



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.

Scientists work to help save Portland's penguins

Scientists at the Center are using a rare radioimmunoassay in an effort to help save Portland's penguins.

The scene is like something out of an old slapstick comedy—penguins and people running every which way in apparent pandemonium. But a movie set, it is not.

Every six weeks researchers from the HSC School of Medicine's division of immunology visit the 10 new Humboldt penguins at the Portland Zoo and draw blood for an unusual study, which may end up saving the penguins' lives.

The study is being carried out in conjunction with Dr. Michael Schmidt, staff veterinarian at the Portland Zoo.

The penguins are hardly willing subjects. They waste no time in demonstrating violent opposition to the indignity of being caught by zoo personnel and scrutinized—however gently—by the scientists. But during the next several years, they may get used to it.

According to Dr. Emil Bardana, associate professor of medicine, all 10 penguins have been exposed to aspergillus, a fungus which fatally infected the zoo's entire penguin colony in the late 1960s.

The fungus, aspergillus, is everywhere, Dr. Bardana explained. Most of us encounter aspergillus in the atmosphere, soil, drinking water, and various foodstuff (e.g., nuts, macaroni, etc.) continually, but our bodies' immune mechanism is successful in fighting it off.

However, persons with chronic lung disease, those with certain allergies, those who have recovered from tuberculosis, and those with "altered immune defenses" are quite susceptible to serious attack by the fungus.

Cancer and organ transplant patients whose immune defenses have been altered or decreased by drugs are also at high risk.

But aspergillus particularly flourishes in zoo-like conditions in animal hosts, including penguins in captivity and commercially grown birds such as chickens and turkeys. It

is also a threat to endangered species of waterfowl in captivity.

So researchers have multiple reasons for studying the disease and possible therapies.

In his natural habitat on the south coast of Peru, the Humboldt penguin is not affected by the fungus because aspergillus does not thrive in cold climates.

But when the penguins are captured and quarantined for five weeks in the warm, moist climate of Miami, they are quickly infected.

For unknown reasons, their bodies are unable to provide an adequate defense. After the Portland Zoo's first penguin colony died of the fungus, Dr. Bardana became interested in studying this natural animal model to acquire further understanding of host immunity as it relates to penguins and humans.

Dr. Bardana and his research team have developed a sensitive radioimmunoassay, which allows physicians and scientists to detect the presence of the disease very early in its course. The 10 penguins were tested in October, and despite their new super-clean, specially protected penguinarium at the zoo, all were found to be harboring varying amounts of antibody to this fungus, and the majority of penguins are felt to be actively

infected with aspergillus.

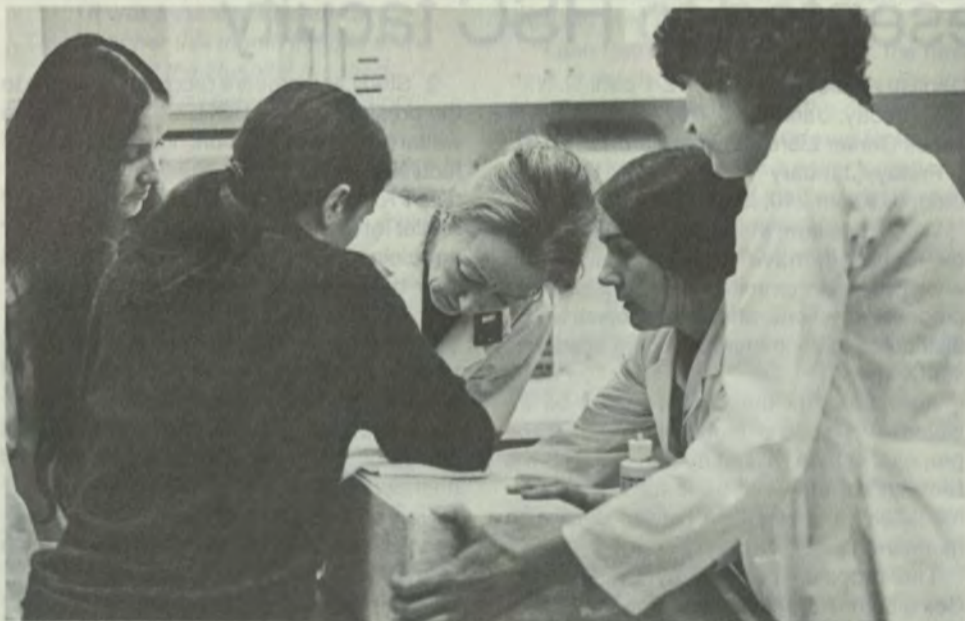
Based on their degree of infection, the 10 penguins were divided into three groups. One group is being given an anti-fungal antibiotic; the second group is receiving a special vaccine; and the third is receiving no treatment.

Veterinarian Dr. Schmidt is overseeing administration of the experimental drugs, and because the study is "blind," Dr. Bardana's team will not be told which group of penguins is receiving which treatment regimen.

By radioimmunoassay performed at six-week intervals on the penguins' blood, the HSC team hopes to be able to monitor each animal's degree of infection and response to therapy.

Now, if only the penguins would cooperate, things would be a lot easier for everyone involved—scientists, zoo personnel, and penguins alike.

Because Dr. Schmidt realizes that the periodic blood tests are pretty scary for the penguins, he makes sure that each penguin gets a little fish when it's all over. If the penguin feels well enough to eat his reward, then zoo staff are assured he's up to rejoining his cohorts.



Since the article above was written, zoo personnel have discovered a new way to subdue the worried penguins while researchers draw blood for study. A penguin-sized box is popped head-first over each bird, leaving only its feet protruding. This lessens trauma to the bird while blood is drawn from its ankle (above) by HSC research assistants Mary Ann Hanada, Shirley Craig, Kathe Strangfeld, and Sally Shippen. (Ann Schmidt, zoo veterinary technician, with back to camera.) On right, afterwards, penguin is no worse for wear.



Nursing alumni elect officers

The Alumni Association of the HSC School of Nursing elected a Board of Directors in November by mail ballot.

Elected president was Jean Bates (B.S., 1959; M.S., 1971), who is an instructor in medical-surgical nursing at the HSC. She served as president of the Alumni Association from 1964 to 1966.

Vice president and treasurer is Polly Fisher (B.S., 1972), instructor of psychiatric nursing who has been on the School of Nursing faculty since 1974.

Recording secretary is Dee Whitford Waldie (B.S., 1971), an operating room nurse in University Hospital, south.

Directors include Ann Harbert Evenson (B.S., 1962), of Bend, an operating room

nurse, and Michaelle Ann Robinson (B.S., 1965), HSC assistant professor of psychiatric nursing, who served on the Steering Committee for reactivation of the Alumni Association.

Ms. Robinson earned a master's in psychiatric nursing in 1969 from the University of Utah. Mrs. Evenson and Ms. Robinson will serve as directors until January 1, 1978.

Serving as directors until January 1, 1979, are Pat Fredrickson DeSmet (B.S., 1975), of Bend, who works full-time and is a graduate student; and Phil Hostetler (B.S., 1967), an assistant professor of nursing at the University of Portland. Mr. Hostetler received a master's in medical-surgical nursing from the University of Washington in 1970.

Researchers study impact of women's role conflicts

With the advent of women's liberation and women's growing expectations of themselves, some women who become pregnant face role conflicts.

Nurse-researchers at the Health Sciences Center have received federal funds to begin a study of the impact of women's role conflict on childbearing and early child rearing.

Principal investigator for the two-year, pilot grant from the National Institutes of Mental Health is Patricia Tomlinson, clinical practitioner and HSC assistant professor of psychiatric nursing.

The \$105,000 study of "Feminine Role Congruence and Maternal Attachment" is one of the first research studies examining the effect of the women's movement on the beginning family.

According to Ms. Tomlinson, "The women's movement generates many questions about and reconceptualizations of existing family structure.

"Some of these pivot around women's conflict in child rearing. The result can be guilt on the part of those who pursue careers, or unhappiness on the part of those who continue in a traditional mode."

"The women's movement generates many questions about and reconceptualizations of existing family structure," according to Ms. Tomlinson.

Ms. Tomlinson and her co-investigators have chosen to focus their pilot study on women who are pregnant for the first time.

They believe that because the first pregnancy marks a precise transition point in women's role, psychological impact of conflict is more measurable. They also believe that during pregnancy, women may be more eager to accept counseling to resolve conflict.

Researchers have focused on this stage of women's lives also because the earliest relationship of the mother to her newborn is felt to be vital to later mothering and to the emotional growth of the child. The researchers believe that nursing practitioners could have the greatest impact on women at this stage of life.

Under the two-year pilot study, the researchers will develop a lengthy questionnaire to be taken by 2,000 women in different parts of the western U.S.

The questionnaire is designed to identify factors causing conflict in women, *i.e.*, incongruities between a woman's beliefs and values and what she does in reality.

For example, these general areas may be among those covered on the test:

- **Power**—Which partner makes the decisions?
- **Self-esteem**—Does the woman choose

toward their infant," explained Ms. Tomlinson.

About 60 women whose scores indicate great conflict will be followed through pregnancy and until their babies reach six months of age.

Using videotape and observational tests, researchers will study the mother's degree of attachment to her infant at birth, at one month



PATRICIA TOMLINSON
assistant professor of psychiatric nursing

her own destiny and live it, or does she live out her husband's destiny?

- **Sexuality**—What are her feelings about her own sexuality and her rights for self-expression of it?

"Our hypothesis is that the test will help identify women whose role conflicts will have some effect on their early nurturing abilities

of age, and again at six months. (The reactions of fathers to the young children will also be measured.)

To measure attachment, they will study a number of variables, including how the mother looks at her baby, holds him, and talks to him.

Research assistants will also study mother-infant interaction and the home environment during two-hour interviews with the mother at home.

If they can demonstrate a relationship between maternal conflict and attachment, the nurse-researchers will seek further funding to study how nursing practice could develop techniques to respond to women in conflict. For example, they will test the effectiveness of individual counseling and classes for couples.

The long-range goal of the project is to promote emotionally healthy children. Yet Ms. Tomlinson is optimistic that the project will have an important impact on their mothers as well.

"This is one of the first studies of attachment which has focused on the mother, *not* the baby," Ms. Tomlinson pointed out. "Also, other studies haven't looked at antecedents to the mother's behavior—*why* she is not attached to her infant."

She added, "If a mother can feel confident that she has had a good early relationship with her child, that's fulfilling to her as a woman, and it sets the stage for her child's future. It's a time that can't be recaptured."

Co-investigators in the study are Dr. Marie Scott Brown, R.N., Ph.D., nurse anthropologist and director of the pediatric nurse practitioner program at the University of Colorado, Denver; Mary Houden, R.N., M.N., maternal nursing care and patient education consultant on private practice in Phoenix; and Joan Hurlock, R.N., M.N., associate professor of maternal-child nursing at the University of Northern Colorado, Greeley.

Involved in the project as a research associate is Sharon Morrissey, a 1974 graduate of the HSC School of Nursing.

The study is an outgrowth of a grant proposal written five years ago under the Western Interstate Commission on Higher Education (WICHE). Dr. Carol Lindeman, now dean of the HSC School of Nursing, served as the project consultant in her former capacity as Assistant director of WICHE's Regional Program for Nursing Research Development.

Senate plan presented to HSC faculty

Open hearings are being held for faculty discussions of a proposed all-campus Faculty Senate for the Health Sciences Center. When talks are completed a mail ballot will be sent to all faculty.

Since establishment of the University of Oregon Health Sciences Center as a separate, free-standing university in November 1974, interest has been expressed by various individuals of the faculty and administration in the formation of some type of faculty body representative of all academic staff on the campus.

Dr. Lewis W. Bluemle, HSC president, charged an ad-hoc, seven-member committee last May to study the desirability and means of implementation of such a body.

Two faculty members were elected or appointed from each of the Schools of Dentistry, Medicine and Nursing, and one member from the department of health administration and service.

The committee, chaired by Dr. Robert Quinton-Cox, associate professor of anatomy, School of Dentistry, examined the style and method of faculty governance at other state and private institutions before setting out to write a proposal for faculty organization at the UOHSC with its many unique features.

The committee's proposal, a copy of which was distributed to all faculty, "represents a very carefully deliberated format for a faculty senate, in which various concepts have been weighed and counterbalanced against possible alternatives," according to Dr. Quinton-Cox.

Open hearings were scheduled to allow faculty to provide input and voice concerns:

Monday, January 3, 1977—Health Sciences Center Library Auditorium, 4-5 p.m.

Tuesday, January 4, 1977—CDRC, Room 3204, 12-1 p.m.

Wednesday, January 5, 1977—School of

Dentistry, Room 220-225, 12-1 p.m.

Thursday, January 6, 1977—Health Sciences Center Library Auditorium, 12-1 p.m.

Friday, January 7, 1977—VA Hospital, Bldg. 6, Room 210, 2:30-3:30 p.m.

When data from these hearings (which will be recorded) have been tabulated and analyzed, the committee will consider any proposed revisions, after which copies will be distributed to each member of the academic staff.

Acceptance of the document will be initiated at a special faculty meeting. If the proposal is then ratified by a mail ballot, the faculty senate will be established immediately, and elections held to determine membership.

The proposal outlined by Dr. Quinton-Cox's committee calls for a Faculty Senate representing the HSC's entire academic staff, including persons with appointments as affiliates and HSC faculty appointees at the Oregon Regional Primate Center and Portland Veterans Administration Hospital.

According to the committee's proposal, the Senate will:

1. Formulate and evaluate policies and activities with institution-wide impact.

2. Assume responsibility for the creation, maintenance, and protection of a university environment conducive to the full and free development of scholarly learning, teaching, research, and patient care.

3. Provide the means whereby the administration may be apprised of representative opinion of the entire faculty.

4. Provide the means whereby the faculty may be apprised and participate in decisions of the administration.

To accomplish these activities, the Senate will:

1. Have legislative responsibility with respect to centerwide academic policies, education standards, curricula, academic regulations, research, faculty status, and those aspects of student life which relate to the educational process.

2. Study and prepare recommendations to the president of the UOHSC concerning the welfare of the institution, its students and faculties.

3. Provide the means through which any matter of general interest to the faculty or pertaining to the UOHSC and its functions may be brought to the Faculty Senate for discussion and action.

The Senate will consist of elected members who must hold faculty appointments of at least 0.80 FTE (full-time equivalent).

Each School will elect two senators plus one senator for every 25 FTE academic staff members.

Senate representatives will serve three-year terms, with about one-third retiring each year.

Last May, Dr. Bluemle charged an ad-hoc, seven-member committee to study the desirability and implementation of a Center-wide faculty body.

The Senate, which will meet at least once each academic term, will elect a chairman and secretary each fall term.

The president of the Associated Students of the UOHSC or his or her representative will have the right of a member of the Senate to vote and participate in debates.

(Serving on the *ad hoc* Faculty Organization Study Committee with Dr. Quinton-Cox were: School of Nursing representatives Dr. May Rawlinson, professor of nursing and associate professor of medical psychology, and Sandra Stone, assistant professor of medical and surgical nursing; School of Dentistry representative Dr. David Mahler, professor and chairman of dental materials science; School of Medicine representatives Dr. Frank Kloster, professor of medicine and head of the division of cardiology, and Dr. Peter Bentley, professor of biochemistry; and administration representative Robert A. Peterson, vice president for administration and finance.)

HEALTH SCIENCES CENTER NEWS

Volume 5, No. 12
December, 1976

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

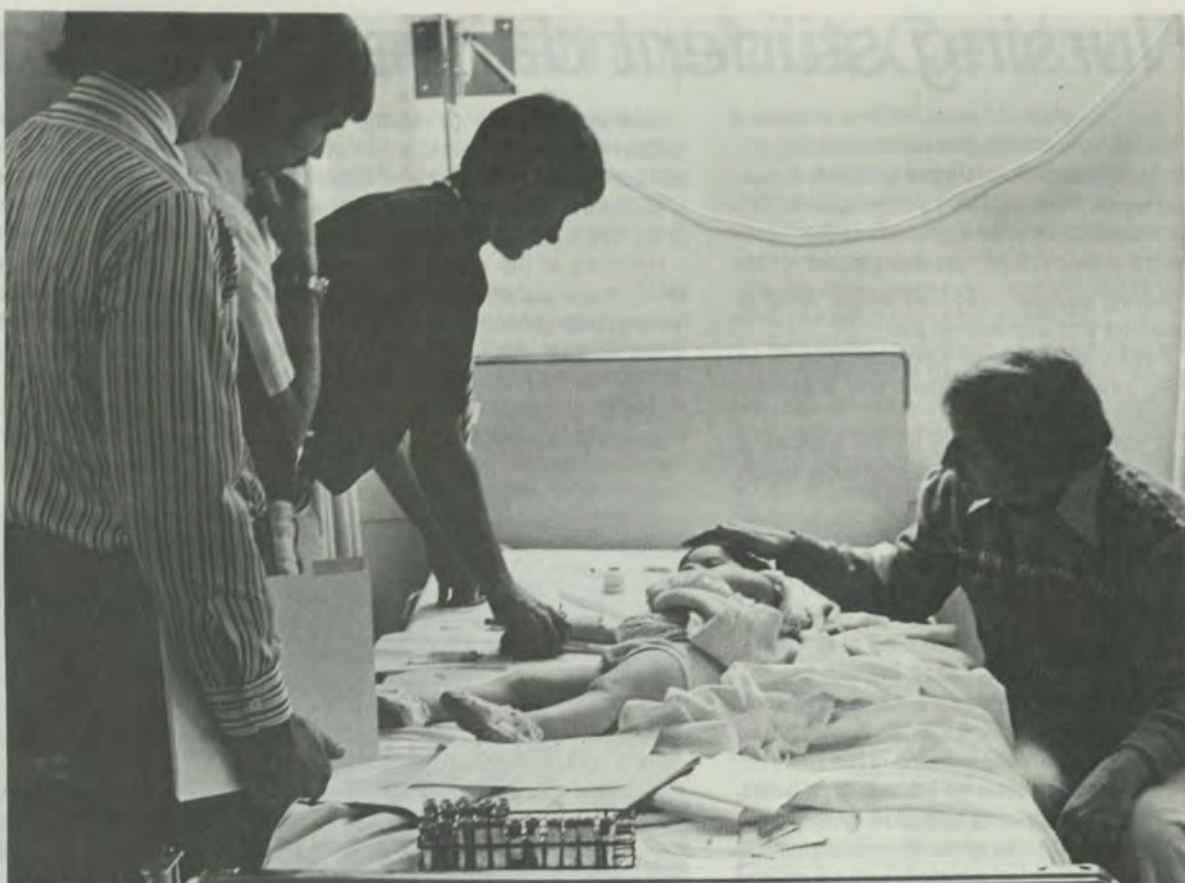
Susan Pogany, Editor and
Photographer

Tim Marsh, Staff Reporter

Hester Hoffman, Contributor

Permission is granted to reprint
or to excerpt material from this
publication for use in other
media, with appropriate credit to
Health Sciences Center News.

*The University of Oregon Health
Sciences Center is an equal opportunity
institution in the provision of employ-
ment and student services without
regard to race, color, national origin,
sex, age, religion, and mental or
physical handicap.*



Photos, counterclockwise beginning with large photo:

1. The Doernbecher medical staff's concern for ailing children is mirrored here as pediatric residents, left, examine David Clapperton, age four, who is soothed by his father Dean Clapperton, seated at right.
2. Even though they are in the hospital, children who are able must keep up with their school work. Here, head teacher Barbara Simmons helps eight-year-old Sean Hill with his arithmetic. (Sean and other youngsters who are well enough are allowed to wear street clothes while in the hospital.)
3. Jorge Hernandez, age one and a half, doesn't feel well and is comforted by his mother, Maria Hernandez.
4. Mark Hald, who is receiving an IV, is bathed in a big sink by LPN Joanie Wiley.

Doernbecher—50 years of service to Oregon children

It was business as usual at Doernbecher this month in spite of the fact that the Hospital reached an important milestone in its history.

This month marks fifty years of service to Oregon children by the Health Sciences Center's Doernbecher Memorial Hospital for Children.

Since the original hospital was dedicated in 1926, 125,000 young patients have been admitted for treatment by HSC physicians from the pediatrics department as well as almost all other School of Medicine departments.

A new era of service to children began 50 years ago when Doernbecher opened its doors. The first Doernbecher Hospital (now the Clinical Laboratories Building) was financed by Frank L. Doernbecher, who set aside \$200,000 in his will to be used for the benefit of Oregon citizens.

His son and daughter decided that building a children's hospital would be the best way to fulfill his wish. However, construction money ran out before the 65-bed building was completed.

The project was rescued by a group of influential Oregonians who organized themselves as the Doernbecher Guild, a financial support group still active today.

The Guild undertook a massive fund raising campaign, and in the summer of 1926, the building was completed and furnished.

The third patient admitted to Doernbecher was Clayton C. Brandt, now of Hemet, California.

Mr. Brandt, who refers to the hospital as "my beloved old Doernbecher," recalled his lengthy hospitalization in a recent letter to the hospital staff:

"Being that I could walk around on my casts (on both legs like boots), I had the opportunity to assist in various jobs—yes, even then corners had to be cut to keep things under control.

"In so doing, I was the elevator operator and switchboard operator from time to time, fed patients who couldn't feed themselves,

and peeled vegetables in the kitchen for our dietician Mrs. Clawson.

"I can truthfully say that some of the best days of my life were at Doernbecher. Please pass on my appreciation to the current staff that is turning things right-side-up for the unfortunate kids. Their work is never forgotten."

Although the hospital staff's dedication to its young patients remains great, much has changed since Mr. Brandt was a patient at Doernbecher.

When the new Medical School Hospital (now University Hospital, south) was completed in 1956, Doernbecher patients left their by-then outmoded building and moved to new quarters on the top two and a half floors of the new hospital.

Now a large staff of nurses, physicians, technicians, and therapists treats youngsters on three major children's wards as well as babies in the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU). There are 103 beds in Doernbecher, 22 of which are in the NICU.

Patients are referred to Doernbecher from throughout Oregon and adjoining states, even Alaska. Almost half of Doernbecher's patients come from outside the Portland metropolitan area. For several years, an emergency air transport system has been in effect, allowing newborns in distress (and pregnant women at high risk) to be transported to the HSC from throughout the northwest.

According to Dr. Robert Neerhout, professor and chairman of the department of pediatrics, "Doernbecher's uniqueness is a result of the wide range of faculty expertise in caring for critically ill children and those with specialty problems such as cancer, kidney disease, heart disease, endocrine disorders, or neurological problems.

"In addition, we have the physical facilities and staff to handle difficult problems. Our neonatal intensive care unit is an outstanding example of this."

Between 10 and 15 per cent are admitted as "diagnostic unknowns." In other words, the child's physician has been unable to pinpoint the problem.

Dr. Neerhout explained that the diseases for which children are admitted to Doernbecher today differ from those seen in previous decades when tonsillectomies and infectious diseases, including polio and acute rheumatic fever, were more common.

Today, up to one-third of the children in Doernbecher are admitted with cancer—about half of these with leukemia and the rest with various types of tumors. They are treated with combinations of surgery, chemotherapy, and radiation therapy.

Whereas the life expectancy of a child with leukemia 20 years ago was only two or three months, now, thanks to advances in medical knowledge, more than half of those treated remain free from disease for at least three years (considered a possible cure, according to current statistics).

"Being that I could walk around on my casts . . . , I had the opportunity to assist in various jobs—yes, even then corners had to be cut to keep things under control."

Of Doernbecher's total patient population, about half are admitted by the School of Medicine's medical staff and half by the surgical staff. Pediatricians in private practice who are members of the clinical faculty are now able to admit their patients to Doernbecher as well.

For many children, entering a hospital for the first time can be a frightening experience. Often the child is in pain when his parents leave him in a strange bed, in a strange room. But at Doernbecher Hospital, a special network has been established to protect the child as much as possible from emotional stress. Part of this "buffer" team consists of four child-life therapists from the child psychiatry department.

The child-life therapist provides a supportive, one-to-one relationship with each child, giving comfort if the child must undergo painful medical procedures, such as burn dressing changes. They are alert to the problems of the withdrawn child and the disruptive child.

In addition, volunteers from the HSC volunteer services office provide children with affection, handmade toys at Christmas, visits from Santa Claus and the Easter Bunny, and help with the Hospital's recreation program.

They play an especially important role on 13B (a ward for babies up to one year old) where they assist nurses in providing basic loving, hugging, and nurturing which is vital to infants at this age.

The nursing staff plays a major role in the child's "security chain." Parents are asked to fill out a special questionnaire when the child is admitted which lets nurses know the child's special nicknames, his brothers' and sisters' and pet's names, whether he says a prayer before going to sleep, his code words for toilet needs, and whether he and his favorite stuffed animal prefer a small light at night.

Convalescing youngsters don't escape school at Doernbecher. When able, they resume standard public school courses at bedside. Their teachers are accredited members of the Portland public school system.

Being in the hospital isn't really all that bad. According to one young patient Richard Zumwalt, 12, "The worst part about being in the hospital is having an operation—because you always wake up hurting."

But Richard, who has had 13 operations (two of them during his two-month stay at Doernbecher), hasn't minded his long hospitalization.

Although he is ahead of his schoolmates in his studies, Richard says, "I don't get bored. There's always something to do here. There's this crafts lady, Miss (Emily) Malaimare. She gives us models to make. I've made 14 so far, and I've made belts, moccasins, and wrist bands."

Richard also likes the choice of foods he can order at mealtime, the availability of milkshakes in the evening, the color television, his nurses, and all the new friends he's made at the hospital.

Asked for his considered opinion of Doernbecher, Richard replied quickly and firmly, echoing the opinion of young patients over the past 50 years, "It's good enough for me."

Nursing student dances in Portland Ballet Company

Now that he has combined careers in nursing and ballet, Patrick Kelly explains that he couldn't continue in one without the other.

Some people may not know what a pirouette and a piriformis are.

Patrick Kelly knows since he is both an HSC junior nursing student and a professional ballet dancer.

A pirouette is whirling on the toes by a ballerina. The piriformis is a muscle which rotates the thigh outward.

Mr. Kelly has been a member of the Portland Ballet Company since it began in 1974.

"In 1973 I was going to Mount Hood Community College in Gresham. A girl I knew there was taking ballet classes at the ballet school. She half-way talked me into it.

"I went and watched a class and then signed up," explained Mr. Kelly, who had never taken dancing lessons in his life.

Before the classes he knew little of ballet.

"I had no idea what it entailed. Much of the public doesn't know what is involved. I guess I had the thought of people bouncing around on stage in free-form movement."

But that is not the case, he said.

"It's very precise and technical. Every movement has a purpose. You can't be partially right. Everything has to be completely right or it's totally wrong."

Since he began ballet at age 20, Mr. Kelly is at a disadvantage compared to other dancers in the company, many of whom began dancing as young as eight years old.

"I'm one of the least experienced of the 21 members of the company. Consequently I take more classes than anyone else," he said.

He took leave this fall term from nursing school and attended dance company classes totalling three hours a day plus three one-hour modern dancing classes at Portland State University.

Mr. Kelly feels he "couldn't exist as a nursing student without ballet and vice versa. I think they complement each other since they are totally opposite.

"Nursing deals with reality. It involves human suffering. Ballet is an art world, and I feel that knowing the esthetic value of an art is just as important as dealing with the reality of life. It's a good outlet."

While he is the only ballet dancer in his family, there are others in the Kelly home with nursing background.

His mother, Mrs. Ruby (Tyke) Kelly, a member of the HSC School of Nursing Class of 1951, is a night supervisor in University Hospital, north unit. His younger sister, Gale

Kelly, is also a junior HSC nursing student.

Following graduation from the School of Nursing, Mr. Kelly hopes to work about half a year and then continue on in nursing and dancing.

"Ideally I'd like to go East and earn a master's degree in pediatric nursing or become certified as a pediatric nurse practitioner. At the same time I'd want to take classes in one of the fine Eastern dancing schools," he said.

After that?

"I would continue in nursing, but I'll always

continue dancing.

"There's a woman at the ballet school who is 80 years old. As you become older you probably can't dance as much since it's too physically demanding. But age shouldn't be a barrier. I don't intend to quit. I enjoy dancing too much."

Patrick Kelly, junior in the HSC School of Nursing, practices stretching exercises during a Portland Ballet Company class. Mr. Kelly, who believes the worlds of ballet and nursing complement each other, did not begin dancing until the age of 20.



CORE—with growing revenues come growing pains

Six months old at the end of December, the new patient accounting system of the HSC's University Hospital and Clinics is doing its job, but is still suffering growing pains.

Implementing the new computerized system, called CORE (Central Operation for Receivables), was a three-part process this spring and summer.

In April, four different billing offices at different locations on campus were moved to one centralized location in Portland, on the fourth floor of the Oregon Telco Building, 2125 S.W. 4th Avenue.

This central location, with its 94 employees, has improved communications to the benefit of patients, physicians, other Health Sciences Center departments, and third parties, such as insurance companies, according to Lauris Rodier, patient accounts director.

On June 1st, two inpatient billing systems were consolidated into CORE, and on July 1st, systems used for outpatient and special service billings were also consolidated. (Professional fees are not part of the present hospital and clinic billing operation.)

David Witter, director of fiscal services for University Hospital, said the change-over to the new system and procedures, such as itemized billing, has not been without its problems.

"The revenue coming in has increased every month since July," he said. "But we are still making changes to make the system work better."

For example, procedures for dealing with public welfare division billings will be changed in January to reduce delays in billing and payment which are presently four months behind.

Also in January, CORE will start a new system to store insurance data. This will cut down on the number of repetitive financial interviews.

"The bugs we have are typical of a major

The new patient accounts office is located downtown at 2125 S.W. 4th Avenue.

system change such as we are going through. They are taking longer to solve than we would like, but they are not unexpected in view of the short time taken to implement the system," he said.

"Costs are running higher than we anticipated. Currently it costs \$300,000 more than projected for the high volume of data processing. Forms alone cost \$100,000 more than projected." There is no doubt Mr. Witter would undertake a change-over to CORE if he had it to do over again.

"This kind of system has been used in hospitals our size for many years. We were one of the few large hospitals with an antiquated manual billing system."

A case in point, comparing the new system with the one it replaced, involves gathering data on a patient's account. What used to take two to three hours to obtain may now take as little as 15 minutes.

Mr. Witter explained that with CORE and related new programs, "we're not going to save money in a sense of lowering operating costs. But we're going to collect significantly more revenue than we used to. Previously, we failed to bill for \$5 million collectable costs yearly."

Lauris Rodier, patient accounts director, said when the new system began in July, "a lot of patients were receiving bills for the first time."

"Consequently we were receiving about 500 phone calls a day from patients with questions. Since the system was so new it took us longer to respond to them than we would have liked."

"Now we're down to about 85 calls a day. I think this will be our average since we send out about 13,000 monthly statements a week."



Dr. Griswold leaves for Africa

At the University of Nairobi, Dr. Griswold will study the types and causes of heart disease in patients at the Kenyatta Hospital. He will be in Africa eight months.

For eight months, starting in January, Dr. Herbert Griswold, professor of medicine (cardiology), and his wife, Norma, will make Nairobi, Kenya, in East Africa their home.

He will serve as a visiting professor in the department of medicine, cardiology division, at the University of Nairobi, which is associated with the Kenyatta National Hospital.

Dr. Griswold follows in the footsteps of Dr. Harold Paxton, head of the division of neurosurgery, who served as a visiting professor at the university about two years ago.

A senior national fellowship from the U.S. National Institutes of Health is making Dr. Griswold's professorship possible.

Teaching undergraduate and graduate medical students, working in clinics, and making rounds in the 1,200-bed Kenyatta Hospital will be the major part of his work, Dr. Griswold explained.

In Africa, he said, "I will be looking at the types and causes of heart disease of patients admitted to the hospital."

He expects to see heart problems which offer a "different spectrum, by percentage" from those seen in the U.S.

Those problems include heart muscle diseases and congenital heart defects.

"Many tropical countries have a high incidence of severe heart valve disease from rheumatic fever in young children. In Africa, they are doing surgery on such children prior to puberty. This is relatively uncommon in the U.S."

"Also, they have a number of young people with malignant high blood pressure," he commented.

CCD establishes Comprehensive Hemophilia Center

The Crippled Children's Division has received a grant to establish a Comprehensive Hemophilia Diagnostic and Treatment Center.

First-year funding from the Department of Health, Education and Welfare Public Health Service for the five-year program is \$344,969.

Project director for the new center is Dr. Everett Lovrien, associate professor of pediatrics and medical genetics at CCD.

The center, which began December 1, has two major purposes.

"The primary purpose," he said, "will be to develop a community-oriented outreach

program to train community health professionals to better manage the problems of hemophiliacs and bleeding disorders.

"The effect of comprehensive hemophilia care is diminished if it is not carried out in the community," Dr. Lovrien explained.

Since 1968, CCD has administered a hemophilia clinic for individuals under 21 in Oregon.

It has been difficult, Dr. Lovrien said, for the CCD hemophilia clinic to arrange community referrals because many health care professionals have not had the necessary background to help them manage hemophilia patients most effectively.

Through the new HEW-funded center, Dr. Lovrien said, it will be possible to offer workshops and in-service training for such groups as physicians, dentists, physical therapists, orthopedists, educators, and vocational counselors.

"The secondary purpose," Dr. Lovrien added, "would be to augment our already established service program, to enable this service to be extended over a broader geographic area, and to extend more easily into the over 21 years of age population."

The catchment area for the new center will include patients from Oregon, Washington, Alaska, Idaho, Northern Nevada, Northern

California, and Western Montana.

In Oregon a full range of hemophilia services is provided through CCD for patients up until the age of 21. Patients over 21 are covered under the adult hemophilia services act for blood products. The center will provide the other community support resources which an adult hemophiliac needs.

Hemophilia, a disease of males, is most often diagnosed in the first year of life. About one out of every 5,000 newborn males is born with hemophilia. The age of greatest bleeding episodes for hemophiliacs is from 11 to 15, and the number of episodes decreases with adulthood.

Dentist may be first to spot venereal disease

Although most reported cases of venereal disease are handled by physicians, occasionally it is the dentist who first discovers the disease's presence and reports it to public health authorities.

Last year nearly 12 out of every 100,000 Americans contracted syphilis. Physicians estimate that more than two million persons in the U.S. contracted gonorrhea, which is at its highest peak in history.

Although most reported cases are handled by physicians, occasionally it is the dentist who first discovers the presence of venereal disease and reports it to public health authorities.

According to Dr. LeGrande Woolley, associate professor of pathology at the School of Dentistry, the dentist may detect syphilis in two ways: by the presence of a lesion in the mouth; or as a

result of diagnostic screening tests performed for oral surgery patients and others.

Oral symptoms of gonorrhea, which is rarely seen at the School of Dentistry, include acutely inflamed lips with painful ulcerations, spongy gums, and a swollen tongue.

Students at the School of Dentistry learn throughout their four years of training to recognize numerous infectious diseases, including venereal diseases.

They are taught that syphilis can enter the body as a result of genital contact or oral contact — the latter only in the presence of an active open lesion teeming with spirochetes, corkscrew-shaped bacteria.

Within hours after the disease is contracted, spirochetes begin spreading, and within a week the disease permeates the body. Usually within three weeks, the primary chancre (a painless ulceration) appears at the site of inoc-

ulation — where the dentist may see it.

At this first stage, the disease is very contagious, and, Dr. Woolley explained, "The dentist could contract it through a cut on his hand; but this is rare.

"We always warn our students that if there is any hint of a syphilitic lesion, they should not put their hand in the patient's mouth. They are taught to report suspicious cases to the Board of Health and to refer these patients to expert syphilologists for further evaluation."

The primary chancre heals spontaneously in two to six weeks. The dentist has a second chance to identify syphilis beginning about six weeks later when the second stage of the disease manifests itself in the form of soft, white mucous patches on the tongue or other oral surfaces. These heal spontaneously; however, relapses may occur for several years.

After secondary syphilis, the patient may enter a latent phase or ultimately

go on to tertiary syphilis which results in much cell death in the palate and tongue.

"In the tertiary state, the body becomes very reactive and liberates powerful substances which destroy tissue," explained Dr. Woolley.

The tongue may shrink, wrinkle, and lose its function. At this stage—perhaps years after initial inoculation — syphilitic lesions in the mouth may become cancerous. In fact, syphilis is a major cause of oral cancer, especially involving the top surface of the tongue.

Since it is an uncommon coincidence for a syphilis victim to have a dental appointment at the same time he or she is in a stage of the disease with oral lesions, most cases of syphilis are not detected visually by the dentist.

The dozen or so cases uncovered this year by the School of Dentistry were detected by serology tests for antibodies performed routinely for oral surgery and other patients.

HSC social service helps keep families together

No other hospital social service department in the state sees as many patients annually as do HSC social workers.

Helping an accident victim adjust to life as a quadriplegic; counseling the parents of a child with leukemia; assisting patients in their return to the community following psychiatric care — social service workers at the HSC can make a positive difference in patients' lives.



Rehabilitation patients like Cynthia McMillan, left, who have received severe injuries must learn all over again to do once-simple jobs such as preparing a salad. Social worker Mardi Bothwell, right, aids these patients during hospitalization and makes arrangements for help after discharge.

The social service department's stated goal is to enable patients to make full use of medical care to achieve maximum physical, emotional, and social rehabilitation.

The department is also concerned with the effect of the patient's illness on his family and with the prevention of family disintegration.

Most of the department's 18 staff members were trained by schools of social work. Others have years of experience and in-service training. A number have master's degrees in social work. Les Hunter is director of the department.

No other hospital social service department in the state sees as many patients annually. HSC social workers handle up to 14,000 major cases each year, plus about 15,000 minor cases. The office receives an average of 25 calls per hour and aids 15 to 20 unexpected, walk-in patients each day.

HSC social workers are vital members of the health care team throughout the hospital and clinics. For example, they are indispensable in child psychiatry, adult outpatient psychiatry, the psychiatric crisis unit, in child abuse cases, the abortion clinic, and in orthopedics and rehabilitation.

According to social worker Dorie Davis, "We are trained to work sensitively with people in a crisis; for example, the man who is ill and can't support his family. Or the family member who must go to a nursing home.

"These are terribly difficult things for a family to go through. We're skilled in helping to keep them together."

Some problems handled by social services may seem small, but, according to Les Hunter, they don't seem small to the patient.

For example, an elderly patient who is visiting the diabetic clinic may not have enough money for lunch. Or after buying his medications, a patient may not

have bus fare to go home. The department keeps a little money on hand for small loans.

These problems may be just the tip of the iceberg, Mr. Hunter explained.

"After talking with some patients we find they have no place to stay that night and no money for dinner."

The social service department works closely with a wide variety of community agencies and services to help these patients as well as those with complex physical or psychiatric disabilities and social adjustment problems.

With assistance from these agencies, HSC social workers help re-establish disabled patients in the community; locate living accommodations for elderly patients needing limited help; secure financial aid for a variety of patients — for example, those who could not otherwise afford their medication—plus much more.

Social workers also help the physician and other health team members understand the patient's total situation so that follow-up treatment plans are appropriate.

For example, the doctor needs to know if the patient is not able to afford a good protein diet or to carry out the treatment plan without help.

In addition, as Mr. Hunter explained, "If the doctor tells a patient he must be admitted to the hospital immediately, the patient worries about who will tie up the loose ends — move his car from the parking meter, call his family, feed his cat, and pick up his social security check.

"Social service takes care of many of these problems. But patients can worry themselves to death over personal problems, as well as their illness.

"The doctor may never find out what's worrying patients unless we tell him. And patients get well more quickly if somebody cares."

Mr. Hunter added that social workers do social histories of all new patients in the medicine outpatient clinic so that physicians are familiar with the patient's situation from the outset.

Social service aids physicians in other ways, for example, familiarizing them with welfare requirements, helping them file child abuse reports, and coordinating various departments' plans for a patient's treatment and discharge.

"Some older people come see the social worker more than the doctor. They just want to talk. It makes a difference if they see we care whether they're dead or alive. We listen to everybody. Somebody has to."

The department also plays an important role in ensuring efficient utilization of hospital bed space, sparing the patient and the hospital cost of unnecessary days of hospitalization.

By the time a hospital patient's medical treatment is completed, social service has made arrangements for community agencies to assume necessary aspects of his care. Without these arrangements, discharge would be delayed.

Helping clinic patients stay emotionally healthy also contributes to good utilization of services. "By keeping them stable in times of great stress, we help them remain clinic patients, not hospital patients," said Mr. Hunter.

Although social workers spend the majority of their time sorting out complex problems, they recognize the importance of the little things they do.

Mr. Hunter explained, "Some older people come see the social worker more than the doctor. They just want to talk. It makes a difference if they see we care whether they're dead or alive. We listen to everybody. Somebody has to."



Among University Hospital's 145 licensed practical nurses are: Large photo—Debra Bramwell, 3NW. Smaller photos, left to right, top row—Faye Turney, 2NE; Mary Butsch, 8C; and Judy Lamb, 7A. Second row—Pam Tucker, 13A; Mary Crooms, 3NW; and Sally Kadell, 9C. Bottom row—Cindy Hering, 10A; and Cathy Layton, 2NW, walking with patient, Adele Shonert.



LPNs' contributions vital in University Hospital

The 145 Licensed Practical Nurses at University Hospital have a direct and vital impact on patient care and services.

Their duties vary from routine bed care to the dressing and irrigation of wounds.

LPNs with required college course work are licensed to dispense medications in accordance with doctors' instructions.

LPNs participate in formulating nursing care plans for each patient. An LPN

is responsible for bed care, such as changing and making beds, bathing patients, and encouraging capable patients to do for themselves as much as possible.

LPNs also pass the meal trays to patients and assist in feeding those patients who require help.

Working in conjunction with individual patients' programs and doctors' orders, LPNs help with patient rehabilitation. On weekends, LPNs make sure that

physical therapy and occupational therapy are done.

LPNs are also responsible for taking daily patient weights. Patients either use a typical doctor's scale or they are weighed prone on a scale that resembles an ironing board.

When the floor is short-handed, LPNs do what they can to help with necessary household chores, such as straightening kitchen, utility or linen storage areas.

LPNs at University Hospital say they

especially enjoy contact with patients.

Doris Buckland, LPN on 12A, said, "I do my best to please my patients." She recounted arranging the move of a patient to a lighter room where she would be able to see out a window. "After we got her in there, she lit up like a Christmas tree," said Mrs. Buckland.

When LPN Agnes Mock was asked what her favorite part of the job was, she said, "There's no one special thing. I like the whole job."

Newsmakers

Dr. Shahbudin Rahimtoola, professor of medicine in the division of cardiology, has received two national appointments.

Dr. Rahimtoola has been appointed to serve as a consulting member to the Bureau of Medical Devices and Diagnostic Products of the Food and Drug Administration (FDA). This bureau reviews and evaluates information concerning the safety, effectiveness and reliability of medical devices and the standards of control for these devices.

Dr. Rahimtoola has also been named to serve on the editorial board of *Circulation*, the official journal of the American Heart Association.

An assistant to the dean for fiscal affairs has been appointed for the School of Medicine.

She is Jill Arens, a native of Hood River. Most recently, she served as acting director of health services at the University of Rhode Island. From 1974 to June, 1976, she was business manager for the URI health services.

In her new post, Miss Arens will assist Dr. Robert Stone, dean of the School of Medicine, in the preparation of the biennial budget request, the monitoring of the annual operating budget and the review of all grant and contract proposals, among other duties.

Additionally, she will be an instructor in the

UOHC's department of health administration services.

She holds an M.S. degree in accounting from the University of Rhode Island and a B.A. degree in political science from Stanford University.

Ann Hoffstetter, assistant business manager, was elected to the Board of Directors (representing the ten western states and British Columbia) of the National Association of College Auxiliary Services at their annual meeting in Las Vegas in November. Ms. Hoffstetter is the first woman in the history of the organization to be named to the Board of Directors.

An article by Dr. Albert Starr, professor and head of the division of cardiopulmonary surgery, about his experiences as a heart surgery patient appeared in the October 18 issue of *Medical World News*.

In "A Heart Surgeon Tells of His Own Coronary Bypass," Dr. Starr wrote, "In early 1974 I had coronary artery surgery by my own team of surgeons at St. Vincent Hospital in Portland. I've seen the operation from both sides of the table, so to speak, and it has helped me enormously with my own patients."

He emphasized the critical importance of a physical exercise program. "What happened after surgery is that I became a jock. I recognized the mistake I had made by downgrading physical exercise."

He added, "My surgery has had a definite effect on the willingness of my patients to

accept surgery. When I come bouncing into the room in good health, I can see them relax and feel they're getting sincere advice."

Dr. Florence F. Hardesty, formerly associate professor of nursing at Russell Sage College, Troy, New York, has joined the HSC School of Nursing's faculty as associate professor of psychiatric nursing.

Dr. Hardesty, a registered nurse, received her bachelor of science degree in nursing from Case Western Reserve University and her doctoral degree from Kent State University.

She was in private practice as a clinical specialist in psychiatric nursing in East Greenbush, New York, from 1971 until her present appointment.

Dr. Hardesty is the author of several articles and a book chapter on nursing and has presented numerous speeches, lectures, and workshops in her field.

Dr. Evelyn Strange, a clinical associate in pedodontics at the School of Dentistry since 1956 and a Portland pedodontist since 1953, was elected treasurer of the Association of American Women Dentists (AAWD) in November at the association's annual national meeting in Las Vegas.

AAWD was established in 1921 to encourage women in the pursuit of a dental career. The 500-member association sponsors scholarships for women dental students and fellowships for women dentists.

A native of Vienna, Austria, Dr. Strange is a graduate of the HSC School of Dentistry.

She and her husband, Dr. Frank Strange, a clinical psychologist, have presented papers together at international meetings on children's dentistry in Denmark, France, and Italy.

They also teach courses in the HSC School of Dentistry continuing education program and are part of a team which teaches a course in behavioral science at the School of Dentistry.



Dr. Blachly, here the subject of an ABC-TV interview, recently organized the nation's first post-graduate conference on ECT.

Dr. Paul H. Blachly, professor of psychiatry, was interviewed by ABC-TV December 6 on campus for a "Close-up" documentary on mental health in America. The program will be aired in June.

Interviewing Dr. Blachly on the use of electroconvulsive therapy were ABC producer Phil Lewis and production associate Anne Pedersen.

Groups aid widows, couples with marital problems

The old aphorism, "misery likes company," has new life at the HSC in special therapy groups for persons undergoing life crises.

Two groups, one for couples with marital difficulties and another for women recently widowed, have been organized by Dr. John Marks, associate professor of psychiatry. Bonnie Boatman, a psychiatric social worker, working at the HSC's child psychiatry clinic, helped establish the first group.

Both groups started in neighborhood centers in northwest Portland.

According to Dr. Marks, the groups are meant to function not only as therapy groups, but also as helping networks.

The group for couples with marital problems began a year ago with 12 formal weekly sessions and met informally throughout the last year. Dr. Marks and Miss Boatman led the first 12 sessions.

Problems were aired in early sessions via role playing and husband-wife dialogues in which each partner repeated in his or her own words what the other had said.

Some of the problems which surfaced included: the wife who felt excluded from her husband's life; the husband who felt he couldn't talk with his wife without her getting upset; problems with stepchildren; and worries about whether the marriage would last.

Dr. Marks explained, "For some couples, it was important to know that others had disagreements without its meaning the end of a marriage. The myth of 'love conquers all' dies hard when every

couple has its guard up to present the front of the perfect marriage."

However, it was an emotional crisis during the fifth session that marked a turning point for the group. The group's sympathy for one emotionally distraught member resulted in a new level of intimacy and availability for emotional support.

A helping network evolved as group members felt kinship and began to get together to support each other outside the group.

Thoughts of suicide are common among widows. Though few actually kill themselves, the predominant feeling was expressed by one group member who said, "I see no future for myself. I just try to make it through each day."

Dr. Marks began a group in October for women recently widowed. The HSC psychologist explained that the group was originally intended not only for widows, but for widowers as well.

"But we couldn't get any widowers to join," said Dr. Marks. "It's been found that women join these groups more. Men are less able to care for themselves when their wives die, but they often won't admit it. They don't eat well or take care of their physical appearance or surroundings."

Following the establishment of the widows group, the emotional crisis which drew that group closer together occurred in an early session when one member arrived intoxicated. A helping net-

work outside the group began to evolve at that point.

Dr. Marks explained that the strongest need voiced by women in the widows group is the need for emotional understanding.

"People who've not been through it have no idea what it's like," he said. "After 20 to 30 years of living with their husbands, these women face a tremendous crisis."

"Social pressures require that they hold back their grief. They feel a great need for someone before whom they don't have to put up a front."

Thoughts of suicide are common among widows. Though few actually kill themselves, the predominant feeling was expressed by one group member who said, "I see no future for myself. I just try to make it through each day."

Because persons undergoing the strain of bereavement have been statistically shown to be more prone to heart attacks, blood clots, and other ailments, some do, in a sense, die of a broken heart, said Dr. Marks. Most survive, however, enduring great emotional stress.

Another common characteristic which has been observed in bereaved persons, said Dr. Marks, is that subconsciously they don't give up the person who has died.

"Widows in our group tell of hearing their husbands calling them. This is a distortion of reality, and they know it. Yet there is an uncanny sense that the person is not gone. Under these stressful conditions, they behave in ways which are otherwise thought to be psy-

chotic.

"We emphasize to them that this is natural and they are not losing their minds."

The group has other functions as well. "We begin by helping the women work through some of their feelings of grief."

"Then we work through the feelings of anger or resentment they may have toward close relatives who don't seem to understand the stress they're undergoing."

Dr. Marks is hopeful that this group, like the group for couples, will result in a long term network of help and support outside the formal group.

Stroke center

A one-year feasibility study to develop a model comprehensive stroke center for Oregon has been funded by the National Institute of Neurological and Communicative Disorders and Stroke of the National Institutes of Health.

Dr. Frank Yatsu, chairman of the department of neurology, will head the study, which will be supported by a \$52,300 grant.

Stroke, a major neurological problem in this country, is the third major cause of mortality behind heart attacks and cancer. It is estimated that the number of new strokes annually in Oregon reaches 2,500.

Four task forces will develop and promote means to more effectively handle stroke patient identification, public and medical education, patient rehabilitation, and research within the state.

Patients being followed will range from those who are in good health and who have risks for stroke to those who have already suffered strokes with disability.

Ways to improve the education of stroke patients, the general public and physicians will be developed.

One task force will try to identify and coordinate various agencies around the state, including the seven existing acute stroke units, whose activities can be aimed at benefiting the stroke patient or the patient at risk.

In the area of research, an attempt will be made to coordinate statewide resources to evaluate stroke research developments comprehensively and then to communicate stroke research results rapidly and efficiently, according to Dr. Yatsu.

Center celebrates second anniversary



Helping the Health Sciences Center celebrate its second anniversary November 18 were, l to r, Rudy Batties, budget manager for University Hospital, Abdul Anani, director of reimbursement and accounting for the Hospital, and Stan Urban, Hospital administrator, at a reception following the anniversary convocation. Convocation speakers included President Lewis W. Bluemle; Deans Dr. Robert Stone, medicine, Dr. Carol Lindeman, nursing, and Dr. Louis Terkla, dentistry; Dr. Donald Kassebaum, vice president for hospital affairs; and Robert Peterson, vice president for administration and finance.

Salary concerns rank high

Results of a questionnaire distributed to full-time faculty of the HSC indicate that salary increases rank high among faculty concerns.

The questionnaire was sent out earlier this fall by the Committee on Professional and Economic Status of the Faculty, a committee of the HSC chapter of the American Association of University Professors (AAUP).

The Committee asked faculty members to rank in order of their personal preference how the fixed amount of funds provided by the legislature to the faculties of state institutions should be spent in the next biennium.

Of the 500 questionnaires distributed, 264 were completely filled out and eligible for inclusion in the final tabulation.

They indicated that the primary concern of the HSC faculty is salary increases.

On the basis of a point system used by the Committee to establish a rank order of the faculty's preferences, results are as follows:

1. Discretionary salary increases—1394 points.
2. Across the board salary increases—1308 points.
3. Payment of medical-dental insurance premiums—1232 points.
4. Increase retirement benefits—1199 points.
5. Free college tuition for faculty children—1000 points.
6. Life insurance premiums—864 points.

According to a short report by the Committee, "the results of the questionnaire are not too surprising."

The Committee believes that HSC faculty salaries are often lower than the national average. They drew special attention to the salaries of HSC basic science faculty which, for the ranks of professor and associate professor, are about \$3,000 below the national average [based on the Association of American Medical Colleges' Report on Medical School Faculty Salaries (for full-time faculty) for 1975-76].

Cost data shared

University Hospital is one of 38 Oregon hospitals taking part in an American Hospital Association program to more effectively monitor cost management.

The Hospital Administrative Services program involves the sharing of cost data submitted by nearly 3,000 health care institutions as a means for these facilities to compare their own cost effectiveness with hospitals of similar size.

University Hospital has been in the program a year.

"We have found the data supplied by the program are an excellent management tool in evaluating our cost containment efforts," said Stanley Urban, University Hospital administrator.

"By keeping abreast of what other health care institutions are doing in cost areas, we are better able to adjust our procedures accordingly."

Nursing students screen elderly



Carmen Truman winces in anticipation of finger prick administered by Jane Ellingsen.

A free diabetic screening for elderly persons in northeast Portland was conducted by HSC nursing students November 30 and December 7.

Fifty-five persons took advantage of the free screening at Hollywood East apartments, 4400 N.E. Broadway, which the students held as part of senior clinical experience in public health nursing.

Of the 55 who had their blood tested, 10 had elevated test results indicating diabetes.

Four of these were known diabetics who took the test to measure their success in adhering to their prescribed diet and medication. (A normal reading would have indicated success of their treatment regimen.)

The other six were referred to their physicians for more definitive testing. All ten were counseled on appropriate steps to take.

Students who conducted the screening were Jan Murphy, Jane Ellingsen, Mary Doak, Mary Day, Linda Bishop, and Kathleen Ratzlaff.

The students' supervisor was Lynn Yustin, HSC instructor in public health nursing.

Retirements

John D. Koontz

John D. Koontz, assistant professor of clinical pathology and administrative assistant, retired in November after 25 years with the School of Medicine.

After completing studies in medical technology at the HSC in 1951, Mr. Koontz worked at the Center as a med tech until 1963 when he was appointed instructor in clinical pathology. He has been an assistant professor since 1971.

Mr. Koontz recalled that one of his most enjoyable periods of employment on the Hill was during the early and mid-1950s.

"I did a lot of work in chemistry and was involved in developing new procedures. We had just started doing electrolytes and hemodialysis on kidney patients. Then, we called it 'extracorporeal dialysis.' This was extremely fascinating. We treated all kinds of patients—from those who had eaten poison mushrooms to patients with complete kidney failure.

"We performed most of these procedures—which required eight to ten hours—in the middle of the night because doctors were too busy during the day with their other patients."

Mr. Koontz said he has enjoyed his co-workers "immensely." He describes them as "extremely helpful and cooperative—and that applies to the whole medical complex."

He singled out the HSC physical plant for its cooperative personnel and "invaluable suggestions" in remodeling of his department.

He said he was both "joyful and sad" at the prospect of his retirement. "Most of my friends are here, and I'll hate to leave them. But I'll keep in touch."

Co-workers held a special retirement party for Mr. Koontz November 30.

Lenore Borland

Lenore Borland, R.N., who has been with Doernbecher Hospital for 25 years, retired December 30.

Mrs. Borland joined the hospital's staff in

1951 as night charge nurse on the fifth floor of the old Doernbecher Hospital. She has worked the night shift on 14A for nearly 20 years.

Mrs. Borland said what she will miss most during her retirement are her nightly duties with the children at Doernbecher and the beautiful sunrises over Mount Hood as observed from 14A "when time permits."

She has no immediate plans for retirement except to catch up on gardening, knitting and embroidery.

Rachel Espey

Rachel Espey, chairman of the dental hygiene department at the School of Dentistry, retired December 30 after 22 years on the dental school staff.

Mrs. Espey, who received a certificate in dental hygiene from the HSC School of Dentistry in 1952, joined the faculty as a dental hygiene instructor, then served as assistant and associate professor before being named chairman in 1967.

Mrs. Espey commented that her greatest source of satisfaction over the years has been watching her students grow and mature as they develop skills in dental hygiene.

"We're very proud of our graduates. They consistently perform well on the national boards. They're right up near the top nationally."

One of the highlights of her chairmanship came when the Class of 1972 presented her with an honorary bachelor of science degree in dental hygiene.

Mrs. Espey (who has a master's degree in dental hygiene and administration) had worked for a number of years to introduce the bachelor's degree in dental hygiene at the School of Dentistry, a goal which came to fruition in 1972.

The honorary degree signed by 35 students was "the best degree I ever received," she said.

Mrs. Espey plans to move to California to be near her family after she retires. She will remain active as a dental hygiene education consultant to national dental organizations and as a member of the HSC dental alumni Board of Directors.



Sleepy three-year-old Dana Seufert, patient in Doernbecher Hospital, snuggles up to Mary Munley, student nurse. Unbeknownst to Dana and most other youngsters in the hospital this month, December marked the end of Doernbecher's first 50 years of service to Oregon children. See page 3.

Tours aid pupils

Tours of the Health Sciences Center are proving valuable in helping high school students make up their minds about health careers, according to HSC tour coordinator Mary Goss.

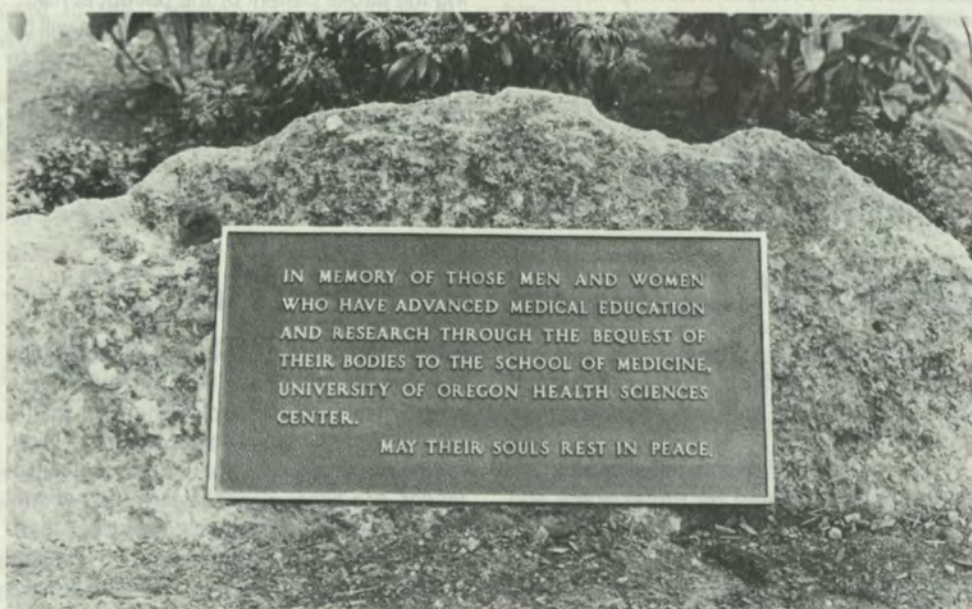
Miss Goss described an average student tour as consisting of 10 to 20 junior and senior high school students, many of whom are considering careers in medicine or nursing. (The School of Dentistry sets up its own tours.)

"It's very exciting for high school students to meet an actual faculty member or department head whom they may have read about," said Miss Goss. "It makes a lasting impression when members of the faculty take time to tell students about their work."

New film previewed

"3181 S.W. Sam Jackson Park Road," a 28-minute orientation program for new employees of the UOHC was previewed this month by Center staff.

The color videotape, produced by television services of the division of instructional aids, will replace the one and a half hour walking tour of the campus which was formerly part of orientation for new employees.



Memorial honors bequests of donors

A memorial was erected next to the Basic Science Building December 2 to honor persons who have donated their remains to the School of Medicine for anatomical study.

The memorial consists of a small garden and a bronze plaque affixed to a large stone.

Ernest Hage, assistant demonstrator in anatomy, who conceived the idea for a memorial a number of years ago, explained, "These people have made a great contribution to medical science by donating their remains for research and study. And it is often a great sacrifice on the part of their families."

He believes the presence of the memorial will demonstrate to the deceased's family that the School of Medicine "is compassionate and acknowledges their contribution."

In the future, a small color photo of the memorial will be sent to the families of deceased persons who have willed their remains to the School.

This spring, blooming flowers will be planted around the plaque.

HEALTH SCIENCES CENTER

NEWS

UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201

Non-Profit Organ.
U. S. POSTAGE
PAID
Permit No. 722
Portland, Oregon