



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.

Chancellor names Dr. Richard Jones acting president

Dr. Richard T. Jones, chairman of the biochemistry department of the School of Medicine, will assume the position of acting president of the HSC late this month upon the departure of Dr. Lewis W. Bluemle, Jr.

An acting president has been named for the Health Sciences Center by Dr. Roy E. Lieualen, chancellor of the Oregon State System of Higher Education.

Dr. Richard T. Jones, chairman of the biochemistry department in the School of Medicine, will assume the position of acting president in late July when Dr. Lewis W. Bluemle, Jr., current president, leaves Oregon to accept the presidency of Thomas Jefferson University in Philadelphia.

Dr. Jones received both a master's degree

and an M.D. from the University of Oregon School of Medicine in 1956 and a Ph.D. from California Institute of Technology in 1961. He was a visiting research fellow at the Medical Research Council Laboratory of Molecular Biology at Cambridge, England in 1974.

Well-known for his teaching abilities, Dr. Jones also is recognized nationally for his research in the area of proteins and their relation to certain human disorders, particularly inherited diseases.

Presently, Dr. Jones serves as a consultant to the National Institutes of Health to help review comprehensive sickle cell centers throughout the country and is president-elect of the Association of Medical School Departments of Biochemistry.

He is chairman of the School of Medicine's curriculum committee and has been serving as chairperson of the search committee for a

new chairman of the department of medicine. Additionally, he is a member of the faculty council and elections committee for the School of Medicine and the Centerwide affirmative action committee.

Dr. Jones is active in a number of professional organizations, including the American and International Societies of Hematology, the American Society of Biological Chemists and the Western Society of Clinical Research.

He also serves as associate editor of "Hemoglobin" and is on the editorial boards of the "Journal of Biochemical Genetics" and the "Journal of Molecular Evolution."



DR. RICHARD T. JONES
acting president, UO Health Sciences Center

Foundation funds new emergency medical programs

An emergency medical communication system linking paramedics in the field with UOHSC emergency physicians will be in operation next year in Multnomah County.

Last month, the Joint Ways and Means Committee of the Oregon Legislature authorized the Health Sciences Center to accept a three-year grant from The Collins Foundation of over \$400,000 to implement two pro-

grams to enhance emergency medical care in the Portland area.

The first, an advanced paramedic training program, will prepare emergency medical technicians for certification as paramedics skilled in the techniques of advanced life support.

According to Dr. John Schriver, head of the HSC division of emergency medicine, "There

is great demand for paramedic training throughout the state. This training requires considerable time and resources. Until now, it has been done admirably by community colleges and community hospitals and by individual physicians.

"However, a more comprehensive curriculum has been established by the U.S. Department of Transportation," said Dr. Schri-

ver. "This curriculum will be incorporated into the new program at the UOHSC."

The second program funded by The Collins Foundation is a paramedic communications center linking emergency service units in Multnomah County with the emergency department staff of University Hospital.

The new communications center—to be
(continued on page 3)

More than 500 receive degrees at Commencement

The University of Oregon Health Sciences Center's 1977 commencement ceremonies were held June 10 and 11 at the Portland Civic Auditorium.

The School of Dentistry's eighty-fifth commencement was held June 10. The Schools of Nursing and Medicine ceremonies were on the following day.

Graduating from the School of Dentistry were 123 students. Seventy-six received doctor of dental medicine degrees.

Fifteen dentists received graduate certificates in four different clinical specialty areas. There were five each in orthodontics and pedodontics, three in endodontics, and two in periodontics. One dentist received a master of science degree in endodontics.

In dental hygiene 29 students received bachelor of science degrees and three earned certificates.

Dr. Louis Terkla, dean of the School of Dentistry, delivered the School of Dentistry commencement address, "New Responsibilities in a World of Opportunity."

Nursing graduation exercises June 11 marked the School's thirty-third commencement.
(continued on page 4)

Dental hygiene students prepare for School of Dentistry's commencement June 10.



Dental boards—after the tension, a sigh of relief

Recent HSC graduates and other dentists discuss their reactions to the recent board exams at the dental school.

More than 160 dentists—including many 1977 graduates of the HSC School of Dentistry—breathed a sigh of relief June 16 after finishing their board examinations.

The rigorous five-day exam was administered by the newly incorporated Western Regional Examining Board (WREB). Oregon and Utah, the two states comprising the Western Region, each named five dentists to act as examiners during the boards.

Those taking the exam included 1977 dental school graduates and other dentists wishing to secure a license to practice dentistry in Oregon or Utah. They took a clinical exam covering amalgams, gold foil, and inlays; a laboratory exam covering prosthetic set-up; and a written test over other aspects of dentistry.

Dr. Martin Kolstoe, president of the WREB, emphasized that the Board itself does not issue licenses. "We perform the examinations and issue the results to the licensing boards of the two states. They render the final decision."

Dr. Kolstoe explained that he and the other examiners are well aware of the stress felt by those who take the board examination.

"They're under a lot of pressure. We do everything we can to relieve the tension." He added, "Although I am totally sympathetic with what they're going through, I'm equally cognizant of what we as an examining board must do to assess their qualifications."

Reactions of those who had just completed the examinations on the afternoon of June 16 were varied.

When asked what he found to be most stressful about the boards, Ben Smithers, of Austin, Texas, who has been in private practice for three years, answered, "The denture set-up—because I haven't done one for three years. In my practice, I send the impressions out to the lab with a work authorization. Very few dentists do dentures themselves. I heard they flunked 12 of us on that section."

But he added, "I think they're very fair up here. Some of the questions on the written part were ambiguous. But the clinical part was very fair—much better than in Texas. But it was longer than most boards. In Texas the boards last three days. Here, it's five days."

Bob Smith, 1977 School of Dentistry

graduate, said he found the gold foil exam most stressful "because we hadn't had as much clinical experience with gold foil as with the other aspects of the exam. There are no gold foil requirements at the dental school. So lack of experience produced stress. Most patients prefer plastic instead of gold foil. It's more aesthetic. Students at the School of Dentistry get more experience in plastic."

"But the dental school and the Board don't necessarily agree on concepts in certain areas," Dr. Smith added.

"The boards were much as I expected—all in all pretty fair," Dr. Smith said. "They tested your ability to handle a certain situation rather than your performance on a classical textbook restoration. Each case is different; they'd

rather see that you're able to handle special circumstances instead of classical cases. They want to know if you can handle what you set out to do."

James Barless, 1977 HSC graduate, questioned the necessity of board exams. "I think if they graduate you from the School of Dentistry, you should be eligible for licensure without boards. I think this school has high standards, and any graduate should be capable of doing quality dentistry."

Of his feelings while taking the boards, he commented, "You're always under pressure under a time limit. Passing the boards depends on one or two dental procedures. You've done these procedures over and over during your four years in school; yet it's all resting on this

one performance. You might have one bad day, or something might go wrong with the cavity preparation; and that can determine whether or not you passed the exam."

June graduate Jack Bauer summed up the most stressful aspect of the boards as "the cat and mouse game; the uncertainty and lack of feedback. Nobody tells you anything. In some states' boards, the examiners come by and explain if they think you've done something differently than they think you should have. Here, nobody tells you anything."

He concluded, "I expected it to be hard, stressful, and frustrating, and it was."

Working calmly in spite of an atmosphere of tension at the board exams was Dan Yaillen, 1977 Health Sciences Center dental graduate.



Large photo: Bruce Riddle arrives safely at first after a base hit. Top right: Umpire Lolita Blood, of the HSC printing department, stands her ground as members of the opposing team (Physicians and Surgeons Hospital) challenge her decision on a play. Photo on left: Debby LaFollette, medical records abstractor and wife of player Don LaFollette.

HEALTH SCIENCES CENTER NEWS

Volume 6, No. 6
July, 1977

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Employees go to bat for Health Sciences Center

Competition in past years among Portland's hospitals has been low-key, businesslike, and hardly visible.

But with the advent this spring of the Portland Metro Hospital Softball League, weekly face-to-face battles—all in the spirit of fun—are bringing together hospital employees and staff members from throughout the city.

"One of the reasons the League was formed was so we could get together and establish a rapport with our counterparts at other hospitals," according to Jerry Arnold, manager of the new UOHSC baseball team and member of the new League's Review Board. Mr. Arnold, an officer in the parking office, has had five years of experience playing baseball in the military in Connecticut.

He explained that the HSC's 24-member, coed team is full of enthusiasm, but short on cash. They are still looking for donations. But

money isn't the only thing they're short on.

"We're short on women," explained Manager Arnold. "We started out with an awful lot of them, but they've fallen by the wayside. We've given the women key positions—like first base and pitcher—but we're still really hurting for women. League rules say you have to have five men and five women on the field at any one time."

He explained that all HSC employees, students, staff members and spouses are eligible to join the team.

The team already has several husband-wife team members, including Captain Ken Haraguchi, research associate in ophthalmology, and his wife Bonnie, head cashier; Robin Riddle, of the printing department, and her husband Bruce, of the patient escort service; and Mary Jo Hamby, who makes downtown deliveries for the Physical Plant, and her

husband Guy.

According to Mrs. Hamby, who plays third base, being on the same team as her husband has benefits and drawbacks.

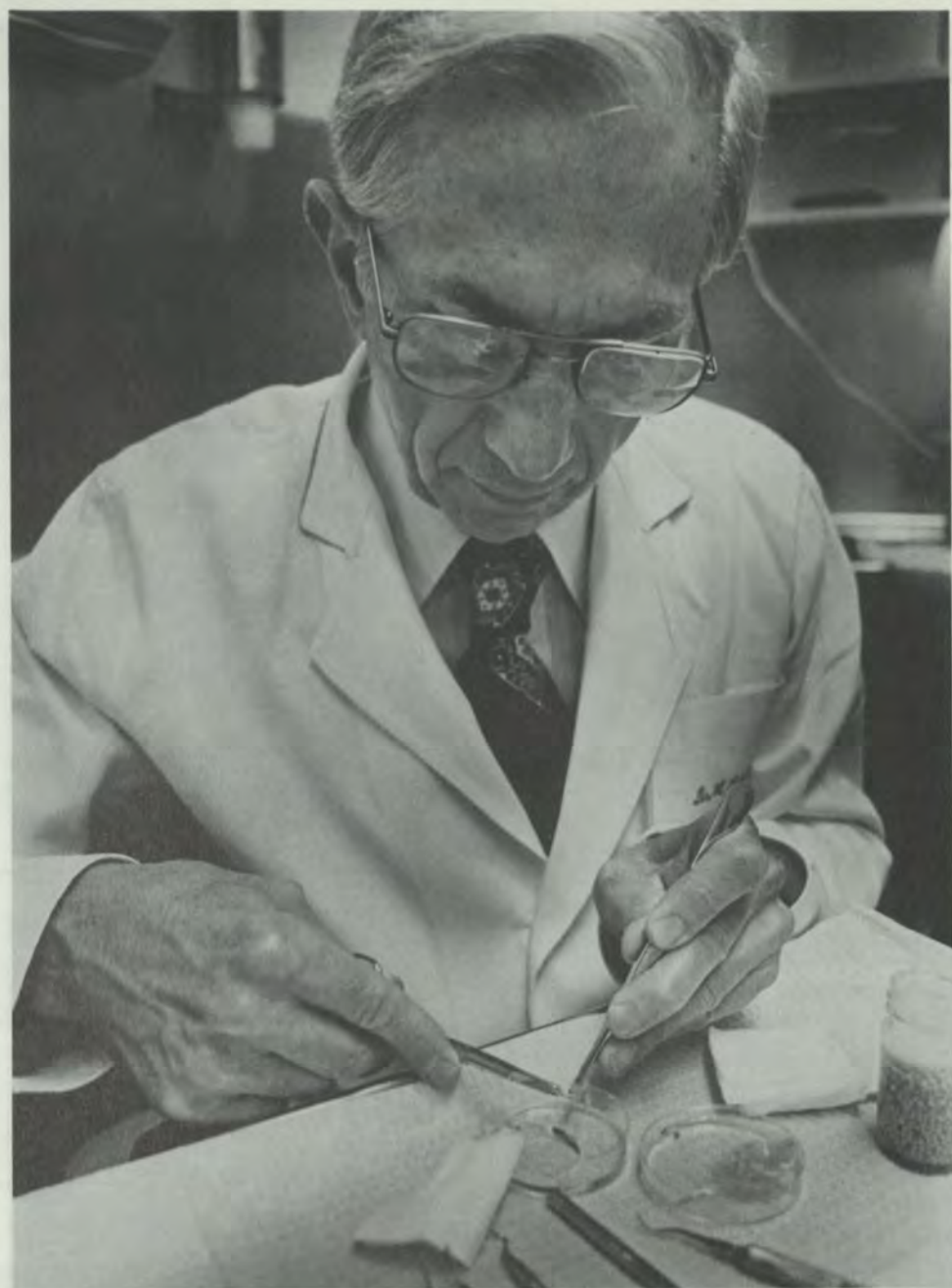
"He gives me a lot of good pointers," she reports. But he cringes visibly when she misses the ball—a fairly rare occurrence, she says.

Mr. Arnold, who says he has "a blast" at the team's weekly practice sessions and games, commented, "We're not out for blood; we're out for fun."

He continued, "Everybody on the team gets a chance to play. If a person wants to, he or she can play in every game. Maybe they won't play more than one inning, but they'll play. The better players will play longer if we want to win."

"But," he added, "it's not a matter of life and death. We're there for the sport and to enjoy ourselves."

HSC dentists use donor eye tissues to save teeth



By Grant Fjermedal
Science News Service

One of the latest developments in dentistry is the use of donor eye tissue to save teeth whose foundation of bone has been eroded by periodontal disease.

This development is especially important because of the prevalence of the disease. Up to age 35, most of the teeth that are lost are the result of cavities. But after 35, most are lost because periodontal disease has destroyed the bone holding them in place.

About 90 per cent of persons over 45 years old are affected to varying degrees by periodontal disease. The disease can take its toll even on teeth that have been kept cavity-free through years of brushing and flossing.

Dr. Herbert Laffitte, chairman of periodontology at the HSC School of Dentistry, says it isn't known why the disease is so widespread, but it appears to begin early in life.

"It is a chronic inflammatory disease that creeps up on people with hardly any warning. I believe it starts early, even in adolescence, and it just proceeds.

"Initially the inflammation is from debris between the gums and teeth. When the inflammation starts, gum tissue swells up and that makes the pockets that collect more debris and plaque.

"This sets up an environment in which bone adjacent to the inflamed area starts to disintegrate," Dr. Laffitte said. "The blood cells that come into the area are potential bone builders, but something changes the chemistry of them so they can no longer form bones."

Years of this slow bone loss can be compared to digging a hole beside a post. The problem has always been: What do you put in the gaping hole to shore up the tooth?

Several different techniques with plaster of Paris have been tried over the years, but it is an inert substance that doesn't allow for the

natural rebuilding of the bone to resume.

The same problem was encountered with animal bone. It filled the space, but didn't allow for natural reconstruction. Human cadaver bone was tried, but it had a high rejection rate.

"We are always looking for the ultimate, which is having the patient's own bone fill the defect," Dr. Laffitte said.

Toward that end, dentists try to fill the hole with bone obtained from elsewhere in the patient's mouth. But a patient with periodontal disease often doesn't have the bone to spare.

In such cases bone marrow can be extracted from the patient's hip.

"The cells formed in the long bones are potential builders of bone elsewhere in the body. The patient is sent to a hematologist who takes cores of hip marrow with a large needle.

"This has been the most successful method so far, with a success rate of at least 80 per cent," said Dr. Laffitte. "The problem is that it can take quite a bit of marrow and be quite expensive."

This is where eye tissue enters the picture. Dr. Laffitte believes the sclera, or white of the eye, has a structure and abundance that will make it an effective substance.

"Sclera can be prepared so it is practically pure collagen, and collagen is the framework of bone. Our reasoning is if we can fill the pocket with something compatible with bone, the bone will gradually grow back.

"We are using this now in cases where the only other alternative would be to extract the teeth. In 75 per cent of our cases we get a pocket reduction that is satisfactory. Teeth that were once loose, firm up. We don't know whether this is from the patient's own bone or the firming up of the sclera."

Dr. Laffitte won't be able to tell exactly how the sclera and bone are working together until one of his patients loses a tooth that has been treated with material.

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Dr. Laffitte prepares sclera for insertion into bone defects in patient's jaw bone.

Paramedic training and communications system funded

(continued from page 1)

located in the University Hospital emergency room—will enable paramedic ambulance attendants and fire company personnel at the scene of a crisis to talk with physicians at the Health Sciences Center. Paramedics will communicate via portable, hand-held radios to be purchased through grant funds.

"The paramedic is a vital link in an emergency medical system," stressed Dr. Schriver. "He is trained to recognize life-threatening problems and provide the victim immediate life support. He is assisted by another link in the system, consultation via phone or radio with physicians in the emergency room. For the limited number of crises in which there is no time for consultation, the paramedic must rely on his medical training, skills, and previously established procedures for management of the patient."

According to Dr. Schriver, emergency physicians in the community are working together to develop standardized treatment procedures for advanced life support.

He estimates that there are about 55 life-threatening crises every day in Multnomah County. These include auto accidents, heart attacks, drug overdoses, etc.

Studies of emergency medical service programs in three U.S. cities have shown that victims of cardiac arrest have a significantly



Monitoring a patient en route to a Portland hospital is Emergency Medical Technician Connie Norcross, of Care Ambulance company. Mrs. Norcross is one of many EMTs in the area who would be eligible for the Health Sciences Center's new paramedic training program.

greater survival rate when there is a comprehensive emergency medical system including centralized paramedic communications and advanced paramedic training.

The UOHSC will begin training paramedics late this fall and will train 14 paramedics every six months. Participants will learn to provide medical assistance to victims of heart disease, drug overdose, and trauma, including special

techniques to extricate injured victims from vehicles.

Students in the program must already have basic training to the EMT I (emergency medical technician) level and be employed as an EMT by an ambulance company or municipal agency such as a fire department.

According to Dr. Schriver, a number of major influences have contributed to the

growing interest in emergency service in the community.

"First among these is the generous grant from The Collins Foundation to underwrite the paramedic training program and radio communications system. Another important influence has been the interest shown by *The Oregonian* in articles and a recent editorial calling for better organization of existing resources."

He also believes that public acceptance of the role of paramedics is widespread, thanks in part to the Saturday night television series "Emergency."

Following the Legislature's endorsement of the program, Dr. Schriver announced that Dr. Tom Elo, who is currently a staff physician with the emergency service of the University of Washington Hospital, will be director of the paramedic training program.

Paramedic coordinator will be Knut Eie, of Ogden, Utah, an experienced paramedic and a paramedic educator.

Three schools induct new students into their honorary fraternities

Omicron Kappa Upsilon, Theta Sigma Tau, and Alpha Omega Alpha recently welcomed outstanding students as members.

The Schools of Dentistry, Nursing, and Medicine recently inducted new members in their respective honorary fraternities.

Those students honored by induction into Omicron Kappa Upsilon, the national honorary dental fraternity, included Douglas Dow,

Gerald Earl, Steven Erickson, Danis Laizure, Harold Tu, Erwin Weichel, William Wilde, Robert Winegar, and Daniel Yaillen. Darwin Reveal, chairman of the department of continuing dental education, became an honorary member of the fraternity.

Inducted into the School of Nursing's Beta Psi Chapter of Theta Sigma Tau were the following students: Sharon Dawson, Lorah Dorn, Margaret Fendrick, Deborah Griffin, Ann Hadley, Susan Horky, Gail Houck, Bev

Jones, Catherine Knox, Kathi Knox, Margaret McMahon, Suzanne Malter, Cody Martin, Nancy Molahan, Louise Marteu, Marie Davies Morrison, Jan Nicholson, Paulin Norman, Mavis Ostlund, Rebecca Proctor, Julianne Reed, Ann Roberts, Martha Robison, Debra Strangland, Jeanne Marie Stiller, Thomas Stone, Carolyn Taylor, Mary Kathryn Thompson, and Ann Wylam.

The Alpha Chapter of Alpha Omega Alpha, honorary medical fraternity, welcomed the

following students as members: Neil Ampel, James Bisio, Carol Bogardus, Bruce Bohman, Milo Hibbert, Michael Logue, Duane Lundberg, John Morrison, Curtis Schweizer, Susan Tolle, Thomas Anderson, Gary Carlson, Tina Ciesel, Linda Fairchild, David Fick, Peter Kovach, Douglas Myers, Susan Roberts, and Kim Wayson.

Dr. Shahbudin Rahimtoola, professor of medicine, was elected AOA faculty member for 1977.

Presidential Search Committee members named

A Presidential Search Committee, recently announced by Chancellor Roy E. Lieuallen, will be chaired by Dr. Robert Neerhout. The Search Committee is seeking a successor to Dr. Lewis W. Bluemle.

Dr. Roy E. Lieuallen, chancellor of the Oregon State System of Higher Education, has announced the names of the 15 members of

the HSC Presidential Search Committee. They are:

Rudy Batties, budget and rate manager, Hospitals and Clinics; Marie Berger, associate professor of nursing; Dr. William Fisher, associate professor of family practice; Dr. William K. Riker, chairman, department of pharmacology (School of Medicine); Dr. Lieuallen; Dr. Ralph Merrill, chairman, department of oral surgery; Dr. Robert Neerhout, chairman, department of pediatrics; Holly Olsen,

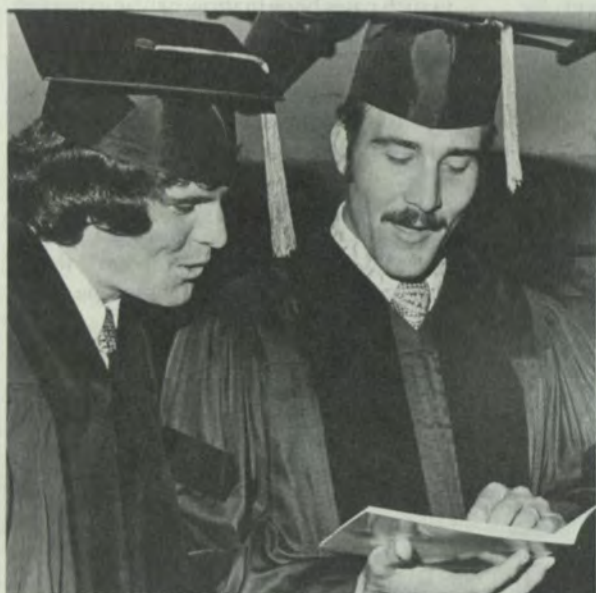
nursing student; Margaret Ryan, chairman, department of dental hygiene; Donna Schantz, assistant professor of medical-surgical nursing; Dr. James Shore, chairman, department of psychiatry; Dr. Blaine Tolby, resident in pediatrics; Stanley Urban, administrator, University Hospital; Michele Wiley, media relations officer, and Rudie Wilhelm, Jr., chairman HSC Advisory Council.

Board of Higher Education member Loren Wyss will serve as liaison between the com-

mittee and the Board with Board President Dr. Louis Perry as alternate. The Chancellor named Mary Ann Lockwood as executive secretary to the Committee.

The first meeting of the Presidential Search Committee was June 13. The Committee will meet weekly.

At the Presidential Search Committee's June 20 meeting, Dr. Neerhout was named chairman of the committee, and Dr. Merrill was named vice chairman.



Large photo, far right: Nursing master's recipient Mary Carpenter and husband John Larson, dental graduate, pose for family snapshot. Other photos, counterclockwise, beginning with small photo above: 1. Dental grad James Barless. 2. Janine Tebeau, Naomi Ballard, Patricia Tomlinson, nursing. 3. Future graduates. 4. Christine Sanders, medical technology. 5. Dental faculty. 6. Jane Furlong, nursing. 7. Carl Thornfeldt, Elliott Meyerding, medicine.

Schools hold annual commencement ceremonies

(continued from page 1)

Dr. JoAnn Ashley, associate professor, Northern Illinois University School of Nursing, delivered the commencement address, "Power in Nursing."

Dr. Carol Lindeman, dean of the School of Nursing, presented 187 candidates for the bachelor of science in nursing degrees and 19 for the master of nursing degrees.

At the School of Medicine's 90th commencement, 119 students received doctor of medicine degrees.

Master of science degrees went to seven, while six students received doctoral degrees. Thirty-eight bachelor's degrees were presented to medical technologists.

Delivering the School of Medicine commencement address, "Technology, Cost, and Choice," was Dr. J. David Bristow, chief of cardiology, San Francisco Veteran's Hospital. He is former HSC department of medicine chairman.

Recipient of the top honor for School of

Medicine students was M.D. graduate Paul Droukas.

He received the coveted Edward S. Hayes Gold Headed Cane Award as the graduate who will "forever epitomize and uphold the traditions of the true physican." He was selected by his classmates and teachers. The honor carries a \$1,000 award. Recipients' names are added to a permanent plaque on display in the HSC Library.

For the first time since the award was begun in 1967, the recipient received an engraved plaque.

From this year forward, a gold-headed cane will be displayed in the Library and used during presentation of the annual award.

Douglas Dow received the top honor presented to a graduating dental student, the Alpha Omega Scholarship Award. It is presented to the senior who attains the highest scholastic average in four years of dental study.

Receiving the HSC School of Dentistry

Alumni Awards were Thomas Lovelace, dental student, Leeta York, who graduated with a dental hygiene certificate, and Donna Powell, who received a B.S. degree in dental hygiene.

Deborah Glass received the top School of Nursing student honor, the Golden Lamp Award, presented by members of the graduating class in recognition of scholastic achievements, leadership, devoted service, innovative contributions, and humanitarian ideals.

The Dr. Allan J. Hill Teaching Award, given annually to members of the full-time faculty, went this year in basic science to Dr. Robert Bacon, professor of anatomy, and in clinical science to Dr. Anthony Gallo, professor of neurosurgery.

Dr. Bacon and Dr. Gallo each received a check for \$500, made possible through a \$40,000 grant to the School of Medicine by the directors of the Kaiser-Permanente Foundation Hospitals. Income from this grant is used for teaching awards for faculty members.

Dr. George Kabacy, assistant professor of

obstetrics and gynecology, received, for the second time, the Oliver M. Nisbet Teaching Award for outstanding teaching by a volunteer faculty member.

The David W. E. Baird Award, recognizing teaching excellence in a junior faculty member who has been with the institution less than five years, was given to Dr. Frank Yatsu, chairman, department of neurology.

The Howard P. Lewis Award was presented to two senior residents for outstanding teaching: Drs. Richard Cohen, resident in pediatrics, and Daniel Schinsky, resident in obstetrics and gynecology.

Named to receive the School of Nursing's Teaching Award were Shelley Young, assistant professor of medical-surgical nursing, and Dr. Jack Keyes, assistant professor of physiology. Senior nursing students selected the professors on the basis of clinical ability, academic knowledge and rapport with students. Dr. Keyes received the award for the fourth time.

Operating microscope a vital tool in neurosurgery

Twenty-five years ago, surgery involving tiny elements of the human nervous system was a dangerous undertaking.

Surgeons had to operate with extreme care and precision to avoid injuring barely visible—but vital—components of the nervous system. Some surgical repairs were too risky to be attempted.

However, with the advent of the operating

microscope and the birth of microneurosurgery, a whole new realm of debilitating diseases and conditions is open to surgical correction.

"With improved illumination and magnification provided by the operating microscope, we are able to see many components of the nervous system for the first time," explains Dr. Errett Hummel, assistant professor of

neurosurgery. "Now we can operate in and around the nervous system and can guard against injuring things which we were unable to see well before."

Two of the best established uses of the operating microscope by neurosurgeons include removing brain tumors and ligating—or clipping—cerebral aneurysms (bubbles or blisters on blood vessels to the brain which could rupture and result in coma or death).

Recently, members of the division of neurosurgery have begun using the operating microscope in two other, relatively new procedures.

One of the procedures is performed to relieve the facial pain associated with a condition known as trigeminal neuralgia (also called tic douloureux).

This procedure was first described by Dr. Peter Jannetta, of the University of Pittsburgh. In 1967, Dr. Jannetta noted that in many patients experiencing this facial pain, an abnormally located artery was pressing against or distorting the 5th cranial nerve, known as the trigeminal nerve, where it exited the brain stem.

Using an operating microscope, Dr. Jannetta placed a tiny, grooved sponge between the artery and nerve, relieving the pressure and pain.

When word of Dr. Jannetta's procedure reached the Northwest, patients with trigeminal neuralgia began making inquiries at the HSC School of Medicine. Physicians here began doing the procedure in 1973.

Following Dr. Jannetta's lead, UOHSC neurosurgeons have applied the same principle to another neurological disorder, hemifacial spasm, a condition involving repeated involuntary twitching and grimacing of facial muscles.

Dr. Hummel explained that this condition is caused by pressure by a misplaced artery

against the 7th cranial nerve, causing the nerve to "fire" repeatedly. By placing a small sponge between the nerve and artery as the nerve comes out of the brain stem, neurosurgeons are able to restore facial muscle control to the patient.

Dr. Hummel also points to the operating microscope's efficacy in removal of small pituitary tumors; removal of the pituitary gland to slow the spread of breast and prostate tumors; and in microvascular surgery to prevent strokes.

The neurosurgery staff's interest in carotid endarterectomies (a non-micro procedure whereby the carotid artery in the neck is cleaned out to prevent strokes) has led to greater use of microvascular neurosurgical procedures to prevent strokes and cerebrovascular disease.

"Microvascular surgery has provided us with an additional means of treating patients who are stroke prone," said Dr. Frederick Waller, chief resident in neurosurgery.

Yet microneurosurgery in the Northwest is still in its infancy, and newly equipped teaching facilities will need to be developed for residents and neurosurgeons from the community.

"Physicians can't learn these procedures just by watching someone else do them or by doing them on people," Dr. Hummel pointed out. "They have to learn by practicing on laboratory animals."

"We are seeking ways to develop a well-equipped microneurosurgical laboratory at the Health Sciences Center so that doctors serving Oregon communities can learn these procedures without having to go elsewhere for training."

Chief Resident Waller will leave Portland this summer for a year of study at the University of Pittsburgh's microneurosurgery laboratory.

"If facilities were developed here," asserts Dr. Waller, "the School of Medicine could train a substantial number of Oregon physicians interested in this field and could serve as an important regional resource."

According to Dr. Hummel, the cost of microneurosurgical equipment is around \$15,000.



Removing a tumor from a patient's pituitary gland, Dr. Frederick Waller, center, uses the department of neurosurgery's operating microscope, which is shrouded in plastic.

Experts make predictions about primary care specialties

A look at the changing field of primary care was offered to HSC medical students May 31 by three experts who participated in a symposium entitled "Primary Care Training Opportunities—A View Into the Future."

The three speakers at the presentation were Dr. Richard W. Olmsted, associate director, American Academy of Pediatrics, and former chairman of the HSC School of Medicine's department of pediatrics; Dr. John Benson, Jr., president, American Board of Internal Medicine, and former head of the HSC division of gastroenterology; and Dr. Daniel Ostergaard, assistant director, Division of Education, American Association of Family Practice.

According to Dr. Olmsted, "Health care needs of children are vastly different now than in past years. Problems of nutrition and infectious disease, et cetera, have largely been conquered or can be well-handled."

"Pediatricians are handling more and more psycho-social-behavioral problems—delinquency, drug and alcohol abuse, broken families, different patterns of childrearing, school problems, and learning disabilities."

He added, "Pediatric practice is becoming more and more devoted to adolescence,

which has largely been ignored before. But with the advent of better access to the health care system, the problems of adolescence are appearing and will have to be faced."

"In addition," he commented, "more children with chronic diseases are living to adulthood. Their care requires more time. This will be reflected in the nature of pediatric practice."

"In the future, pediatricians are going to have to spend more time with fewer patients in more complicated cases. This will be possible because of another new development in pediatrics, the pediatric nurse associate."

Dr. Benson outlined a number of predictions about the future of internal medicine.

"I think the internist will remain the principal referring physician because of his numbers. He will not be the all-purpose Renaissance consultant. Qualified to serve inpatients, he will not only be a hospital physician. He will not be the surgeon's handmaiden with a ready physical and an insulin dose."

"He will not be the family physician with a hobby in a subspecialty like cardiology. I suspect he'll be less involved in critical care medicine. The future internist will probably perform fewer complicated procedures. Because of this, the internist will have more time with his patients."

"Finally," said Dr. Benson, "the future internist must continue to be a life-long scholar. He must do this—there's so much happening, so much new to learn. I hope this might be accomplished by his returning to the hospital for short bursts—two weeks let's say—for the kind of instruction which (medical students) gain in clerkships."

Dr. Ostergaard discussed a number of the ways in which quality in family practice residency training programs may be monitored. He described the American Association of

Family Practice's Residency Assistance Program (RAP). "RAP is a systemized consultative process for family practice residency programs offered on a voluntary, non-punitive, purely consultative basis."

"We've trained approximately 40 RAP consultants, and they've developed their own criteria of what constitutes quality in a family practice training program."

"We've already sent consultants to 70 different programs, and it's an incredible quality assurance mechanism. A lot of things have been shaken up when this RAP consultant goes out into the field. People quit. People get fired. Entire curricula get changed."

Dr. Ostergaard continued, "We are promoting nationally—through RAP and other

mechanisms—a method whereby family practice residents will be almost assured of getting a broad cross section of patient responsibilities during their training. We'd like to see a means to document all of a resident's cases so that he gets the kind of experience he needs to be a good family physician."

Mr. Tracy Hill, President of the Class of 1978, was the moderator of the symposium and was joined by Dr. Howard P. Lewis, professor emeritus of the department of medicine, for a panel discussion.

That evening third year medical students interested in one of the primary care areas had an opportunity to learn more about specific training programs during an informal dinner meeting with one of the guest speakers.

Employee's invention receives U.S. patent

Joel Cruz, employee in the department of surgery, has patented a device which enables artists to reproduce an original piece of artwork on a new canvas, using proportional measurements.

Give many people a paintbrush, paint, and an artist's canvas and they are at a loss to paint a picture or even copy one.

However, a Graphic Reproduction Apparatus invented by Joel Cruz, a department of surgery research laboratory technician II, makes painting easy for anyone.

Mr. Cruz's invention received a U.S. patent in January.

Art work to be reproduced—the same size, larger, or smaller—is divided into squares or triangles, perhaps by pen.

Then, using elastic string, the artist divides a

new canvas proportionately according to the original art work. The elastic strings are attached to the canvas frame by clips.

By varying the canvas size and proportional measurements, size of the reproduction is determined.

The artist reproduces on canvas what he sees on the original in the squares or triangles, Mr. Cruz explained.

He said the patent in Washington, D.C., mailed him 22 photocopies of somewhat similar inventions with patents.

"But my idea to use elastic string and clips made the difference. It avoids being restricted by size and using something less flexible," he said. "It allows an artist more versatility."

Currently Mr. Cruz is contacting firms about making and merchandising the invention. Grumbacher and General Mills are among those which have shown interest.

HSC News honored

Health Sciences Center News has won four top awards from the Oregon Communicators' Association (OCA), the state's professional organization for business communicators.

At the OCA awards banquet May 20, HSC News won awards of excellence (first place) in news writing, black and white photo essay, newspaper design, and overall excellence in newspapers. Accepting the awards was Susan Pogany, editor/photographer for the News.

Impulsive children learn self-control in CCD class

Anyone who has ever been offered a piece of chocolate cake while on a diet has had a lesson in self-control.

Turning down the offer of cake involves one's ability to reflect for a moment, realize "I am on a diet; cake is fattening," and refuse the cake.

Self-instruction—talking yourself through a problem—comes naturally to most adults and is an ability which most children soon acquire.

However, "hyperactive" and "impulsive" children are slow—for a number of reasons—to develop the skills of self-control. They fail to think through problems; they respond quickly and thoughtlessly; and consequently, they make a lot of mistakes.

At the HSC's Crippled Children's Division, seven hyperactive/impulsive youngsters, ages seven to 10, completed in early June an eight-week, experimental class in self-control. The children, all of normal or above average intelligence, attended the CCD class four afternoons a week and their own schools the rest of the time.

Results of the experiment have been dramatic, according to co-directors Dr. Russell Barkley, Anne Copeland (both are medical psychology interns) and Carol Sivage, special education teacher.

Keeping meticulous records (sometimes recording a child's behavior as often as every 15 seconds during a given period), the classroom teachers have discovered a seven- to 10-fold decrease in inappropriate behavior over the eight-week course of the program.



At the end of each session, if the teacher's marks for on-task behavior corresponded with those the child had given himself, the child got eight bonus points for honesty. If the child had been dishonest, he lost five points.

At the same time, the children's productivity in academic work increased seven to 10 times. By the final week of class, unassisted youngsters were able to sit quietly working on math problems or reading throughout a 30-minute work session.

Dr. Barkley is quick to point out that the class is no miracle cure for the hyperactive/impulsive child. In fact, when, at predetermined intervals, the CCD teachers ceased their instruction and merely observed the children in the class for one week, they noted that both good behavior and productivity took a gradual dive.

But Dr. Barkley explains, "What we've done is to take a group of children and teach them self-control in a variety of problem situations, instead of in just one type of problem setting as in previous research. We believe that as a result of this training, the children will

be more apt to practice outside the class the techniques they've learned here."

He commented that reports from the children's parents and regular teachers indicate that the youngsters are indeed using the techniques they've learned. Efforts by parents—who attended concurrent classes during the program—will help reinforce the children's new abilities.

During the eight-week program, the children learned self-control via two methods: self-instruction and self-observation.

Their lessons in self-instruction involved learning to listen to directions, not being allowed to answer immediately, repeating their instructions aloud, then talking themselves through the problem aloud, and finally evaluating their own performance.

Throughout the program, teachers reinforced this behavior by modeling it for the youngsters. The children practiced the procedure in front of each other while working on academic problems or discussing social problems they might encounter.

Self-observation techniques—observing one's own behavior—were taught during

half-hour, individual work sessions. During these sessions, a tape-recorded bell rang at various intervals. Each time the bell rang, the children were to ask themselves if they were doing the task assigned to them. If so, they gave themselves a check mark for being "on-task."

Check marks could be saved up or cashed in for rewards at the end of each class. (Rewards included being allowed to play outside, watching themselves on closed-circuit television, and having cookies delivered to their classmates in their regular schools.)

During these 30-minute work sessions, teachers behind special mirrors observed the children and recorded whether they were on-task when the bell rang and whether they showed inappropriate behavior, such as playing or leaving their seats. The children knew that they were being observed.

At the end of each session, if the teacher's marks for on-task behavior corresponded closely with those the child had given for himself, the child got eight bonus points for honesty. If the child had been dishonest, he lost five points.

In the classroom for hyperactive/impulsive children, a tough math problem provides a lesson in self-instruction for one youngster who is assisted by Timothy Carmody, medical psychology intern, in small group setting.

Twice a week, CCD teachers visited the child's regular classroom and recorded incidences of inappropriate behavior.

CCD teachers used several methods to determine whether or not the children had benefited from the program. First, the youngsters were tested before and after the eight-week class. Testing covered areas such as academic skills, impulse control, and concentration. Second, after each of two three-week periods of treatment, the treatment was stopped for one week, and the children were observed. Third, a control group of similarly diagnosed children underwent the same tests, but did not attend any CCD classes.

"We know from these data that our class has made a difference," said Dr. Barkley. "We hope that by teaching the children's parents and teachers role-playing and behavior management skills, we can help make the children's new behavior last."

His wits in a flummox, student holds off his examiners

UOHSC students who have just undergone the grueling ordeal of final examinations may be interested in this entry from the diary of an 18th century medical student describing his oral qualifying exams for a medical license.

Have but now returned from Examination Hall, and my wits still in a flummox. Was up betimes this morning with an infernally dry mouth, and to shave and dress myself with all care and decency; and then after forcing some breakfast down, to Examination Hall; where I did find a crowd already waiting and more arriving; and the Porter to glance at his list and to inform me that I had two hours to wait. So did seat myself, but the doleful converse of those about me did so depress me that after an hour I got to my feet, snatched up my hat, and rushed into the streets; where I wandered about aimlessly until my time appointed; then back to the Hall, and into the Examination Room, feeling More Peculiar than I ever dreamt was possible; my mouth dry, my hands clammy, and my mind Tight Bound with a Strange Numbness. The room very lofty, but barely furnished; five gentlemen in imposing

wigs did sit about a table, one in the center, the most stupid looking of all, had some chain of office about his neck. There were laid out on the table on my right hand sundry bottles of drugs, and bundles of medicinal plants; and on the table to my left were some bones, surgical instruments, and some anatomical preparations, some in spirits in bottles, some dry, and one of two wax models. . . .

The stupid gentleman in the middle glares at me Very Stern, and then consults some papers on the table before him, and looking at me again, says that he was glad to see that Doctor Urquehart spoke well of me; as though he was surprised thereat, the which did not help me to regain my Composure. And then one with a pock-marked face seated at the drugs on my right did request me to come over to him, which I did and he and the Doctor or Apothecary with him—I know not which he was—did pelt me with questions concerning Drugs and Their Use; I managing to hold them off, till the pock-marked one snatched up a bundle of dried leaves and waving them under my nose did demand to know what they were; at which I gaped at him, not having any notion of what they might be, confused even more in my wits by Catching the eye of the President

very gloomy. And then he to tell me they were Plantain leaves, at which I did reproach myself, having seen them in the Infirmary; though 'tis hard to recognize, being brown and very dusty and broken. And so they having made a Breach in my Citadel did pour through it, questioning me on divers drugs and compounds.

The stupid gentleman in the middle glares at me Very Stern, and then consults some papers on the table before him. . . .

After they had toyed with me for some quarter of an hour, the President did ring a little bell, and then requests me to pass over to those examining on Anatomy and Surgery; and I did move to seat myself before them, certain in my own mind that I was already failed. But one of the two new Examiners—I learnt after that his name was Mr. Sainthill—did glance at me shrewdly, and murmur something to his companion; and then leans across the table to me, and says much to my surprise and comfort "A Country Lad, eh? Ever hunted?" and on my nodding, smiles and says "Well, now, you're going to take a Jump. Your

horse is all right. Take your time, and think what you're about!" the which friendliness did strangely give me back my wits, so that I answered him and his companion to their complete satisfaction; being examined largely, by the grace of God, on Anatomy with which I am well conversant, and on Amputations and the Puerperal Fever, both subjects to which I had given much thought. And so Mr. Sainthill looks up to the President, and nods; and that worthy rings the bell, and the Porter comes in, and I am requested to wait in an anteroom adjoining; which I do, and then after some twenty minutes more the Porter comes in again to conduct me to the Examination Room; where to my Great Surprise and Delight the President informs me that I have satisfied the examiners, and hands me a Diploma from the Society of Apothecaries and a smaller certificate certifying that I be a true Chirurgeon; and I catch the eye of Mr. Sainthill smiling and nodding, and I do realize that it was due to his good offices that I was now possessed of a License.

(From The Diary of a Surgeon in the Year 1751-1752 by John Knyveton, ed. by Ernest Gray. Reprinted by permission of Prentice-Hall, Inc.)

Dr. Frank Parker to head department of dermatology

Dr. Frank Parker, professor of medicine in the department of dermatology at the University of Washington School of Medicine, is the new chairman of the HSC department of dermatology, effective July 1.

He succeeds Dr. Walter Lobitz, who retired as chairman in June, but will remain on campus until January.

Dr. Parker earned his medical degree from the University of Washington School of Medicine in 1958 and served his internship and residency in medicine at Columbia Presbyterian Hospital in New York City.

From 1960 to 1962, he was a research fellow in endocrinology at the University of Washington School of Medicine. In 1962, Dr. Parker joined the faculty, and in 1974, after two years as clinical professor and private practitioner, he was named professor on the full-time faculty. Dr. Parker held staff appointments at four Seattle hospitals, including University Hospital.

The new dermatology chairman is well-known for his research studies in the field of lipids. More than 30 articles co-authored by Dr. Parker have been published in profes-

sional journals. He also has presented frequent reports on his work at meetings of the American Academy of Dermatology and has directed postgraduate courses at the Academy's annual meetings.

Dr. Parker, who is certified by both the American Board of Internal Medicine and American Board of Dermatology, has earned many academic honors. He was invited to join Phi Beta Kappa while an undergraduate at the University of Washington, where he served as student body president. He was named a member of Alpha Omega Alpha, honorary

medical fraternity.

The new department head has served as chairman and councillor of the Western Section of the American Federation for Clinical Research. For five years, he was a member of the board of directors of the Society for Investigative Dermatology.

Dr. Parker served as a member of a general medicine study group for the National Institutes of Health from 1969 to 1972. He is currently on the Committee on Educational Affairs of the American Academy of Dermatology.

Buffalo Grass Society schedules annual fence sale



In addition to several hundred watercolor paintings, there will be painting demonstrations and a section for children at the July 24 fence sale of the Buffalo Grass Society. Proceeds go to a student loan fund.

The Sam Jackson Crafty Art and Buffalo Grass Society will hold their annual fence sale Sunday, July 24, from 2 p.m. to 6 p.m. at the Student Activities Building tennis court (or inside the SAB, in case of rain).

Several hundred watercolor paintings—including many landscapes and seascapes of the Northwest—painted by Society members will be for sale.

According to Dr. Emily Tufts, who heads the Society this year, "There will be many paint-

Dr. Emily Tufts prepares a watercolor painting for the Buffalo Grass Society fence sale July 24.

ings both under and over \$10. Some will be matted and some framed."

Proceeds of the sale will go to the Society's student loan fund. Last year's sale netted about \$1,000 for student loans.

Dr. Tufts, associate professor of pediatrics, explained that other attractions at the upcoming fence sale will include a children's area with paintings costing under \$2, painting demonstrations, and refreshments.

Selling their work at this year's sale are the approximately 25 members of the Buffalo Grass group as well as two of their mentors, Charles Mulvey and Phil Tyler, well known Northwest watercolorists.

This year, in order to ensure a wide selection of paintings for buyers who don't arrive early, the artists will hold aside a number of paintings until midway through the afternoon sale.

Parking for those attending the sale will be available free at parking lot 8, near the SAB.

Parking for handicapped visitors will be marked.

The Buffalo Grass Society, which is about 10 years old, has long been associated with the Health Sciences Center, although a number of current members are from off campus. Present membership includes faculty members, house staff, housewives, retired HSC employees, downtown physicians, and others.

Several members sell their work at other exhibits throughout the year.

The Society meets for weekly painting sessions throughout the academic year and occasionally invites visiting professors to discuss and demonstrate various aspects of watercolor painting.

Twice-weekly watercolor classes—an offshoot of the Society—are held Mondays and Tuesdays during the school year for other HSC employees and staff who wish to learn to paint.



DR. PAUL BLACHLY
professor of psychiatry

He was a pioneer in the methadone method of treating heroin addicts, and in 1969 founded and directed Oregon's Methadone Blockade Narcotics Rehabilitation Program. The program was considered among the most successful in the nation.

He was an expert on suicidal tendencies and electro-convulsive therapy and was vitally interested in psychosurgery and psychopharmacology.

He was in demand as an expert witness in his specialties and was the author of about 100 papers and books.

Dr. Blachly was past president of the Oregon branch of the American Psychiatric Association and of the Oregon Neuropsychiatric Association.

He had been on the UOHSC staff since 1961, and was a full professor since 1969.

A native of Oregon, Dr. Blachly was a 1950 graduate of Reed College and a 1955 graduate of the Health Sciences Center School of Medicine. He completed his residency at the Public Health Service Hospital in Lexington, Kentucky, and later taught and served at the Massachusetts Mental Health Center in Boston and at the Public Health Service Hospital in Fort Worth, Texas.

Dr. Blachly and his son drowned after the child fell into the water from a family canoe on Cape Mears Lake. Dr. Blachly went into the water after his son.

Physician dies

Dr. Paul Blachly, professor of psychiatry, with his seven-year-old son Jeffry, drowned July 3 in a boating accident near Tillamook.

The late Dr. Blachly was internationally known for his work on alcoholism and alcohol-induced behavior, drugs and their reactions, and behavior-modification therapy.

Retirements

Dr. Leonard H. Elwell

Dr. Leonard H. Elwell, professor and chairman of the department of physiology at the School of Dentistry, retired June 16 after serving on the School's faculty for more than 18 years.

Dr. Elwell, who earned his doctoral degree from the University of Michigan in 1951, has served on the staffs of the Carnegie Institution of Washington (department of experimental evolution), New York Medical College, and the faculty of the University of Michigan.

According to Dr. Louis Terkla, dean of the School of Dentistry, "Dr. Elwell has given generously of his time to serve on important School of Dentistry committees as well as to participate in activities of learned societies including the American Physiological Society,

Sigma Xi, Phi Kappa Phi, and the American Association for the Advancement of Science."

The dean continued, "Many community action programs aiding the socially, financially and educationally disadvantaged have been able to rely on the sometimes heroic service of Professor Elwell."

During his retirement, Dr. Elwell will do volunteer tutoring of adults through Portland Community College. For several years he has taught mathematics to adults who have not completed high school.

He is also interested in continuing his genealogical investigations of his ancestors. "I've been able to trace my family line back to about 1634 in this country—to the first Elwell in America—with only one shaky point that I can't verify as well as I'd like to," the HSC professor explained.

Dr. Elwell, who describes himself as somewhat of a "heterogeneous reader," also plans

to use his leisure time to catch up on "reading for pleasure."

W.C. "Bud" Dockery

When W. C. "Bud" Dockery retires from his post as director of the HSC Student Activities Building (SAB) in August, he will take a lot of memories with him.

"The thing I'll always remember is the wonderful relationship with students, interns, and residents. It's been a delight," he said.

Mr. Dockery, a former Jefferson High School (Portland) and Oregon State University athlete, has been director of the SAB since it opened 17 years ago.

One of his greatest sources of enjoyment has been to help "those people who don't know an activity and want to do it."

An example, he said, was a nursing student, who was "going with a fellow who loved to play tennis." Two years of instruction gave the

student the experience she needed to be a good tennis player. (Mr. Dockery's popularity among nursing students was reflected in their decision in 1960 to dedicate their yearbook to him.)

"You don't have to worry about the 'varsity' athlete," Mr. Dockery commented. "Those who aren't gifted athletically have given me just as much enjoyment and more appreciation in return."

Upon his retirement, Mr. Dockery, who runs the student intramural program and manages the HSC medical-dental basketball team, will end his string of never having missed any kind of intramural event or basketball game.

After leaving the HSC, he said he will be working on his homes in Portland and Nes-kowin, on the Oregon coast. A trip to the South Pacific, where he served in the Army during World War II, might also be in the future.

Trio demonstrates recipes



A demonstration of the art of low-cholesterol cooking was given at Meier and Frank department store in June by Dr. William Connor, left, HSC professor of medicine and director of the Lipid Research Laboratory, and Sonja Connor, right, and Martha Fry, research dietitians in the laboratory. The three are authors of the newly published Alternative Diet Book. The book contains dozens of low-cholesterol recipes and, in addition, tells readers how to change their nutritional lifestyles. Research by the Connors, Mrs. Fry, and other scientists indicates that the current diet of Americans plays an important role in causing coronary heart disease, which is responsible for about half of all deaths in this country. The authors suggest a multi-phase transition to a dietary plan limiting cholesterol. Their book is now available in Portland.

Colors, signs point way to better directional control

The Health Sciences Center is making progress in implementation of a directional control system for the campus and for various locations in the city.

The initial cost of a campus-wide directional sign program will be recouped within a few years, according to HSC staff members who are planning the sign system.

"By not having a comprehensive signage system, the Health Sciences Center has lost thousands of dollars a month in employee hours spent giving directions to patients and visitors," explained Brian Demings, graphic artist in medical graphics and member of a four-person committee which is overseeing planning and implementation of the sign program.

He added, "In a sense, a sign is a very inexpensive employee."

An initial directional control study of the HSC was carried out about two years ago by private consultants.

Last year, numerous attractive dark blue signs with white lettering were installed in the Outpatient Clinic tunnel and University Hospital's eighth floor in a pilot program to test the proposed system. Since then, signs have been added on the first floor of the OPC and in the UHS cafeteria.

Medical graphics and physical plant employees are currently working to implement the directional control system on the ninth floor of UHS. On the ninth floor, as elsewhere on campus, the system will involve:

- Painting the walls and ceiling a light color to make best use of the lighting available.
- Installing blue and white signs to identify

buildings, departments, conference rooms, service areas, etc.

- Painting stairwell doors and patient elevator doors green. (Service elevator doors will be blue.)

- Finishing elevator interiors with orange and yellow Formica and painting stairwells with orange and yellow supergraphics to identify floors.

- Marking the primary north campus route by painting one wall medium blue throughout corridors all along this route so that patients will know they are on a main artery.

The directional control system is also playing a major role in current efforts by administrators to solve problems related to public parking on campus.

During the summer and early fall, the following steps will be taken to improve traffic flow toward public parking areas (primarily Parking Structure No. 1, to begin with):

1. Parking patrol scooters will bear a blue and white sign with the HSC logo and the words "Parking Information Here." They will be equipped with campus maps and directories and will serve as mobile assistance centers.

2. Parking Structure No. 1 (in front of Mackenzie Hall) will have a large, new, easy-to-see "Public Parking" sign in blue and white. (Now many visitors overlook the small sign near the structure.)

3. Five large, post-mounted signs will be installed along Sam Jackson Park Road to direct patients to various buildings and parking areas.

Directional control improvements will also be made off campus, according to Gordon Ranta, HSC facilities analyst, who chaired the four-man committee. (Others on the committee, which was established by Vice President Robert Peterson, were Mr. Demings, Craig Gilbert, director of media services, and John Hutchins, director of outpatient services.)

Mr. Ranta, who has worked closely with the State Highway Division, reports that along state-managed routes, most signs identifying the UOHSC are adequate.

However, because some persons who need hospital care may be uninformed as to the nature of the campus, signs indicating "Hospital" will be affixed to many currently existing signs.

Mr. Ranta hopes that the highway division

will also agree to install UOHSC "Hospital" signs on the interstate freeways near Marquam Hill.

He has also worked closely with Michael Bauer of the city's Bureau of Traffic Engineering in developing a plan to replace old and worn city signs with standard, new green and white signs directing motorists to the UOHSC and Veterans Hospital. The city has indicated that it may be able to provide the funds to go ahead with this project.

"We hope that these improvements will make it easier for patients and visitors to locate the people and services they are seeking on the Hill."

Another major change which will improve traffic flow up Marquam Hill will be the installation this year of a traffic light near the Carnival restaurant at the base of the hill. (The HSC did not participate in discussions leading to this change.)

Robert Peterson, HSC vice president for administration and finance, believes an improved directional control program will have far-reaching effects on the Health Sciences Center.

He commented, "We hope that these improvements will make it easier for patients and visitors to locate the people and services they are seeking when they come to the Hill. Undoubtedly many persons are now discouraged from coming to our facilities due to the confusing arrangement of buildings."

"As money becomes available, we will move ahead with the program. This modest beginning will initiate a multi-year project which eventually will result in over 25,000 new interior and exterior signs on and off the UOHSC campus."

Arthur Brown joins faculty

The School of Dentistry's physiology department has named Dr. Arthur Brown to succeed Dr. Leonard Elwell as chairman.

Dr. Arthur C. Brown has been named chairman of the department of physiology at the School of Dentistry. Dr. Brown begins his new duties August 1.

The new chairman is currently professor of physiology and biophysics at the University of Washington School of Medicine where he has been a member of the faculty since 1960.

During a two-year leave from the University, beginning in 1969, Dr. Brown was acting head of the department of physiology and visiting lecturer at the University of Malaya in Kuala Lumpur, Malaysia.

Dr. Brown earned his doctoral degree from the University of Washington in 1960 in physiology and biophysics. He also holds a master's degree in physics from the University of Chicago.

Dr. Brown's honors are numerous. He was awarded predoctoral fellowships from the National Science Foundation and the National Institutes of Health.

He was honored by the University of Washington medical class of 1967 with the Outstanding Professor Award, and he received the Medical Teaching Honor for Basic Science from the UW School of Medicine.

More than 60 of Dr. Brown's contributions to professional journals have been published.

Dr. Brown is a member of Phi Beta Kappa, Sigma Xi, and Omicron Kappa Upsilon.

Graduate students gain representation

The traditional low profile of graduate students in the School of Medicine is in for a change.

The students' requests that they be allowed a student representative on both the Curriculum Committee and the Graduate Council were recently endorsed by those two committees and subsequently approved in June by Dr. Robert S. Stone, School of Medicine dean and HSC vice president.

According to a memo prepared by graduate student representatives to the Student Senate, having a student representative on the Graduate Council will benefit both students and faculty.

"Most graduate students are either ignorant or misinformed about the purpose and powers of the Council. A student member will be able to keep graduate students informed about pertinent Council activities, plus serve as an easily accessible source for any appropriate student problems that might arise. In addition, a student member would represent the views of the students to Council members on issues they are considering."

In requesting a representative on the Curriculum Committee, the students stated that they want to have input in decision making about courses they take in the medical school curriculum. Medical students already have representatives on the committee.

Graduate students cited a number of problems which they hope to help solve by increased participation in curriculum decisions. Among these are tardy dissemination of class materials to graduate students; inadequate lab equipment for graduate students; changes in class schedules without consultation with graduate students; and frustration associated with not knowing where to turn with problems related to classes.

The students believe their representative will "provide an identified and legitimate conduit for presentation of these problems to those with the ability to solve them."

Ward Conrad, graduate student in physiology, was named in June to serve as the graduate students' representative on the Graduate Council.

Doug Dawson, graduate student in microbiology, will represent them on the Curriculum Committee.



Society honors Swan with Howe medal

Dr. Kenneth C. Swan, professor and chairman of the department of ophthalmology, received the Howe medal of the American Ophthalmological Society at the Society's annual meeting in Hot Springs, Virginia, May 29.

The medal, presented only 44 times in 112 years, is one of the highest honors in American ophthalmology.

Criteria for awarding the prize are:

- Appreciation of discoveries so notable as to advance suddenly the progress of ophthalmology in all parts of the world;

- Recognition of conspicuous service as a writer or teacher;

- Encouragement of investigation among younger ophthalmologists in recognition that their efforts may promote them to a higher and better recognized place among their fellows.

Dr. Swan, an alumnus of the UOHSC, has been on the School of Medicine faculty for 33 years. He is director of the Elks' Children's Eye Clinic in University Hospital.

Face to face with a Rose Festival princess, one young patient in Doernbecher Hospital is overcome by shyness. Visiting University Hospital June 9, the Rose Court handed out roses and crowned a Doernbecher queen and prime minister.

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