



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.

Oregon's Poison Control Center comes of age

After years of hard work and dedication in spite of limited funding, the physicians who staff the HSC Poison Control Center are seeing their center come of age.

This month, a reorganized and improved service, known as the Oregon Poison Control and Drug Information Center, began serving the state. The Center fills a need long felt by Oregon health professionals, as well as by the public.

The Center is open seven days a week and accepts calls from health professionals and the public. The staff includes nurses, physicians, and a pharmacist, all of whom are specially trained to respond to incoming calls about poisonings, drug overdoses, and related emergencies.

A PoisIndex system, which contains information on thousands of known poisons, and a large selection of reference materials is available to the staff.

The Center is located within the division of emergency medicine in University Hospital

(North). Outside callers can reach the Center on a toll-free line.

Calls to the Poison Control and Drug Information Center are handled initially by nursing staff, who respond according to specific protocols. They may dispatch an ambulance, refer the victim to a physician or emergency room, suggest therapy over the phone, or assure the caller that the substance which was ingested is not dangerous.

If the victim is advised to remain at home, the nursing staff makes follow-up calls after one hour, four hours, and 24 hours to monitor the case and make certain that the victim and/or his family is aware of potential problems.

When calls require more specialized knowledge, the nursing staff seeks direction from the Center's associate directors, Pharmacist Lee Wanke and Dr. Tom Elo, and/or from co-directors, Dr. Emily Tufts and Dr. Marc Bayer.

Before the reorganized Center began oper-

ation this month, Mr. Wanke and the nursing staff underwent an intensive two-week training session at Denver General Hospital's Rocky Mountain Poison Center.

The HSC's improved Center combines and expands the existing Drug Information Service of the School of Pharmacy at Oregon State University, and the Poison Control Center of the UOHSC.

Calls to the Poison Control and Drug Information Center are handled initially by nursing staff, who respond according to specific protocols.

In October, the Drug Information Service was moved from Corvallis to the division of emergency medicine in University Hospital.

Mr. Wanke, who is in charge of the Drug Information Service, and his staff will continue to serve as the state's center for drug information and will respond to health pro-

fessionals' inquiries about drugs, dosages, drug effects, and related questions.

Mr. Wanke plays another major role in the activities of the Poison Control and Drug Information Center. He coordinates educational programs for the public and health professionals, publishes a newsletter on drugs and drug effects, and supervises nursing personnel at the poison center.

According to Co-director Dr. Bayer, responding to emergency calls is only part of a poison center's responsibility.

"We are equally committed to the prevention aspect of poisonings," Dr. Bayer pointed out. "We will begin reaching out to the community through public education programs."

"The public needs to know more about which drugs are dangerous, where to keep medicines, what steps to take if a person inhales or ingests a dangerous substance, and who to call in case of such an emergency."

(continued on page 7)

Veterans Hospital site question—views from Marquam Hill

What does the continuing bond between the UOHSC and VA Hospital mean to both institutions? In this issue of HSC News, faculty, administrators, and others discuss the institutions' ties and how physical proximity affects their affiliation.

For three years, a decision over the location of the proposed new Portland Veterans Administration Hospital has been stalled by controversy.

The VA central office in Washington, D.C., has continued to maintain that veterans will be better served if the new hospital is built near the present facility adjacent to the HSC on Marquam Hill.

However, a proposed site near Portland's Emanuel Hospital has received strong local backing.

In October, a subcommittee of the House of Representatives Appropriations Committee issued a 127-page report recommending the site near Emanuel Hospital. The VA in

Washington has since issued its rebuttal to the subcommittee's report.

The site controversy forced Congress last summer to turn down a request for \$139.1 million in construction funds for the new hospital.

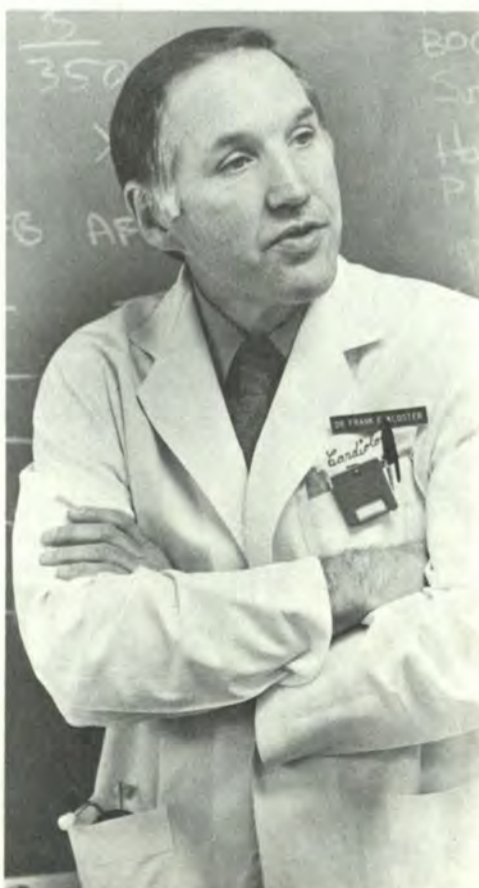
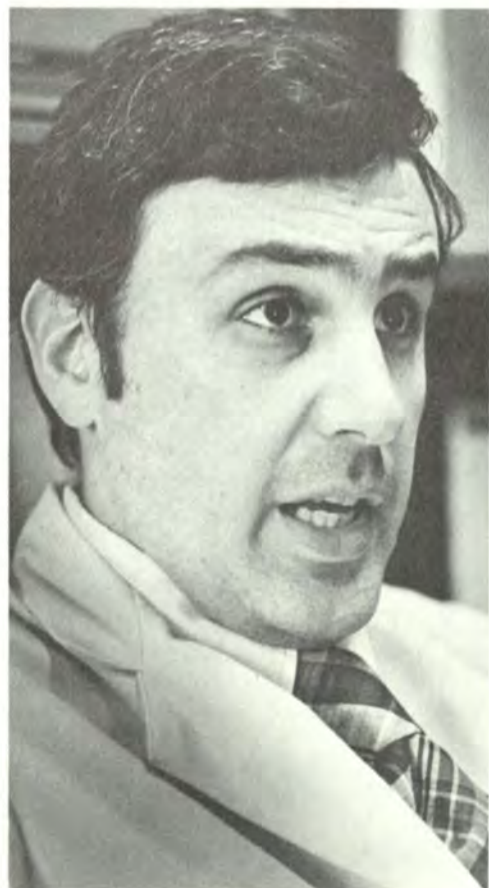
Funds for the project could be included in a second supplemental appropriations bill after the House reviews the VA's rebuttal—sometime during the next month or so.

For staff at the UOHSC and VA Hospital, the three-year controversy has provoked a

careful assessment of their affiliation. Several themes recur in their discussions of the issues involved in the site question:

—In training Oregon's future doctors, the *(continued on page 4)*

Among those who have spoken out in favor of preserving the close ties between the UOHSC and VAH are, left to right, Dr. David Nardone, Medical Student Steve Bailey, Dr. Frank Kloster, and Dr. Frederic Smith. Beginning on page 4 of this issue, other administrators and faculty members give their views on the affiliation.



School of Medicine names Porter to head department

The appointment of Dr. George A. Porter as new chairman of the department of medicine has been announced by Dr. Robert S. Stone, vice president and dean of the School of Medicine.

Dr. Porter, professor of medicine, has been head of the UOHSC School of Medicine's division of nephrology since it was formed in 1973 to provide additional teaching emphasis to the study of kidney diseases and to support the expansion of the collaborative kidney transplant program between the Veterans Administration and University Hospitals.

The appointment was effective December 1.

Dr. Porter is the third full-time chairman in the medical school's 90-year history to head the department of medicine, the largest on campus with 12 specialty divisions.

Training grant awarded to CCD

The Crippled Children's Division (CCD) has been awarded a federal grant for five years to continue a program which trains health care, social service and education students to work with the mentally retarded and developmentally disabled.

The Bureau of Community Health Services of the Department of Health, Education and Welfare has awarded over \$800,000 annually for the program, which provides training primarily on the graduate level.

Dr. Leroy Carlson, the program's director and professor of pediatrics, perinatology and CCD, said the training "brings together students from different disciplines to share ideas and concepts in a team approach to find the best way to serve patients who have life-long disabilities."

He estimates about 6,000 students in 14 fields ranging from medicine, dentistry, and nursing to social work, special education, and physical therapy have received training experiences in the program, which is now in its eleventh year.

In addition to graduate level training, the program also provides training for parents and for undergraduate students studying special education, speech pathology, psychology and social work from public and private colleges and universities and community colleges in the state.

He replaces Dr. David Bristow, who is now chief of cardiology and professor of medicine at the Veterans Administration Hospital in San Francisco. Dr. Robert D. Koler, head of the division of medical genetics, had been chairman pro-tem of the department.

Currently, Dr. Porter is on the board of di-

rectors for the American Heart Association and serves as chairman of the AHA's Council on the Kidney in Cardiovascular Diseases. He also is co-editor of the Council's newsletter.

Additionally, he is vice chairman of the Network Coordinating Council of Region 10 for the End-Stage Renal Disease Program of the Department of Health, Education and Welfare and is a member of the Inter-Society of Liaison Committee to the National Institute of Arthritis, Metabolism and Digestive Diseases for renal research.

With research support from the National Institutes of Health, the Veterans Administration and the Oregon Heart Association, Dr. Porter and his colleagues are studying the mechanisms of drug-caused renal disease, a new field of concern to medical scientists.

He is also a member of the American Society of Clinical Investigation, the Endocrine Society, the American Society of Nephrology, the Western Society of Dialysis and Transplantation, the Multnomah County Medical Society, the Oregon Medical Association and Alpha Omega Alpha, national honor society for medicine, among others.

He was the recipient of a five-year Career Development Award from NIH from 1965-70.



DR. GEORGE A. PORTER
chairman, department of medicine

Nursing school gets good news

Continuing accreditation has been granted the HSC School of Nursing by the National League for Nursing's Board of Review for Baccalaureate and Higher Degree Programs and by the Oregon State Board of Nursing.

The National League of Nursing's Board of Review's decision, which was announced December 9, was based on their review of the School's lengthy Self-Evaluation Study and on an evaluation made by a three-person team which made a site visit in early October.

The State Board of Nursing's decision, announced December 15, was based on an evaluation of a two-person site team which visited the School at the same time.

Newsmakers

Dr. Cameron C. Bangs, clinical instructor in medicine and Oregon City internist, has been named 1977 Doctor-Citizen of the Year by the Oregon Medical Association. Dr. Bangs is well known for his cold weather rescue work and is the author of numerous articles relating to the treatment of cold weather injury. He is also a prominent speaker on drug abuse and adolescent problems.

Youngsters at St. Francis of Assisi School in Portland underwent a thorough health screening December 8 provided by UOHSC medical, dental, and nursing students. Dental and dental hygiene students did oral screening, and medical students performed physical exams. Nursing students handled parent education, vision screening, and blood tests. Supervising the screening were Karen Mischke, chairperson of the department of community health nursing, and Dr. Christopher Williams, associate professor of pediatrics and CCD.

Dr. Louis B. Perry, president of the State Board of Higher Education, has been named Portland's First Citizen for 1977 by the Portland Board of Realtors. Dr. Perry is president of Standard Insurance Company. He is presently serving the UOHSC as an alternate member of the Presidential Search Committee.

Dr. Verner V. Lindgren, clinical associate professor of surgery, has been chosen president-elect of the American Society of Plastic and Reconstructive Surgeons, Inc.

Dr. Joseph C. Blumel, president of Portland State University and member of the UOHSC Advisory Council, has been appointed to a national advisory committee that will suggest ways to develop cooperative university-city energy conservation education programs.

Dr. Lynn P. Elwell, who earned his doctoral degree in microbiology at the UOHSC in 1974, has been named section head of medical biology in the department of microbiol-

ogy of Burroughs Wellcome Company, Research Triangle Park, North Carolina.

Richard Holm, second-year medical student, won the Japan Karate Association's Northwest regional tournament and then placed fifth overall in JKA's national tournament November 6 in Minneapolis.

Dr. Charles Dotter, chairman of the department of radiologic diagnosis, delivered the second annual John H. Juhl Lecture at the University of Wisconsin Medical Center in Madison November 4. His topic was "Transluminal Angioplasty."

Dr. Marvin John, clinical instructor in family practice and chief of staff for Umatilla Hospital, has received an award for Outstanding Community Service from the Umatilla Chamber of Commerce. Dr. John, a member of the Umatilla School Board, has been team physician for the local high school for years. Each year, Dr. John participates in the HSC School of Medicine's perceptor program.

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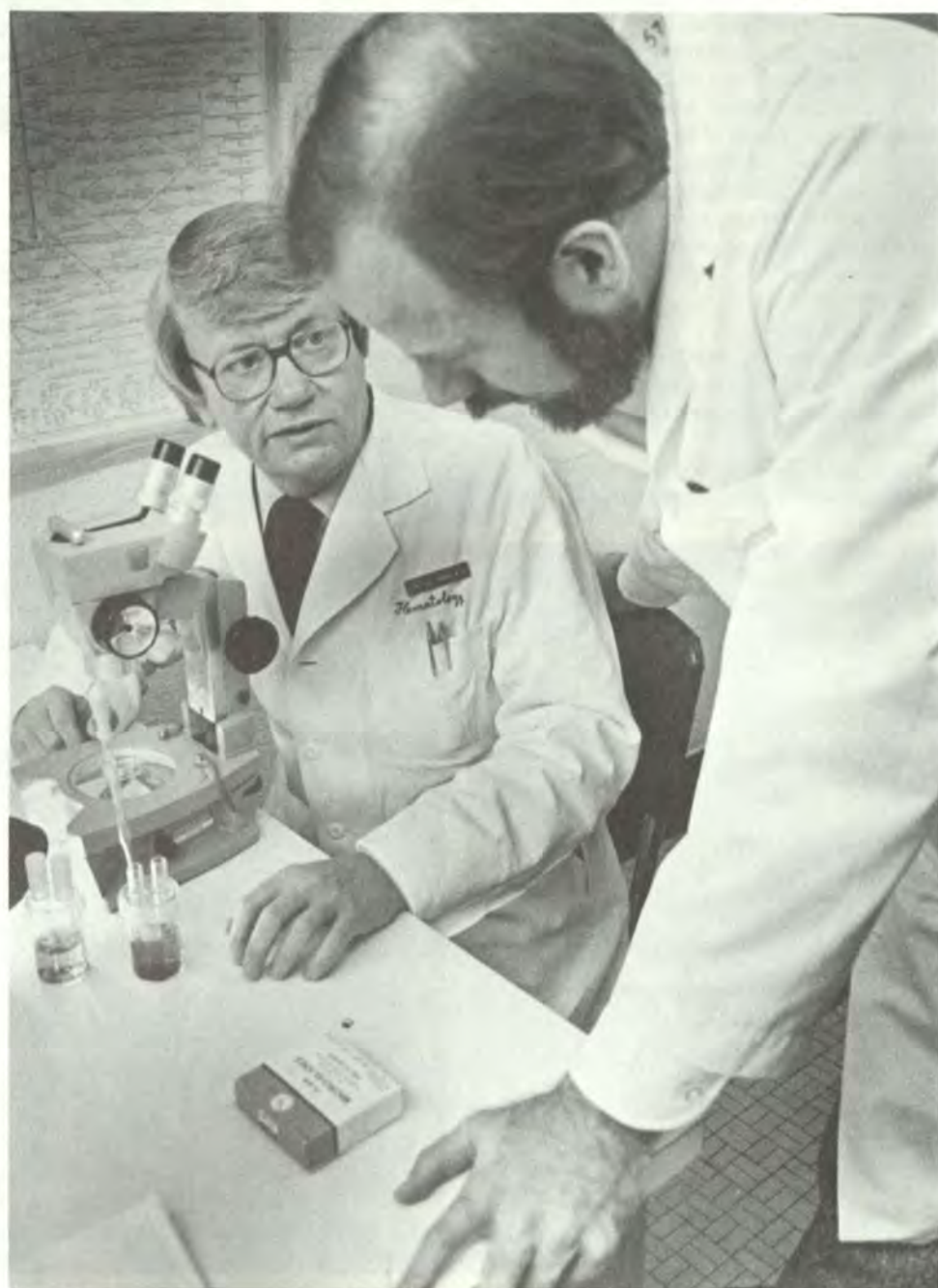
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Dr. Linman heads study of preleukemic syndrome



Even as recently as five years ago, acute nonlymphocytic (or myeloid) leukemia was believed to be a disease which appeared suddenly and without warning—resulting in death within just a few months.

However, as a result of efforts by Dr. James Linman, head of the division of hematology and medical oncology, more and more physicians now believe there is a recognizable clinical syndrome preceding acute leukemia. Researchers are calling this disorder the "preleukemic syndrome."

Nonlymphocytic leukemia is a disorder of blood cell production in which abnormal blood cells produced in the bone marrow accumulate in the blood and marrow. Because it is similar to cancer in many respects, leukemia is referred to as "cancer of the blood."

Although acute leukemia in children now appears to be decreasing in frequency, the incidence of leukemia in adults has increased two-fold in the past 30 years. Leukemia causes about 7 deaths per 100,000 population each year in the U.S. The increase in this disease in recent years has been exceeded only by myocardial infarctions and lung cancer.

Dr. Linman, recognized worldwide as a pioneer in the preleukemic syndrome, became interested in acute nonlymphocytic leukemia while serving as director of the Mayo Clinic's Hematology Laboratories from 1965 to 1972.

"We noticed that about 50 per cent of patients with acute nonlymphocytic leukemia had had some type of poorly defined hematologic problem that preceded the onset of the disease," explained Dr. Linman.

"It appeared to be a phase of the disease. We began to hope that we could perhaps pick this up years before the onset of acute leukemia. It would give us an opportunity to

look at the disease in an entirely different stage of its evolution."

Dr. Linman and his associates conducted a retrospective study of patients with acute leukemia in an effort to find out what early symptoms they might have had in common.

Contrary to the then current opinion, they observed "remarkably uniform" clinical features in the preleukemic syndrome.

They found that patients had had conspicuous red blood cell changes, anemia, and abnormal marrow and platelets. Patients averaged 60 years of age. (He pointed out that not all patients with these symptoms develop acute leukemia.)

"As a result of the retrospective study, we came to believe that we would be able to investigate the evolution of the disease and study in depth the mechanisms that produce a clinical cancer—with the possibility of learning how to reverse the process. It was a concept that people thought couldn't exist."

About the time he joined the HSC faculty in 1972, Dr. Linman began a prospective study of patients, studying those who had characteristics which he now knew might produce acute leukemia.

"The dividing line between a benign and a malignant disorder may not be sharp, and there exists no reason to believe that a precancerous state cannot be halted or reversed."

Because of their growing interest in Dr. Linman's studies, the National Cancer Institute provided him with a two-year planning grant in early 1977 to develop an on-going, multi-institution, international Preleukemia Study Group. The Health Sciences Center is the principal institution under the grant.

Planners for the Study Group include 34 hematologists from throughout the U.S. and other countries, especially France. Chairmen of the planning organization's five subcommittees are among the world's leading hematologists.

Under Dr. Linman's guidance, they are establishing protocol and standards for the Preleukemia Study Group, which will probably begin in about a year. By using the same criteria and nomenclature, scientists from throughout the world will be able to pool their knowledge more efficiently.

Interest nationally and internationally in the Study Group has been "overwhelming," according to Dr. Linman. "There is a great level of excitement among the participants. We've never done anything like it."

In addition to conducting prospective studies of patients, the Preleukemia Study Group will oversee many related research studies.

Dr. Linman pointed to one study currently being done at the HSC School of Medicine by Dr. Grover Bagby, research associate at the VA Hospital.

"Dr. Bagby is studying the characteristics of bone marrow cells in culture. By observing how these cells act, we hope to learn at what point in its evolution the disease becomes overtly leukemic. We would like to be able to tell patients how rapidly the disease will progress. In addition, these techniques hold promise of permitting detection of patients who may respond to certain types of treatment."

Dr. Linman added that research at the Health Sciences Center "has been largely responsible for demonstrating that acute nonlymphocytic leukemia involves all blood cells originating in the marrow—red cells, platelets, monocytes, and granulocytes. In the past, it was presumed that mixed cell leukemias were quite rare."

Dr. Linman said he is hopeful that the Preleukemia Study Group will provide scientists "the opportunity to study the development of a malignant disorder. Medical science has tended to view cancer as an all-or-nothing phenomenon. We hope to demonstrate that the idea that you're well one day, then all of a sudden ill, is wrong."

"The dividing line between a benign and a malignant disorder may not be sharp, and there exists no reason to believe that a precancerous state cannot be halted or reversed."



Dr. and Mrs. Swank recently discussed research possibilities with Dr. Frank Yatsu, far right, chairman of the department of neurology.

Physician, wife add to fund

When Dr. Roy Swank joined the UOHC division of neurology faculty in 1954, funds to begin a research program were unavailable.

"Luckily, I was able to obtain a substantial gift from the Multiple Sclerosis Society of Portland. It became one of my ambitions to create a fund to help researchers in neurology at the School of Medicine get established," said Dr. Swank, who is now a professor emeritus in the department.

Dr. Swank and his wife Eulalia recently made another substantial gift to the Roy and Eulalia Swank Fund for Neurological Research, which they established in the division of neurology in the late 1960s. In addition, they have been responsible for a commitment of \$200,000 to the fund, to be given in five, equal annual installments.

Including these recently committed monies and another gift in December of \$300,000,

Dr. and Mrs. Swank's contributions to the fund—as well as gifts by others—will generate sufficient income to begin one or two new research programs each year.

Money in the Fund is used exclusively for research and for sponsoring the Stephen Wilmer Swank Lectures each year. These lectures were established in honor of the Swanks' son, who was killed in an accident in 1961.

Dr. and Mrs. Swank's contributions to the fund—as well as gifts by others—will generate sufficient income to begin one or two new research programs each year.

Dr. Swank, who retired in 1974 after 21 years as head of the division of neurology, is co-author (with Mary-Helen Pullen) of the recently published *Multiple Sclerosis Diet Book* (Doubleday, 1977).

About 10 years ago, he founded Pioneer Filters, a Beaverton company that manufactures blood filters used worldwide for transfusions and for extracorporeal assist during cardiovascular and other surgeries.

Invented and developed by Dr. Swank, the filters prevent platelet-leukocyte aggregates from obstructing small blood vessels in the brain and elsewhere.

Dr. Swank, a native of Camas, Washington, attended the University of Washington and went on to earn an M.D. and Ph.D. degree from Northwestern University. He served on the faculty of Harvard Medical School from 1941 to 1948, with an interlude of four years' service with the U.S. Army Medical Corps in Europe in World War II.

He was then on the faculty of McGill University for six years before accepting his appointment as head of the HSC School of Medicine division of neurology.

VAH/UOHSC affiliation—one of the strongest in U.S.

(continued from page 1)

School of Medicine depends on VA Hospital staff and veteran patients.

—In caring for veterans, the VA Hospital relies heavily on the staff, trainees, and resources of the HSC.

—Collaboration of the two institutions in research has produced nationally recognized results and contributes to a high quality of patient care.

—The affiliation between the UOHSC School of Medicine and Portland VA Hospital is among the strongest such affiliations in the U.S. A recent report by the National Academy of Science states that "highly affiliated" veterans hospitals provide an "out-standing" level of care.

—Physical separation of the two institutions would cause a decay of the present close bond between the two.

—Because the two institutions would grow apart, each would have to duplicate staff and resources which are now shared. Some estimate that the annual cost to the School of Medicine alone would be \$1.5 million—at a time when Oregon taxpayers are already heavily burdened.

In recent interviews with *Health Sciences Center News*, HSC and VA staff and administrators gave their views on the importance of maintaining their exceptionally close-knit affiliation. Their comments follow.

Phil Clark Director Portland Veterans Administration Hospital

Mr. Clark speaks candidly about the mutual benefits which the VA Hospital and HSC School of Medicine derive from their present close relationship.

"It's of great financial benefit to the School of Medicine to maintain as close a relationship as possible with the VA Hospital. A big part of the reason is their training programs.

"All residents at the VA and University Hospitals are appointed by the University. The salaries for one-third of them are funded by the VA, and at any given time, one-third of them are on rotations at the VA. In addition, their students spend a tremendous amount of time on clerkships here.

"That makes us a vital part of their training program. At the same time, the VA is willing and eager to be a training ground. We look on it as a 50-50 split. The advantage of having trainees here is that it keeps us on our toes; and they provide us with valuable services.

"Our patients like it, too. They see a benefit in being seen by many staff doctors and residents. They believe that makes it all the likelier that someone will figure out what's wrong. Plus, trainees *listen* to the patient. Students want to be sure they know as much as possible about each patient so they can show this to their instructors."

"There is no question that the caliber of physicians recruited to this VA Hospital is higher because of our exceptionally close ties with the Health Sciences Center."

He added that he believes the close ties between VA and University programs have attracted veterans who live at great distances from Portland. "We get veterans from Alaska, Hawaii, and Seattle. I think that's due in part to the superior reputation of this School of Medicine."

Mr. Clark pointed out, "All my staff physicians have faculty appointments at the University. The School of Medicine bears the greatest responsibility in recruiting VA physicians, and no appointment is made unless all parties are satisfied.

"There is no question that the caliber of physicians recruited to this VA Hospital is higher because of our exceptionally close ties with the Health Sciences Center.

"We get physicians who are highly involved, who deliver a higher quality of patient care, who have a dynamic interest in research, and who feel competent as teachers. We get a much superior person than would otherwise be possible.

"Because our two institutions are physically close, we are able to get back and forth easily. This permits us to think of each other

as one. Staff members at the University see patients and go on regular rounds here at the VA, and our physicians do the same there. If emergencies arise, distance is not an impeding factor.

"However, if the new VA Hospital is built at a greater distance from the University, things would break down. If the new hospital is built across town, travel time, traffic, and parking become real problems. The round-trip would probably require an hour—as opposed to only 10 or 15 minutes, as now.

"It wouldn't be simply an inconvenience. Time is crucial to these doctors. They don't just think in terms of a 40-hour week. Many work from 50 to 80 hours a week. Their whole life is involved in what they're doing here. They've got their hearts in it, and they bleed when it doesn't go right. They want nothing less than perfection.

"If the hospitals were at a greater distance apart, everyone's effectiveness would be diluted. Our relationship would be torn. The VA's ability to recruit physicians would be impaired.

"If you want the same high level of quality we now have, the two hospitals need to be as close as possible."

Mr. Clark commented that 120 of the nation's VA hospitals are affiliated with medical schools. The degree of cooperation varies, but is greatest when the two institutions are in close physical proximity.

"I've been connected with four or five VA hospitals which are very closely connected to medical schools. I think the level of mutual respect and cooperation which our two hospitals have is as good as any I've seen."

Dr. Robert Stone Dean UOHSC School of Medicine

"The national initiative for affiliation between schools of medicine and VA hospitals came from the VA," explained Dr. Stone.

"After World War II, the VA perceived these affiliations as a way to have a continuing supply of non-retired physicians to serve veterans and as a way to keep VA staffs up to date and active in learning and teaching. The VA was able to use these affiliations as inducements when recruiting its physicians.

"That original idea has proved beneficial to the care of veterans. The VA has documented evidence that its hospitals which are affiliated with medical schools provide a higher level of care. We, on the other hand, depend on the VA to play a vital role in our educational programs.

"To facilitate the management of this kind of affiliation, the Veterans Administration established Deans' Committees to coordinate the relationships."

(The UOHSC/VA Dean's Committee, chaired by Dr. Stone, is one of the most active committees of this type in the U.S. Approximately 50 staff members from both institutions attend the monthly meetings at the VA Hospital. Standards for care, research, recruitment, and education are discussed, and VA services are reviewed.)

"The quality of our relationship," said Dr. Stone, "depends on many things, including historical ties, attitudes of those involved, financial support, and physical proximity. Changes in any one of these could cause a deterioration in the relationship.

"Separating that hospital from this one could not contribute to strengthening that relationship—only to weakening it. Why do this deliberately?"

Dr. Richard Jones Acting president, UOHSC

"We will attempt to interact with the VA Hospital no matter where it is built," Dr. Jones pointed out.

"But the degree of cooperation—with the resources available—is really the question.

There can be no doubt that a separation of the two institutions will require much duplication of facilities and staff which are now shared.

"For example, the VA would need to expand its library greatly, whereas now, our large library is easily accessible to them.

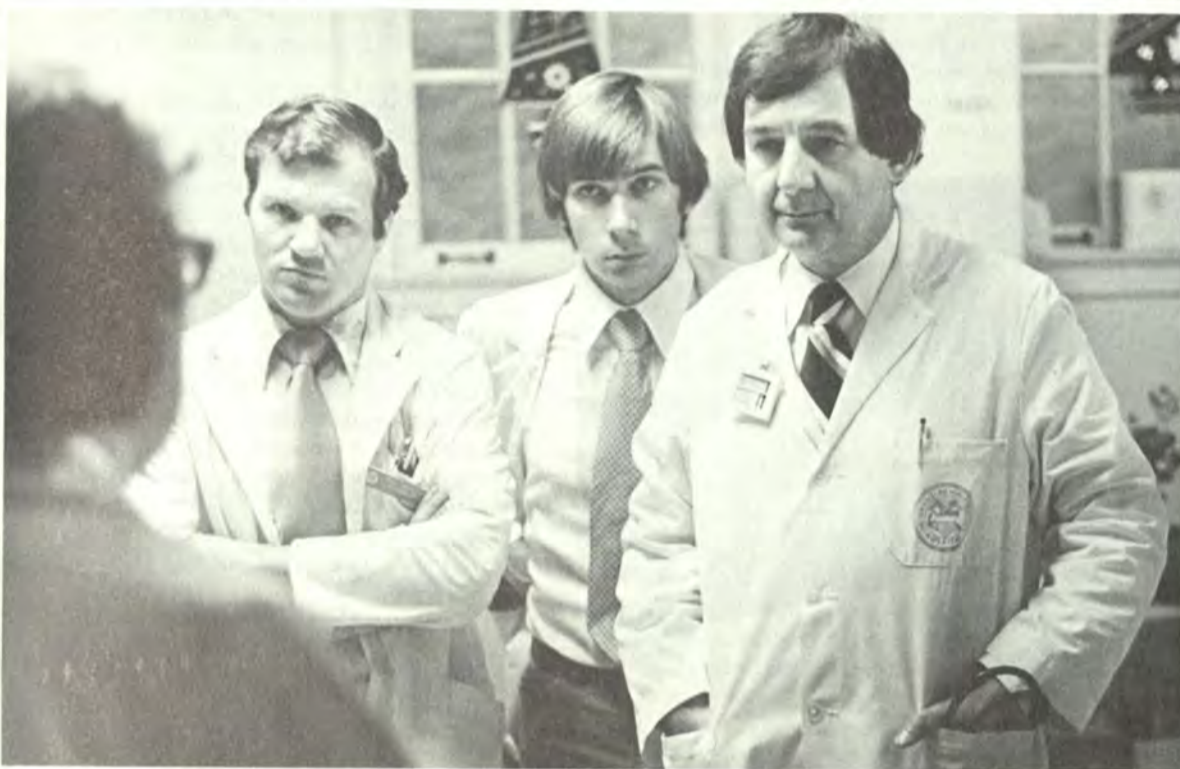
"Both institutions would have to duplicate staff members. Their specialists, like Dr. John Kendall and Dr. Mark Vetto, for example, wouldn't be able to consult and assist the School of Medicine as much as they do now. Some of the staff members of the School of Medicine who now provide valuable consultation to the Veterans Hospital would find it more difficult to serve in both places if separated further in the future.

"We would need to hire a number of new people and provide them offices and other





Photos, page 4, left to right, beginning on top, Drs. Kendall, Stone, Burns, Mr. Clark, Drs. Stephen Jones, and Richard Jones. Page 5, Drs. Cutler, Krippaehne, Moss, Hodges, Shore, Vetto (in large photo, on rounds at VAH with surgery residents), and Dr. Metcalfe.



facilities—at a time when the state legislature is finding it difficult to support new construction.

"Faculty recruitment would be influenced significantly if the VA Hospital were further away. I've already seen an example of this in our search for a new chairman of the department of medicine. All of the candidates whom the search committee interviewed expressed interest in the current close association of the Portland VA Hospital with the UOHSC. Many were very concerned that this association would be compromised if the VA Hospital were relocated away from the medical school."

Although Dr. Jones agreed that it is difficult to know just how much a separation of the two institutions would cost the Health Sciences Center, he quoted HSC officials who had told Congressional investigators that the cost could be as high as \$1.5 million annually.

"We would have to reassess our programs. Any damage to our present close relationship with the VA would clearly cost the taxpayers more. I believe the additional expense would be needless and regrettable."

Dr. Frank Kloster
Head, division of cardiology
UOHSC School of Medicine

The University's cardiology division and VAH's cardiology section "function as one unit," according to Dr. Kloster, who heads the combined division.

There is collaboration in all areas: patient care, teaching, research, and departmental responsibilities. The only difference between a VA staff cardiologist and his/her university counterpart is the source of salary, said Dr. Kloster.

"On the average, each of us based at the University spends three months of the year on attending rounds at the VA. That means we go over there each day and spend a two to two-and-a-half-hour segment of our morning."

"Because the travel time between the hospitals is only five minutes, I'm able to touch base at University Hospital first thing in the morning and see patients requiring immediate care; then I go to the VA; and by

around 10:30, I'm back at University Hospital with plenty of time for my School of Medicine activities."

He pointed out that the two institutions' residency programs in cardiology are also fully integrated, with residents rotating between the two hospitals.

"This interaction is intellectually stimulating. They see a different type of patient there. They see a higher incidence of coronary heart disease and hypertension, whereas we see more congenital and valvular heart disease."

Dr. Kloster describes the VA/HSC collaboration on cardiology research projects as "tremendous." Most of the HSC-paid cardiologists are involved in VA studies, and all VA cardiologists are involved in University projects. These studies require regular and frequent trips back and forth for physicians and technicians.

He emphasized the fact that five conferences are held weekly for faculty, fellows, residents, and students in cardiology. Attendance at these conferences averages from 25 to 30 persons. Conferences may be held at either institution, and travel time is not a deterrent.

According to Dr. Kloster, this type of collaboration and interaction is in no way unique to the cardiology division.

He explained that "nephrology, gastroenterology, pulmonary diseases, and hematology, to name a few, are also strongly related."

Dr. Kloster continued, "If the new VA Hospital is built at a greater distance from the medical school, there will be a chaotic movement of people back and forth."

"In my own case, the services which I now provide the VA in half a morning would take half a day. Instead of a 10-minute round-trip, I'd need an hour for travel. This adds up to a horrendous investment in wasted hours when you consider the number of trips a week made by cardiology staff and trainees."

"In time, the problem of physical distance tends to become one of philosophical distance," he added. "If distance becomes a deterrent to easy access, people begin to lose contact. I've talked to faculty at other VAs and medical schools where this has been the case."

Dr. William Krippaehne
Chairman, department of surgery
UOHSC School of Medicine

General surgery programs at the VAH and University Hospital are fully integrated, Dr. Krippaehne explained. There is a common pool of house staff and students, and faculty rotate freely between the two institutions.

Four combined conferences relating directly to care of VA/HSC surgery patients are held weekly. These conferences, which are held either at the VA or School of Medicine, are of great importance to trainees, said Dr. Krippaehne.

"In the course of a week, all of this adds up to an incredible number of trips. The greater the distance, the greater the loss of efficiency for all involved."

"There's no way we can give conferences twice—once at the VA and once here. We just don't have the manpower. Our School already has one of the lowest faculty-student ratios in the country."

"Estimates of the time it takes to get from the medical school to Emanuel Hospital (some reports have said 12 minutes) have been catalogued at low freeway density. But there are times when freeway traffic, instead of moving at 50 m.p.h., moves at 5 m.p.h."

"Conferences in the surgery department usually occur in the late afternoon (necessarily following completion of the daily schedule of surgeries) when traffic is nearly at a standstill."

"There's no way we can give these conferences twice—once at the VA and once here. We just don't have the manpower. Our school already has one of the lowest faculty-student ratios in the country."

Dr. Krippaehne commented that the extra hour of travel time each day "could be the straw that broke the camel's back. My staff feels the same way."

"And no one was to be talking about the additional energy expenditure of gasoline that all these trips would require—at a time when we're all supposed to be cutting back."

Dr. Krippaehne believes that the combined negative-inducements of travel time and a

crumbling HSC/VA relationship would result in faculty recruitment problems for the VA.

"Our surgery faculty at the VA accepted their VA appointments because they're interested in academic medicine, and they are able to participate quite easily in University functions."

"If the affiliation is weakened, they may leave. In addition, the VA would have to replace our faculty who could no longer be as active there."

"In my opinion, they'd have problems recruiting the same caliber of staff. And they'd need a much larger staff because there's a good possibility that the people they hired wouldn't be willing to make the same commitment as these young staff doctors now at the VA. These young people are dedicated, and they're willing to work very long hours."

Dr. David Nardone
Chief, general medical inpatient section
Portland VA Hospital

One of the main reasons he sought a position at the Portland VA Hospital was because it was adjacent to the HSC School of Medicine, Dr. Nardone commented.

He points out the high level of "cross-fertilization" that takes place between the two institutions. Patients, as well as doctors, benefit.

"I put the patients first. It adds a tremendous amount to patient care to have different types of people making rounds. The program falls short if you don't have that."

Dr. Nardone was previously associated with a VA hospital in Augusta, Georgia, which was four miles away (a 15-minute trip) from the Medical College of Georgia.

"I was scheduled to go on attending rounds at the medical school, but because it was tough to get there, and because I had major duties at the VA, I traded rounds with someone there so I wouldn't have to go."

"I was asked to head the physical diagnosis course at the medical school (in Georgia), but I had to refuse because of the distance. Here, because the two hospitals are close, I'm able to run the School of Medicine's physical diagnosis program."

"If there were a greater distance between the two hospitals, I might have to give this up, though it would be a real disappointment to me."

(Dr. Nardone explained that a new VA hospital is presently under construction in Augusta, Georgia—next door to the medical school.)

Dr. Stephen Jones
Chief, infectious disease section
Portland VA Hospital

Dr. Jones worked for a VA hospital in Dallas, Texas, before coming to the Portland VA.

"In Dallas, it was 20 minutes by car to the medical school. So you didn't go unless you had to. For conferences, I couldn't make it to noon conferences."

"Here, you're able to go on the spur of the moment as things come up. One of the reasons I came here was because the medical school is so close."

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Separation would lead to VAH recruitment difficulties

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"I think I'm fairly typical of many doctors at the VA. We feel a great allegiance not only to the VA, but also to the medical school. We work at the VA because of its affiliation with the University.

"Without its close academic ties, this VA just wouldn't be an attractive place to me. If this hospital is going to become estranged from the School of Medicine, I would, despite my concern for the care of veterans, be more likely to leave the VA system and become associated with a community hospital."

Dr. Mark Vetto
Chief of surgery, VAH
Professor of surgery, UOHSC

Dr. Vetto supported Dr. Krippaehne's description of the fully integrated HSC/VA surgery program.

"The entire surgery staff may perform surgery and conduct rounds and conferences at both the University and VA hospitals. Those of us attached primarily to the VA carry on most of our teaching and research activities at the VA, and the entire surgical faculty participates in this.

"Annually the VA health care mission in surgery is supported by the participation of 135 residents and interns from the UOHSC who are assigned to all surgical specialties, and 90 medical students who serve as junior and senior clinical clerks."

"The VA surgical faculty, in association with VA basic scientists, is heavily involved in research in the fields of tumor immunology and transplantation of tissues. The Surgical Research Laboratories generated \$600,000 of research funding for the past year, and the School of Medicine can readily take part in these projects.

"In addition to their research activities, Surgical Laboratory personnel are involved in training Ph.D. students and surgical fellows from the HSC. The scientific productivity of the Surgical Laboratory is high, and the laboratory strives to maintain a level of excellence consistent with VA Research Services nationally which recently produced two Nobel Laureates."

"I personally travel between the VA and the medical school three or four times a day. The ability to maintain this type of contact is absolutely essential. But none of us could carry on this level of participation if we had to travel back and forth between hospitals located at some distance from one another."

"Surgical faculty at the VA do not regard themselves as a separate group, but as a part of the University. All of us came here to work with the medical school and to provide the highest possible level of patient care at the VA, the hospital for which we are primarily responsible."

"In order to do this, a high degree of contact and communication must be maintained across the entire faculty organization. I personally travel between the VA and the medical school three or four times a day. The ability to maintain this type of contact is absolutely essential.

"But none of us could carry on this level of participation if we had to travel back and forth between hospitals located at some distance from one another. In fact, when a new VA hospital is built on the hill it should be sited, if possible, on the upper edge of the VA property, so that ideally the two institutions can be connected by an all-weather ramp.

"If the VA Hospital were built on an off-the-hill site, the present affiliation might be maintained in theory, but in practice it would cease to be the viable, real affiliation we now have.

"If the hospitals were separated, the character of the VA faculty would gradually change. Many VA faculty would look for other arrangements. Because of this and because University-based faculty would not be able to participate in VA activities as readily as now, the VA would have to recruit to fill vacancies. We would have trouble attracting the same caliber of physician we presently have.

"Now we are in one geographical place,

and our programs are functioning ideally. It does not seem reasonable, or economical in the long run, to separate us and put us in two places. I believe that in two or three years one would see that we had drifted apart; and one would see substantial changes in the VA staff."

Dr. John Kendall
Associate chief of staff for research, VAH
Head, division of metabolism, UOHSC

Because of his dual role, Dr. Kendall is closely involved in research, patient care, and teaching at both institutions. From 1975-1976, Dr. Kendall served as chairman pro-tem of the HSC department of medicine.

"Being close to the medical school is just as important to research as it is to patient care and education," said Dr. Kendall. "At the VA, there are now 25 research programs involving people from the Schools of Medicine and Nursing. In addition, many VA researchers conduct their projects at the School and use the University's space and equipment. Uni-

include Primate Center people, but because of the 20-25 minute drive, we see them much less than we would like."

Dr. Kendall explained how the VA/HSC affiliation affects patient care.

"Faculty share the rounding and teaching at both hospitals. This way, both institutions can conserve on staff, while pooling persons who are experts in diverse subspecialty areas. This contributes to the high quality of patient care and teaching available at both hospitals. And it certainly is a more cost-effective way to run a hospital.

"There has been a fantastic upgrading of care at VA hospitals in the last 20 years, and the influence of medical schools has been largely responsible for this."

Dr. Robert Burns
Professor of ophthalmology
UOHSC School of Medicine

Because the VA Hospital does not have any eye surgeons on its staff, eye surgeries for veterans are performed by University ophthal-

have to duplicate this equipment. Some patients could still be bussed over to the medical school, but some would be too ill to make the trip."

Dr. William Moss
Chairman, department of radiation therapy
UOHSC School of Medicine

Dr. Moss pointed out that all VA Cancer patients who require radiation therapy receive this treatment at University Hospital. The complex, highly specialized equipment needed for X-ray therapy is not available at the VA.

There are 8,000 visits a year to the University by veterans requiring X-ray therapy. Some of these patients walk to the medical school; some ride the campus bus; and those in wheelchairs or on stretchers come by "Care Car." The movement of patients back and forth is now smooth and easy, said Dr. Moss.

"Patients from the VA Hospital make a fantastic contribution to our educational program. Medical students, residents, and student technologists are all benefitted. About half of our patient load is from the VA.

"If the new VA Hospital is built at a greater distance from the medical school, the flow of patients will be interrupted. It would be a great inconvenience to the veterans.

"It would also require a sizable chunk of time out of each staff member's day to drive across town and deal with the related hassles of parking, etc. It would be more time consuming to attend conferences and Tumor Board meetings at the VA.

"Communication between faculty at the two hospitals would become less frequent and less direct.

"I'd have trouble recruiting faculty. A potential staff member would think twice about accepting a position involving a lot of travel time between two widely separated hospitals. You can't belittle the problem of separation."

Dr. Clarence Hodges
Chairman, department of urology
UOHSC School of Medicine

Dr. Hodges explained that he serves as senior consultant in urology at the VA Hospital. His associates, Drs. Harper Pearce, John Barry, and Edward Tank, are also consultants at the VA.

At the same time, Dr. Eugene Fuchs, head of urology at the VA, is in charge of the School of Medicine's general urology clinics. He also performs all the access surgery for patients on dialysis.

All kidney transplants for VA patients are performed by HSC staff at University Hospital.

"We're one of the first 10 transplant centers in the U.S. in terms of numbers of transplants performed," said Dr. Hodges. "Our active service means that veterans have access to the latest techniques and a high level of expertise."

The VA Hospital, on the other hand, handles home dialysis training for patients from the university.

The two urology sections interact at all levels. An HSC staff member may perform surgery at the VA Hospital; residents and student rotate between both services.

Collaboration in research is great, and has resulted in nationally recognized breakthroughs in prostatic cancer research.

Dr. Hodges said he believes that if the two hospitals are separated, the two urology sections will no longer be able to share a common staff.

"Interaction becomes less feasible at a distance. The best thing would be if the VA were built right across the street."

He continued, "If there were a patient in surgery at the VA right now and somebody from there called me to consult on an X ray, I could run right over; or somebody from there could bring the X ray right over here. You couldn't do this if the hospital were across town. It would be difficult to respond in a crisis.

"The VA would have to hire its own urology staff members. And we'd have to fill in the deficit here. This is the case at the Seattle VA and the University of Washington. They are at some distance from each other, and

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According to Dr. Frank Kloster, above, "If the new VA Hospital is built at a greater distance from the medical school... the services which I now provide the VA in half a morning would take half a day. Instead of a 10-minute round-trip, I'd need an hour of travel. This adds up to a horrendous investment in wasted hours when you consider the number of trips a week made by cardiology staff and trainees."

versity investigators are jointly involved in these studies.

"For example, Dr. Michael Makler, chief of clinical pathology at the VA, is working to develop a hemoglobin F assay. He collaborates with Dr. Richard Jones and Dr. Robert Koler at the medical school; they are internationally known hemoglobin experts. Because our two institutions are so near, he is able to work closely with them and yet not weaken his effectiveness as pathology chief at the VA."

Dr. Kendall believes the close proximity of the two institutions makes it easier to attend departmental seminars.

"For example, there is a lot of information exchanged at the Joint VA/School of Medicine Endocrinology-Metabolism Seminar, which is held alternately at each institution.

"The information we share in these seminars often alters the direction of research.

"I should point out that this seminar should

mologists, explained Dr. Burns. University physicians essentially run the VA eye service, he added.

"We perform about 300 eye surgeries a year for veterans in University Hospital. Our department has a very good reputation, and we think we've provided high quality service to the VA."

He explained that VA patients are often sent to University Hospital for diagnosis and therapy. "This patient load is, of course, a valuable part of our training program."

Because the VA Hospital does not have any eye surgeons on its staff, eye surgeries for veterans are performed by University ophthalmologists. University physicians essentially run the VA eye service.

Dr. Burns explained that the equipment for many tests and therapies (such as argon laser photocoagulation, fluorescein angiography, electrooculography, ultrasound, and more) is available to VA eye patients at University Hospital.

He estimates that the total worth of this equipment, which is now easily accessible to veterans, is about a quarter of a million dollars.

"If the new VA Hospital is built farther away from the medical school, the VA would

Poison center serves state's physicians and public

(continued from page 1)

The consolidated Oregon Poison Control and Drug Information Center has its roots in the more modest beginnings of the HSC's former Poison Control Center. Formed in 1958, the former center was only marginally funded and was staffed primarily by rotating residents in pediatrics and emergency services.

"In spite of limited resources, the former poison center served the public as well as provided Oregon physicians with a consultative service," according to Dr. Tufts.

The former center was created to serve physicians only, but it in fact received the greatest proportion of its calls from the public. Of between 6,000 and 7,000 calls to the center annually, 75 per cent were from the public. About half the calls were actual poisoning calls, and the rest were requests for information.

Because residents served the center only for a short time, by the time they developed the proper expertise in handling poisoning emergencies, they had completed their rotations. Now, with additional funding, nursing specialists will be able to devote their energies exclusively to these problems.

Dr. Donald Kassebaum, vice president for hospital affairs, explained why the poison center has been reorganized. "In the past, there was marginal allocation of resources to



LEE WANKE
associate director

the Health Sciences Center's Poison Control Center. However, growing demand for services and the record of success of centers elsewhere mandated that funds be found to improve services."



DR. MARC BAYER
co-director

In the course of the last year, opportunities arose for the acquisition and pooling of additional resources, said Dr. Kassebaum. For example, the Oregon State Health Division made available grant support. Additional funding was obtained through the merger of the OSU School of Pharmacy's Drug Information Service. Salary support evolved from a CETA grant. HSC administrators have pursued other funding sources.

"We decided that if Oregon was going to get a fully staffed poison center during this biennium, we'd have to beat the bushes," said John Long, University Hospital associate administrator.

Dr. Kassebaum pointed out that the funding of a poison control center is unique because the consumer does not pay for the service he receives.

"Since poison control is a public service of University Hospital provided by telephone to a myriad of users, it is not possible to bill consumers. You can't bill the worried mother who calls in to ask what will happen to the kid who just ate the red berries on the hawthorn tree. Therefore, funding must come from the state budget or from gifts and grants."

He continued, "It costs about \$150,000 a



DR. EMILY TUFTS
co-director

year to run a Poison Control and Drug Information Center which responds to the needs of physicians and the public. Sustaining this program is a high priority for the division of emergency medicine and University Hospital. Funding will be requested on that basis from state government and community health care agencies.

"Insofar as this program has an exclusive service orientation," said Dr. Kassebaum, "it is hoped that the public will want to contribute to its continuation. Many poison control centers around the country are supported in significant ways by community organizations, industries, and public-spirited citizens."

Hutchens heads group

Dr. Tyra Hutchens, professor and chairman of clinical pathology and director of clinical laboratory services, has been elected president of the College of American Pathologists (CAP).

Dr. Hutchens' term as president of the organization will be for two years. Since 1968 he has been a member of the CAP Board of Governors and has served as vice president and president-elect.

Staff members advise Nigerians

Four HSC faculty members were part of a five-man advisory team from Oregon which traveled to Nigeria recently.

Their trip was sponsored by the Nigerian National University Council, which is seeking American in-put on how to improve the country's universities.

Making the trip were Richard Ohvall, dean of the School of Pharmacy at Oregon State University; Dr. Harold Paxton, professor and head of the HSC division of neurosurgery; Dr. Morris Weaver, professor of anatomy at the School of Dentistry; Dr. Arthur Retzlaff, associate professor and chairman of the department of pedodontics; and Dr. Patrick Nalbene, assistant professor and director of instructional development at the School of Dentistry.

The five Oregonians spent most of their

month-long visit at the University of Benin in Benin City. Part of the impetus for their trip stemmed from OSU's sister-school relationship with the University of Benin.

According to Dr. Paxton, the Nigerians were most interested in advice about curriculum and faculty planning and development, facility development, organization and management, logistics, equipment, and supplies.

Nigeria is in the process of building or planning 12 new medical schools, 12 dental schools, and 12 pharmacy schools.

The University of Benin was started in 1973 "when 16 students arrived in a jungle plot with one temporary building and one faculty member," said Dr. Paxton. He explained that the University still has considerable organizational problems.

ing medical education" that arises out of the daily VA/UOHSC interchange, said Dr. Smith.

"It's not easy to measure what might happen if you separate the two facilities. But you can take my case as an example. Some days, I make as many as three trips to the School of Medicine. Since I can make the round-trip in 10 minutes, I have no problem participating in conferences, rounds, and other activities.

"When I go to Emanuel Hospital, however, I usually allow an hour for the round-trip. I certainly couldn't participate as much in university activities if the new VA Hospital were built across town."

Dr. Josh Cutler
Chief resident, internal medicine
Portland VA Hospital

"It is very important to the School of Medicine's training programs that they have the extra dimension of the patient population at the VA Hospital.

"A lot of the richness of a training program depends on the amount of direct patient care that a house staff physician can provide. The VA has twice as many medicine beds as University Hospital, and its faculty is highly active in the teaching of house officers.

"There is a lot of movement between the two hospitals. And the fact that that movement is so easy enhances medical education. Trainees can attend conferences at the School of Medicine without worrying that they will lose too much time; and they can still respond easily to problems that might arise at the VA.

"The free flow of personnel almost doubles our staff. I believe patient care is enhanced by easier access, though this is difficult to quantify.

"I think it's impossible to predict what the impact of separation would be, but I suspect that increasing the travel time would create some kind of barrier to the level of interaction we now have."

Steve Bailey
Senior medical student
UOHSC School of Medicine

Mr. Bailey outlined a number of ways in which proximity of the VAH and HSC enhances student education.

For example, medical students on clerkships at the VA may attend teaching conferences at the HSC easily. Students at the VA have easy access to the HSC Library. Students working at either location have the resources of both institutions at hand.

"We already have 10- to 12-hour days. If we had to spend an unproductive hour a day in travel time, we would lose valuable time that could have been devoted to reading, patient care, or conferences. I've noticed that students on rotations at community hospitals tend to start cutting conferences because of difficulty commuting.

"I think the VA faculty would feel pressured, too. The extra travel time might mean they'd have less time for study, teaching or research. They might be forced to start cutting out conferences or other activities at the medical school. From the student's point of view, when that happens, you've detracted from our education."

Dr. James Metcalfe
Professor of medicine and perinatology
UOHSC School of Medicine

Dr. Metcalfe makes rounds at the VA Hospital two hours a day, four days a week. He is available to VA patients every day, including

Sunday, if necessary.

He believes his case is representative of a small group of HSC faculty whose salary support comes primarily from research grants.

"I've made a commitment to spend a certain amount of my time doing research. It's a moral, as well as legal and financial, commitment.

"If the VA Hospital were moved, and I had to spend an hour a day in travel time to go there and return, I just wouldn't be able to do it. It would jeopardize my research.

"I couldn't justify spending that much time in such an unproductive way. I'd have to give up my VA activities, as much as I'd hate to do it."

Dr. James Shore
Chairman, department of psychiatry
UOHSC School of Medicine

The relationship between the HSC department of psychiatry and the VA mental health section is "extensive," according to Dr. Shore.

Close interaction occurs in patient care, teaching, research, and committee activities. "There is a tremendous amount of interchange."

Dr. Shore continued, "University Hospital has the only seven-day-a-week, 24-hour-a-day psychiatric crisis unit in the city, and many veterans come to our emergency room first if they have a psychiatric emergency. When they're moved over to the VA hospital, the same staff sees them.

"If the VA Hospital were relocated elsewhere, we couldn't provide the same quality of service in emergencies. We now share the same crisis team, but if the hospitals were separated, each hospital would need its own team."

VA/UOHSC

although they are affiliated, each has its own urology staff.

"The duplication of staff members that would take place in the two urology divisions would probably occur in the other surgical specialties as well."

Dr. Hodges also feels that the interaction that occurs in the urology division's three weekly conferences would suffer if residents were assigned to a new VA Hospital across town.

"We currently have a number of residents at the VA and one at Emanuel Hospital. We always see the VA residents at our conferences. Often, the Emanuel resident just can't make it."

Dr. Frederic Smith
Chief, gastroenterology section
Assistant chief, medical service
Portland VA Hospital

"There is already a VA Hospital on Marquam Hill. It's been there almost 50 years, and there have been no earthquakes or other untoward events. During this time, the VA has had a remarkably productive, stable relationship with the medical school."

Dr. Smith explained that VA doctors take advantage of the University's library, laboratories, lectures, and conferences. These same physicians participate in a wide variety of teaching programs involving residents and medical students.

Moreover, VA patients use a substantial number of the services available at University Hospital. Patients also benefit because their physicians are involved in a sort of "continu-

Ryman named to HSC post

Edie Ryman, who has worked professionally or voluntarily with children and their families for the last 12 years, has been named coordinator of special services for University Hospital.

Mrs. Ryman's duties include coordinating the activities of community agencies and off-campus educational programs which relate to and serve University Hospital. She also directs the institution's volunteer program.

Before accepting the new HSC post in September, Mrs. Ryman was consultant to various local and regional agencies and boards serving children and families in child-development or pre-school programs.

From 1970 to 1975, she served metropolitan Child Care Coordinating Council as development and community services coordinator, assistant director and interim executive director.

After graduating from the University of Oregon, Mrs. Ryman was a member of the department of psychology and participated in the development of the Student Counseling Center. Later, she worked for the UO department of special education as a research assistant.

As a volunteer, she has worked to establish community health services for Lane County. Her experiences include recruiting and training 400 volunteers over a period of two years to assess the health care needs of Lane County.

Mrs. Ryman has served on the governor's taskforce on early childhood development

since 1975. She is vice president of the Fruit and Flower Child Care Center and is president of Citizens for Children, an advocacy group. She serves on the Advisory Committee for the early childhood education department of Oregon College of Education.

Last May, active members of the Portland Junior League named her Outstanding Sustainer Volunteer of the Year in recognition of her efforts as a volunteer leader for the last 20 years.



EDIE RYMAN
coordinator of special services



When newborns were brought to their mothers Christmas Day, they were delivered in bright red, oversized Christmas stockings made by employees in the medical correspondence department. Above, Sue Jaminski, of medical correspondence, looks on as day-old Michael Anthony East, held by his mother, Mary East, snuggles in one of the stockings. Volunteer services coordinated this and other Christmas gift volunteer programs. Other volunteers and volunteer groups who made gifts for patients included Bertha Faulkner, Mattie Teeter, and the Toyers of Rose Villa Retirement Home. Thanks to them, all hospitalized children and adults received gifts at Christmas time. Youngsters seen in clinics during Christmas week also got presents.

International prize goes to Dr. Smith

Dr. Catherine Smith, professor of otolaryngology, has been named recipient of an international award recognizing her studies of the inner ear and its higher central nervous system.

She has received the Shambaugh Prize for 1977. It includes a \$1,000 award.

Dr. Smith is the fifteenth recipient of the prize, which was first presented in 1949. It is given every other year to an individual involved in research, teaching or surgery related to the ear.

The prize is named for the late Dr. G. E. Shambaugh, Sr., an internationally known otolaryngologist from Illinois.

The Shambaugh Memorial Trust Fund awards the prize on recommendation of a committee of the Collegium, a small group of otolaryngologists and research personnel in the field of ear research. In its nomination the committee called Dr. Smith "a pioneer in basic research of the structure of the inner ear."

Dr. Smith is principal investigator for a two-year research grant of over \$98,000 from the National Institute of Neurological and Communicative Disorders and Stroke to study structure and function of the inner ear. This grant funds the ninth and tenth years of this study.

Although she is doing basic research, Dr. Smith's study about the highly specialized blood supply and nerves of the inner ear could lead to many clinical applications involving the ear.

Such applications might include problems relating to hearing loss, dizziness or ear noises (tinnitus). Prior to her research, knowledge of the inner ear's structure and function was limited.

Recent symposium recognizes Brookhart

A symposium on the nervous system and the role it plays in the control of posture and movement was held in Anaheim, California, November 5 in honor of Dr. John Brookhart, professor and chairman of the department of physiology at the Health Sciences Center School of Medicine.

The symposium preceded a two-day annual meeting of the Society for Neuroscience and was partially sponsored by the American Physiological Society, which Dr. Brookhart served as president in 1965-66.

According to symposium and meeting organizer Dr. Richard Talbott, UOHSC assistant professor of physiology, the symposium was organized to honor Dr. Brookhart's "many contributions to the neurosciences and his broad perspective in that field of science."

A featured part of the symposium was an address by Dr. Brookhart concerning his views on the understanding of movement control.

"It's clear Dr. Brookhart has been in a unique position to watch the trends in neuroscience research," Dr. Talbott said. "He has always been a research scientist himself and spent considerable time and effort as chief editor of the Journal of Neurophysiology (1964-74) furthering the general increase in the quality of research done in this field."

Scholarship honors late Joan M. Burns

A scholarship award in honor of the late Joan M. Burns has been established through the HSC School of Nursing.

The award will be available fall term of 1979 for an outstanding sophomore nursing student enrolled in the UOHSC School of Nursing at Eastern Oregon State College.

Recipients of the award will receive two full years of paid tuition, providing that they remain in good standing with the School of Nursing.

Joan M. Burns, of Baker, Oregon, was instrumental in laying the groundwork for the replicate HSC School of Nursing baccalaureate program at EOSC and in encouraging community acceptance of the program.

Mrs. Burns was the wife of Dr. George M. Burns, physician and surgeon in Baker. She was an R.N. in the critical care unit of St. Elizabeth's Hospital. In September she was killed in an automobile accident.

The mother of three school-age children, Mrs. Burns was continuing her education at EOSC and was an active leader in her community.

According to Donna Schantz, assistant dean of the School of Nursing, "Without Joan's help in community relations and her dedication to quality nursing education, our program at EOSC would not have been possible. We are all saddened that she will not be able to see it completed."

Mrs. Schantz extended the School of Nursing's gratitude to Dr. Burns for his decision to establish a scholarship in his wife's honor.



Among those honored for their dedication and service to the Health Sciences Center were, top left, Lois Swanson, of personnel, (with Bill Kribs, personnel director); right, Dr. Michael Litt, biochemistry; below, Dr. Ralph Coleman, CCD.



Center honors employees

About 160 UOHSC employees were honored November 10 at the 1977 Employee Service Awards Program.

Employees being honored were those who has reached their 10-year, 15-year, 20-year, 25-year, 30-year, or 35-year service anniversaries.

Officiating at the ceremonies were Dr. Richard Jones, acting president of the Center, and Bill Kribs, personnel director. Honorees and spouses attended a reception afterward.

Thirty-five year employees were Dr. Archie Tunturi and Margaret French. Thirty-year employees were Gertrude Cox, Dr. Daniel Labby, Dr. Clare Peterson, Dr. Demetrios Rigas, and Dr. John VanBruggen.

Twenty-five-year honorees were Barbara Browne, Milton Burson, Dr. Charles Dotter, Dr. Howard Mason, Frances Morse, Dr. Nelson Niles, Verna Nugent, June Satchfield, Frances Smith, Dr. Louis Terkla, Elizabeth Washington, and Betty Weible.

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