 1974, was one of the two physicians who have taken up practice at the Seaside Medical-Surgical Clinic recently.

Dr. Zagata completed his residency at McKay Dee Hospital in Ogden, Utah.

Dr. Louis S. Goodman, Class of 1932, got back together with his colleague Dr. Alfred Gilman this spring as the pair joined forces once more at Dr. Goodman's University of Utah office to take a look at the newly released fifth edition of their well-known book "The Pharmacological Basis of Therapeutics." The

two plan on putting out a new edition of the book, referred to by students as "Goodman & Gilman" and the "Blue Bible," every five years.

At age 69, Dr. Goodman, a distinguished professor of pharmacology, aims "to keep intellectually alive" and talks of reading in his "eclectic" library.

Dr. Catherine A. Poole, Class of 1958, has been cited for distinguished achievements by being named a fellow of the American College of Radiology. Dr. Poole is affiliated with Jackson Memorial Hospital, University of Miami Hospital and Clinics, and the University of Miami School of Medicine.

Dr. Donald M. Long, Class of 1933, has been appointed medical director of St. Catherine's Residence and Nursing Center in Coos Bay, Oregon. Dr. Long is a life member of the School of Medicine Alumni Association.

Dr. Elmo W. Peterson, Class of 1952, of Coos Bay, Oregon, has been named to the American Board of Family Practice.

In a recent article in the *Lake Oswego (Oregon) Review*, Dr. Hollister Stolte, Clackamas County Health Officer, Class of 1938, discussed his department's emphasis on preventive medicine.

Dr. Agnar Allen Straumfjord, Class of 1955, recently joined the active staff of the Good Samaritan Hospital in Corvallis. Prior to his appointment, the professor of psychiatry was director of health services at the UOHS School of Medicine.

## School of Dentistry

Eugene dentist Dr. Martin Kolstoe, Class of 1955, has been reappointed by Governor Robert Straub to another four-year term on the Oregon State Board of

Dental Examiners.

Dr. Kolstoe has served on the board since 1972. He began his new term last spring.

# VIPS

## Service Anniversaries— From Personnel

### SEPTEMBER Five Years

Milton Ramberg, phys plant  
Pamela Wyatt, library  
Ann Mains, nursing service  
Mary Ann McDonald, nursing service  
Judy Lamb, nursing service  
Beatrice Gilmore, ORMP  
Donna Graham, orthodontics, School of Dentistry  
Lenna Kaye Hadley, clin path  
Elaine Looney, radiology  
Lenolia Talton, nursing service

### Ten Years

Donna Johnson, admitting  
Doris Buckland, nursing service

### Fifteen Years

Dr. Benjamin Siegel, pathology  
Everett H. Scott, security  
Laurie Lavoie, phys plant  
Phillip D. Ray, registrar, School of Dentistry

### Twenty Years

Mildred Freeman, housekeeping  
Nellie Thompson, nursing service  
Rachel Espey, dent hygiene, School of Dentistry

### Retirements

Mary Holter, dietary services  
Violet Page, cardiopulmonary surgery  
Kathryn Grover, nursing service  
Grace Perry, CCD  
Harold Ryan, surgery  
Eileen Fisher, pediatrics

# Fifty years of nursing observed

The School of Nursing observes its golden anniversary this year. It will celebrate 50 years of nursing education with an open house and program October 15.

Registration is tentatively scheduled to start at noon October 15 with coffee in the library. Throughout the afternoon, activities and exhibits will be on display that are related to the School's historical development, its current programs, and its future goals.

Dr. Roy Lieuallen, chancellor of the State System of Higher Education, and Dr. Lewis Bluemle, president of the Health Sciences Center, are scheduled to participate in afternoon activities in the library auditorium.

Dr. Carol Lindeman, new dean of the School of Nursing, will speak at the program.

Also participating will be Dr. May Rawlinson, chairperson of the School of Nursing Faculty Organization; Ruth Wiens, associate dean; and Maribeth Cross, president of the Associated Student Organization, School of Nursing.

There will also be selected campus tours through the Learning Resources Center, University Hospital, and the School of Nursing.

Fifty years ago the School of Nursing began its educational program leading to a bachelor's degree in nursing. Recent curriculum revisions have reduced that five-year program to four years.

# "Ya Hoo..." greets visitors

As soon as his 5½ x 7 foot painting was affixed to the wall of University Hospital's 9th floor waiting area last month, artist Jack Portland bounded up a nearby ladder to add the finishing touch.

"Ya Hoo You Who"—"Portland '76," the artist hastily scrawled in pencil across cream-colored patches near the top of the painting.

The informal hanging/signing ceremony August 12 climaxed a seven-month effort by the Health Sciences Center to receive one of the works of art commissioned from 10 different artists by the city's Metropolitan Arts Commission.

The city-wide project, entitled "Art for Public Places," was funded with federal money from the Comprehensive Employment and Training Act.

University Hospital was the only state building to receive one of the works of art.



JACK PORTLAND  
painter



# ADA president allays old fears

Dr. Robert Shira, president of the American Dental Association, was guest lecturer in continuing education last month at the School of Dentistry.

Dr. Shira spoke to local news media on a variety of topics, including the increasing elimination of pain in dentistry, work on a vaccine against tooth decay, and fluoridation of water.

He attacked those who would prohibit the use of fluoride in community water supplies.

"Fluoride is safe, effective, easily applied, and cheap. It should be made available to all our people," said the visiting ADA president.

## DR. ROBERT SHIRA

president, American Dental Association



# Summer camp

(continued from page 1)

from the division of immunology and allergy; and three from the division of chest diseases. Other staff members from the HSC volunteer faculty also participated.

According to Dr. Bardana, a Pediatric Program Committee of physicians with the Oregon Lung Association has been formed to plan next year's camp, as well as establish on-going programs to aid youngsters with respiratory problems.

The committee has already planned a pediatric pulmonary conference for next April. They are also working to set up an education program for asthmatic children, their parents, and siblings.

## HEALTH SCIENCES CENTER

# NEWS

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