



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.

Medical students will study health care costs

A unique effort to help curb rising health care costs was announced in January by OPS-Blue Shield, non-profit health insurer, and the Health Sciences Center School of Medicine.

OPS-Blue Shield has awarded a grant of \$100,000 to the Medical Research Foundation of Oregon for use by the School of Medicine to finance a program for educating medical students in the field of health care costs.

Dr. William C. Scott, chairman of the OPS-Blue Shield Board of Trustees, and Dr. Robert S. Stone, vice president and dean of the UOHSC School of Medicine, believe the grant marks one of the first efforts of its kind in the United States and will be a key to controlling mounting medical costs in the years ahead.

On behalf of OPS, Dr. Scott said, "We envision this grant as a full-fledged joint effort by OPS-Blue Shield and our colleagues at the medical school to make medical students aware of their responsibilities in controlling medical costs."

Dean Stone said the grant will enable the School of Medicine to respond to both a resolution passed in early December at the interim meeting of the House of Delegates of the American Medical Association and a Deans' Statement signed by deans of the nation's 114 medical schools in the spring of 1977.

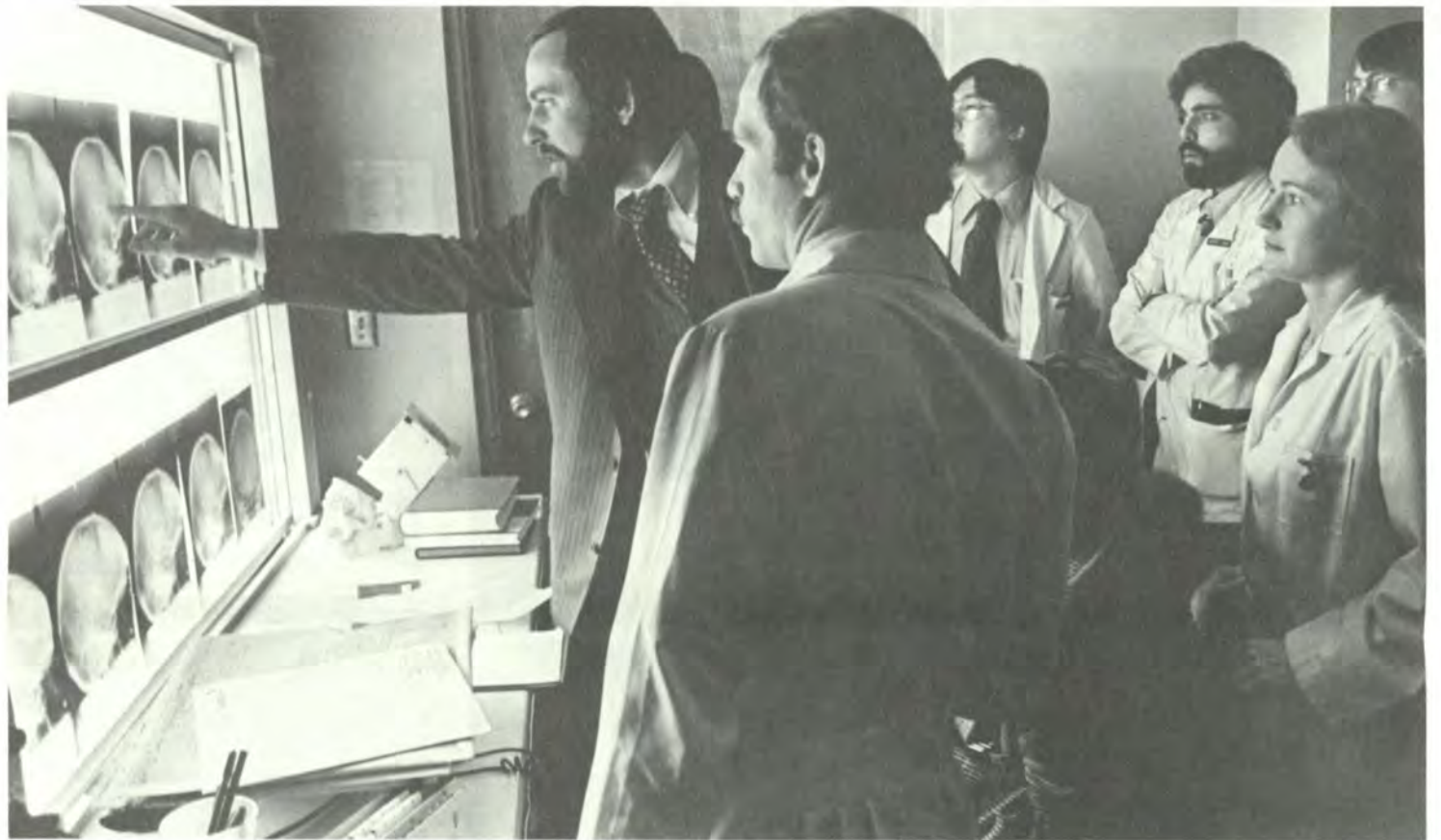
Both the AMA resolution and the Deans' Statement addressed the responsibility of medical schools to support educational programs that would increase the awareness and understanding of all future and practicing physicians of the costs of medical and health care.

The Deans' Statement, Dr. Stone said, "urged the corporate community, which bears a large portion of national medical costs, and the general public to provide the financial support we need to underwrite new teaching methods and curricular experiments."

"We commend OPS-Blue Shield for its far-sighted and positive approach to resolving the inflationary trend in health care costs," he said. "OPS has been a leader in working with the medical profession to review and analyze health care treatment to establish what we now consider standard procedures for implementing cost containment."

Trips to Tut exhibit set for summer, fall

Alumni offices of UOHSC and Portland State University plan excursions to the Seattle Art Museum this summer and fall to see the King Tut exhibition. All students, employees, faculty, alumni, and families are eligible. Bus trips from PSU to Seattle will be made each Monday from July 17 to September 4 (for day-time viewing), as well as October 10 and 24 and November 5 and 12 (for evening viewing). More information about price and departure times is available from Judy Scholz, University Relations, 225-8231.



"In many instances, OPS was the innovator of these widely accepted practices, having pioneered peer review of cost and utilization for medical services in this area long ago," he added.

"Now they are once again exploring new methods to meet the needs of the future for the public good. We commend them for this forthright effort and pledge our wholehearted dedication to making it work."

The grant is believed to be unique in this country in that it provides funds to educate medical school students about the economics of health care.

The new program is expected to cover various

means of improving public "access to better care," the new ABCs of medical economics. Specific topics that may be covered in the program are utilization of medical services, hospital utilization, malpractice insurance, health insurance and preventive health care measures patients can practice themselves.

OPS-Blue Shield was founded in 1941 and is sponsored by the Oregon Medical Association. It serves more than a quarter million subscribers throughout the state, and its participating membership of Oregon physicians engaged in private practice now exceeds 2,600. OPS was a charter member of the

Above, UOHSC Neurosurgeon Dr. Errett Hummel discusses X rays with medical students and staff on neurosurgery rounds. Although vital to quality patient care, X rays and other tests are one factor contributing to the tremendous cost of health care in the U.S. The OPS-Blue Shield-sponsored curriculum will cover many aspects of cost containment, including the medical and financial benefits of being more selective and of reducing the quantity of tests ordered.

National Association of Blue Shield Plans. In addition to providing coverage of medical, hospital, surgical, dental, and vision care, OPS also sponsored Health Maintenance of Oregon (HMO).

Research volunteers—Why do they do it?



University employees and students explain why they decided to volunteer for research studies on campus and why they stuck with it, or quit.

Why would anyone want to consume two platefuls of oysters for breakfast, save his stools and give them to strangers, and renounce the joys of solid food for seven weeks?

Over the years, hundreds of HSC students, employees and staff have volunteered for research experiments. Some do it out of curiosity; others want to further the goals of science; and many admit candidly that they do it for the money.

Medical Student Rick Pittman, who volunteered for a fluoride study, gives his teeth the once-over at lunch time with toothpaste supplied by project investigators at the HSC.

Arch Taylor, graduate student in microbiology and immunology, has volunteered for several research studies in the Lipid Atherosclerosis Laboratory. The studies were carried out by Dr. William Connor, professor of medicine and director of the lab.

Last fall, Mr. Taylor participated in a study aimed at determining whether elevated sugar intake can result in increased blood fats and, subsequently, to coronary heart disease.

For a total of 50 days, Mr. Taylor and others in the study consumed a series of three liquid formula diets. Their blood was drawn every other day, and they saved all their stools for analysis by the lab. (Each participant was given a tiny refrigerator for overnight stool storage.)

The volunteers received \$2 a day as payment.

Mr. Taylor said his reasons for volunteering were simple. "I'm a graduate student with

(continued on page 8)

Day care center on campus – one of Portland's best

One of Portland's most progressive day care centers is located on the Health Sciences Center campus.

The Hill Learning Center—open to the children of HSC faculty, employees, and students—is located on the second floor of the Child Development and Rehabilitation Center.

Founded four years ago, the privately-run center is directed by Rose Petersen and rents its space from CDRC. Staff consists of Mrs. Petersen and two other teachers.

Mrs. Petersen, who formerly taught child development and family relationships to high school students, set up the day care center at the request of HSC personnel who felt that such a facility would be well utilized. CCD director Dr. Victor Menashe was supportive of plans to create the center.

All children attending the pre-school are normal, Mrs. Petersen stressed, adding that the center's location in space owned by the Crip-

pled Children's Division has resulted in some confusion in the past.

Mrs. Petersen's philosophy of child care and her emphasis on blending a loving environment with early academic training have put the Hill Learning Center in the forefront of day care facilities in the city.

"We provide a learning situation, not babysitting," Mrs. Petersen explained. "Children can learn a lot before they enter school. The more they're exposed to, the more they know."

"If children begin to enjoy learning at a young age, they tend to remain enthusiastic about education."

She added, "We're a parent substitute. The children spend more waking hours with us than with their parents at home. That's why we feel it's important to provide loving."

In addition to providing much individual attention and affection to children throughout the day, the three teachers give each youngster

a kiss and a back rub at nap times.

The Hill Learning Center's educational programs include lessons in "pre-reading and writing," Mrs. Petersen said.

"We don't make the children do it. We start them out at age three with letters and sounds. It builds. By the time they leave the center at age five, they're reading at first-grade level, minimum. And those who have attended the center since age three are perhaps at a second-grade level."

The youngsters work on printing, spelling, phonetic reading, sight reading, learning to write their own sentences, and even writing simple stories.

They also get early training in math, learning to analyze and sort by color and size. Lessons are given in measuring, weighing, addition, subtraction, division, and simple multiplication.

However, much of the day is devoted to fun—games, recreation, art, and socializing with other children.

Each month, the school has a new theme. For example, October's theme was Indians of the Northwest. Field trips included a visit to

the Indian exhibit at the Portland Art Museum and a trip to Ariel, Washington, to see Chief LaLooska, a well-known artist and storyteller.

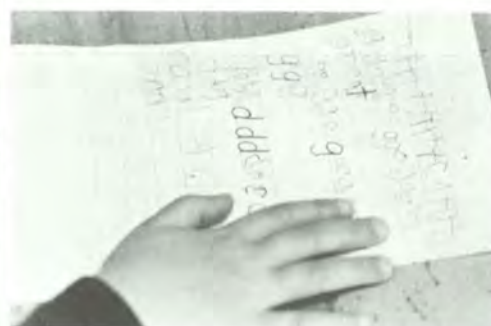
In conjunction with Halloween, the children went to Sauvie Island, where they picked their own pumpkins—later carved into jack-o-lanterns. They also got to go trick-or-treating in their parents' offices on the Hill.

November's theme was centered around the Pilgrims, eastern Indians, and Thanksgiving. In December, the children went caroling on the Hill and learned about Christmas and Chanuka.

Other favorite activities at the center have included cooking, nature studies in the nearby woods, and discussions about pollution.

In addition to singing for enjoyment, the children get to listen to different kinds of music, including many classical recordings. They study rhythm and repetition and learn about different musical instruments.

The Hill Learning Center is open from 7:30 am to 5:30 pm each weekday. Children must attend on a five-day-a-week basis—either all day (\$145 per month) or mornings only (8:30 am to 11:30 am, \$85 per month).



The Hill Learning Center blends an atmosphere of fun, academics, and love. Large photo, upper left, Teacher Elaine Jamrog teaches tumbling. Upper right photo, Mrs. Petersen works with youngsters on spelling and writing. Small photo, the product of one child's early efforts to write letters. Photo directly on the right, at nap time, each youngster gets a kiss and a back rub. Here, four-year-old Rocky Waters savors the special treatment.

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Bloom, Cutler direct program

A new director and associate director have been appointed for the Community Mental Health Training Program in the School of Medicine.

The program is jointly sponsored by the Oregon Mental Health Division, Oregon State Hospital and the Health Sciences Center.

Dr. Joseph Bloom, who has spent the past eight years in private and community psychiatry in Anchorage, is the new director.

Dr. David L. Cutler, who has been director of outpatient services for the Southern Arizona Mental Health Center in Tucson the past four years, is associate director.

The program, now four years old, has recently received continued funding from the National Institute of Mental Health for three more years.

In addition to training residents in community psychiatry, the program offers continued education to mental health personnel in the field and interdisciplinary training for the psychiatry residents and students in nursing, social work and psychology who are interested in work in community mental health settings.

Dr. Bloom was an associate clinical professor of psychiatry at the University of Washington School of Medicine and an adjunct associate professor of medical science for the WAMI Medical Program, University of Alaska-Fairbanks before joining the UOHS.

While in Alaska, he served two years as

chief of the mental health unit in the Indian Health Service in the Alaska Native Health Service, one year as president of the Alaska Psychiatric Association and three years as associate editor of "Alaska Medicine."

He received his A.B. from Columbia College in 1958 and his medical degree from Albert Einstein College of Medicine in 1962. He served a residency in psychiatry at Massachusetts Mental Health Center in Boston.

For three years, he was awarded a teaching fellowship in psychiatry at Harvard Medical School, where he also spent an additional year as a fellow in community psychiatry.

Dr. Cutler, who was an adjunct assistant professor in psychiatry at the University of Arizona from 1971-77, spent two years from 1971-73 as director of psychiatric services for the Davis Donathan Air Force Base Regional Hospital in Tucson.

He received both his B.S. and his medical degrees from Ohio State University. Dr. Cutler served a residency in psychiatry and child psychiatry at the University of Washington School of Medicine and a residency in neurology, student health psychiatry and community psychiatry at the University of California, Irvine.

Prof. Tedford dies

Myron D. Tedford, 57, professor of anatomy at the School of Dentistry, died November 11 in a Portland hospital after an extended illness.

Mr. Tedford, who served on the School of Dentistry faculty since 1950, was born in The Dalles, Oregon. He received his B.S. and M.S. degrees in biology from the University of Oregon. He also did graduate work at the University of Kansas.

In 1973-74, he was Visiting Reader in Anatomy to the University of Ibadan in Ibadan, Nigeria.

Twice since 1950, Mr. Tedford had served as acting chairman of the department of anatomy. In 1966 he was the first recipient of the Senior Class Instructor Award.

He was a member of the International Association for Dental Research, the American Association for the Advancement of Science, the American Association of Human Genetics, The Academy of General Dentistry, the American Association of University Professors, and Omicron Kappa Upsilon.



Research aids deaf

A discovery by an HSC hearing researcher has brought scientists one step closer to developing an inner-ear stimulator that will allow deaf persons to understand speech.

For the last two years, Dr. Richard A. Walloch, assistant professor of otolaryngology in the Kresge Hearing Research Laboratory, has been studying how cats perceive electrical stimuli. His aim has been to learn why the present prototype of inner-ear implant, which is connected directly to a deaf person's auditory nerve, distorts speech.

Discussing his findings, Dr. Walloch explained, "All sounds including speech have two features, pitch and loudness. Each vowel has its own pitch. For the most part, pitch and loudness are not related to each other. Pitch refers to the particular sound, and loudness is the intensity of that sound. Any sound, regardless of pitch, can be loud or soft. "But electrical stimulation does not behave this way. We've found that loudness is related to pitch in that the lower the pitch, the louder the perceived sound. So some sounds are perceived as loud and others as soft. Instead of faithfully reproducing speech sounds, the present implant produces unrecognizable sounds.

"Our findings suggest that the electronic circuits that drive the inner-ear stimulator must be drastically redesigned," the researcher continued. "Instead of using sign-wave stimuli, the implant might make better

use of rectangular stimuli. Rectangular pulses can change the pitch without altering loudness."

Dr. Walloch's research is supported by grants from the Deafness Research Foundation and the National Institute of Neurological and Communicative Disorders and Stroke of the National Institutes of Health.

Officers named

Students in the Schools of Medicine, Dentistry, and Nursing have elected their class presidents for 1977-78. The new presidents are:

School of Medicine

Seniors—Charlene Wyland
Juniors—Paul Schroeder
Sophomores—Mike Krall
Freshmen—John Rieke

School of Nursing

Seniors—Teresa Myers
Juniors—Lisa Peck
Sophomores—Matt King

School of Dentistry

Student Body President—Michael Duval
Dental students:
Seniors—Samuel Castillo
Juniors—Lynn Smith
Sophomores—Robert Gherardi
Freshmen—Alecia Nowak
Dental hygiene students:
Fourth Year—Sally Engelen
Third Year—Kathleen Hames

Dr. Walloch and friend. The researcher's cats have free run of his office each morning.

Warmhearted benefactor pays visit to CCD

Grandpa Lee Canady, a self-proclaimed blackmailer and "non-profit thief," paid a rare personal visit to the Crippled Children's Division in December.

After three years of using rather unusual fund raising tactics to get money for CCD, Grandpa Lee, 61, arrived December 13 with 127 boxes of apples which sold for \$3 a box, with proceeds going to the Division.

The boxes, donated by Hood River Valley growers, sat in CCD's lobby for only five hours before all were sold.

The \$381 in proceeds brought Grandpa Lee's fund raising total to nearly \$900.

Mr. Canady drives a forklift and takes care of fruit bins at the Duckwall Pooley Fruit Company at Odell in the orchards of Hood River Valley.

A prolific correspondent, he has been keeping CCD up to date for several years on his money-raising activities through letters to Mary Louise Baker, administrative assistant to CCD director Dr. Victor Menashe.

Excerpts from a few of Grandpa Lee's re-

cent letters illustrate how he uses his forklift to kidnap fruit bins, then ransoms them back to their owners, with the ransom money going to CCD. He considers any bin without a grower's label to be fair game. He refers to these naked bins as "CCD streakers."

In his October 22 letter to Mrs. Baker, he wrote, "You will remember last year, growers with no name on their fruit bins. Now that cost them checks to CCD to get bins back. Seems they never learn that this good American non-profit thief and his blackmail can even see. But it happened. Two of Mr. and Mrs. Bisbee Bins came through the line only wearing a picking ticket on. guess what. I put them Bins 30 foot high and waited. wow. Just like two pigs with head caught in gate. But sending you their check for 20 bucks.

"... no one is Safe from grandpa and CCD and just think of all the fun I have ...

"P.S. Ma Baker. Shut your eyes and try to see the love, laugh, and other things only I will ever know of."

He wrote in his October 26 letter, "Well, Ma Baker, it happened. 'Streakers.' Now Mrs. Ma Baker you know that if a cute Lil chick 45 to 65 yrs streaked through the bin lot, old grandpa eyes would sparkle, pink polka dot

stripes 'and try to Catch.' Now 3 Bins came through *Streaking*. wearing only a Skinny picking ticket. And old grandpas eyes sparkled. Check Book 'and he Caught.' Now as of last week, had one Streaker high and dry. Now 3 more. So find enclosed check for fines, and just wait many more will follow.

"... Also Mrs. Mary, not one of these people got mad. Now they cried and yelled and cursed and ready to kill me, and from their words, just know I was dead."

In his November 9 letter, Grandpa Lee accepted Mrs. Baker's invitation for his first visit to CCD. "Seems I want that Lunch date with you form 12th through 15th. *But there is a Catch to this*. Bringing apples and not just a Box or 2. Ma Baker I mean apples. Now Ma when I told this Duckwall pooly Crew what I had in mind. WOW. now ma don't know just where this will stop. But you people had better get ready for apples. Ma my Battle Cry is 'apple in each hand of each Lil one' for Christmas. ... Answer as soon as possible and remember the *Battle Cry will ring*. also you have had warning. need date now.

as ever your Friend
Lee Canady &
all of Duck pool Crew."

Grandpa Lee Canady arrived just in time for CCD's December 13 Christmas party, at which he handed out apples to "each Lil one."



Nursing dean sheds powers, streamlines organization

Having too much power is a problem which few administrators would admit to.

Yet after Dr. Carol Lindeman was named dean of the School of Nursing in 1976, one of her first conclusions was that too much power was centralized in her office. Since then, decentralization of authority has been one of her priorities for the School.

"In the past, decisions over all the School's activities rested with the dean. That included hiring, terminating, expenditure of the budget, faculty salaries, merit raises, and ordering office supplies for the entire School," said Dr. Lindeman.

"Since I can't keep up with everything that goes on, I felt this highly centralized authority could lead to some poor decisions on my part. I also felt it could lead to mistrust."

In planning the decentralization of her authority, Dr. Lindeman has worked closely with her faculty and with outside consultants.

The first phase of her two-phase plan has already been accomplished. Now, all departments are allotted budgets on an equita-

ble basis, and each department makes its own decisions about how best to spend its funds. Departments now do their own hiring, terminating, and ordering of supplies.

In addition, each department has its own secretarial staff, instead of having all secretaries responsible to the dean's office, as in the past. Now, said Dr. Lindeman, secretaries "feel that they are part of an on-going team."

"I felt this highly centralized authority could lead to some poor decisions on my part (and) ... to mistrust."

Phase one of the dean's plan also included establishing a method for the creation of new clinical departments.

Faculty have already made several major decisions concerning the School's departmental and organizational structure. They favor a "flat" structure, i.e., a structure with few administrative levels separating them from the dean.

In addition, they have recommended that department chairpersons be elected on a rotating basis. (The first election will be this spring.)

Faculty also voted that the School's departments should be reorganized and that new departments should be established based on different areas of clinical nursing knowledge.

Dr. Lindeman explained that the way in which the School's departments are presently organized does not reflect "the rapid shift in the body of nursing knowledge and skills" in recent years.

For example, "surgical nursing" now covers both the patient with chronic problems—who has required a number of surgical procedures or hospitalizations—and the patient who has an acute problem and is hospitalized just a week for a procedure such as an appendectomy.

Because the clinical knowledge needed to care for these two types of patients varies greatly, Dr. Lindeman suggested it might

make more sense to create a "department of long-term care," which would cover care of patients with long-term illnesses such as cancer, emphysema, etc. She suggested this only as an example of the kinds of departments which she and her faculty are considering.

Creation of the new clinical departments, which may be accomplished by early 1978, constitutes phase two of the reorganization plan.

Summing up the School's new structure, Dr. Lindeman said she believes it will increase job satisfaction for faculty and classified employees; will make more allowance for people's individuality; will decrease frustration caused by the once-complex chain of command; and allow for more efficient and effective decision-making—with decisions based on real knowledge.

The School's faculty and administration conducted a January forum to establish guidelines for decision-making under the decentralized administration.

Physicians draw attention to stroke's warning sign

Physicians at the Health Sciences Center have begun a campaign to warn doctors and the public about symptoms of stroke.

When grandpa complains of having "spells," those around him may be inclined to take his ailment lightly.

However, according to UOHSC physicians, if his complaints include temporary paralysis and difficulty speaking or seeing, relatives and the family doctor should be on the alert.

These transitory episodes could be a warning signal of stroke, the third major cause of death in the U.S., after heart attacks and cancer.

Neurosurgeons and neurologists at the Health Sciences Center are in the midst of a campaign to inform Oregonians about these "little strokes."

Known as transient ischemic attacks—or "TIA's"—little strokes occur when a tiny particle temporarily obstructs an artery going to the brain.

TIA's may last up to several minutes and may cause temporary paralysis on one side, loss of speech, and impaired vision.

According to Dr. Errett Hummel, assistant professor of neurosurgery, more than 60 per cent of the patients who have major strokes have had one or more of these warning episodes at some time in the past.

Even as recently as 15 years ago, physicians were not aware of the correlation between TIA's and major strokes. Last year, HSC faculty began a concerted effort to warn medical students, physicians throughout Oregon,

and the public about this easily recognizable symptom of stroke.

Dr. Hummel explained that the tiny particles responsible for causing TIA's are usually either cholesterol, fatty tissue, or platelets or leukocytes from the patient's blood.

These particles can cause trouble when they coagulate on the hard arteriosclerotic material which tends to form at the bifurcation of the carotid artery in the neck. (One branch of the artery goes to the scalp, and the other branch to the brain.)

A stroke occurs when this debris loosens and is carried up into the brain, obstructing blood flow. In the case of TIA's, the obstruction is temporary, and the particulate matter breaks up. Blood flow is reestablished before brain cells die from lack of oxygen. But if blood flow is interrupted for more than a few minutes, permanent paralysis or loss of speech can result.

If patients who have suffered TIA's are identified, there is a good chance that physicians can ward off a catastrophic stroke.

Patients considered to be at risk are hospitalized and undergo a cerebral angiogram. During this test, dye is injected into the blood stream, and X rays disclose abnormalities within the brain's blood vessels.

After the results are evaluated, patients may be treated with medication to decrease the clumping of particles, or with surgery.

Surgery is the more common alternative and is considered to be the most effective treatment. During a procedure called a carotid endarterectomy, surgeons open the affected artery and clean out the diseased material.

Dr. Hummel stressed that if patients' symptoms are recognized before a major stroke occurs, the risk of mortality due to carotid endarterectomy is less than 1 per cent.

Some patients, only about 3 per cent, may require microvascular bypass surgery.

Dr. Hummel describes these surgical pro-

cedures as a sort of "preventive medicine." He adds, "Few patients who are treated in time have strokes."

Patient has had carotid endarterectomy. Left, preoperative narrowing due to arteriosclerotic material. Right, postoperative open vessel with diseased segment removed. Arrows indicate surgical site before and after.



Newsmakers

Dr. Frederick Hecht, professor of pediatrics, has been elected to the board of directors of the American Society of Human Genetics. He has also been appointed to the editorial board of the *American Journal of Human Genetics*. Both are three-year terms.

Mike Jolly, son of Dorothy Jolly, secretary in the School of Medicine dean's office, has been named to The Oregonian's 1977 All-Metro Area high school all-star football team. Mike was also named defense player of the year at Wilson High School.

Dr. Bruce VanZee, 1970 School of Medicine graduate, completed a fellowship at Strong Memorial Hospital, Rochester, New York, and in June, 1977, joined the Medford, Oregon, Clinic, where he is specializing in nephrology.

Dr. Stephen Morse, associate professor of microbiology and immunology, has been elected to a board of directors and appointed to editorial boards for two scientific publications.

He was elected a member of the board of directors of the American Venereal Disease Association for a two year term. In addition, Dr. Morse has been appointed to the editorial boards of the *Journal of Clinical Microbiology* and *Infection and Immunity*. Both appointments are for three years.

Virginia Cory, assistant professor of surgical nursing, has been appointed to the Oregon Board of Nursing by Governor Robert Straub.

The Board of Nursing licenses nurses and accredits nursing education programs.

New officers elected to the Portland Academy of Medicine are Dr. Albert Oyama, president, HSC clinical professor of clinical pathology and 1953 School of Medicine alumnus; Dr. Joseph Paquet, president elect, clinical assistant professor of medicine; Dr. David B. Miller, Jr., secretary, clinical instructor in surgery; Dr. Ted Lehman, treasurer, clinical associate professor of urology; Dr. Ken Wilhelmi, first vice president; and Dr. William Olson, second vice president, clinical associate professor of medicine.

Top administrator teaches research class each term



There are two unusual things about "Nursing 450," a class in how to conduct nursing research.

First, it is unusual for a class in research to be offered to nursing undergraduates. And, second, it is rarer still when such a class (or any class, for that matter) is taught by the school's top administrator.

Last year, Dr. Carol Lindeman, dean of the School of Nursing and a nationally prominent nursing researcher, volunteered to teach the course.

She now instructs the three-hour, once-a-week class on Fridays with Sandra Stone, associate professor of medical-surgical nursing. The two will continue to teach the class every term.

In addition to enjoying her role as a teacher, Dr. Lindeman appreciates the fact that the activity allows students and faculty to see her in a different light—"so the students don't fear me, and the faculty know I can do the things I ask them to do."

Students in the fall-term class describe the dean as articulate and well versed in her subject. One class member, Karen Lyles, explained, "Dr. Lindeman related well and could talk easily with students. It was interesting to be taught by someone high up in the administration. We got in on a lot of first-hand news. Sometimes, we got off the subject, and the dean would explain her ideas about nursing and research. When she talked about the need for teachers to stay in touch with clinical practice and research, we gave her a round of applause."

Photo on left, Dr. Lindeman talks with students after class.

Help us cut costs

Did you know it costs the Health Sciences Center 25¢ for each address correction given by the post office? Multiplied times many fast-moving alumni, employees, and faculty, our bills for postage due can run into several hundred dollars a year.

Won't you help us avoid this expense by sending us your change of address as soon as you know you'll be moving? We'll save money, and you'll continue to receive HSC News without interruption. If you're moving, please cut off the address label on page 8, correct it, and mail it to HSC News.



Dark, deserted hallways greet mailroom supervisor Charlotte Funk who begins her work day each morning at 6:30.

'Flex hours' will set you free, say users

HSC Bookstore manager Lois Spangler said, "It's fantastic. I love it."

Mike Lawrence, business office accountant, said he "really enjoyed it. I plan to go back to it during the summer."

Charlotte Funk, HSC mailroom supervisor, calls it a "very good thing."

Assistant Business Manager Cecil Burt would like to try it himself.

They're talking about alternatives to the traditional 8 to 5, Monday through Friday, 40-hour work schedule.

New attention to such alternative schedules came in August when Oregon Governor Robert Straub signed an executive order establishing "flex hours."

Under the plan, the state's 35,000 employees are urged to establish hours other than 8 to 5. Its purpose is to have state agencies schedule about 30 per cent of their employees before 8 a.m. and about 30 per cent after 8 a.m.

Goal is to dilute heavy 8 and 5 traffic, as well as to lower air pollution caused by stop-and-go traffic concentration to and from work.

Lois Spangler used to work from 8 a.m. to 4:30 p.m., but she said it wasn't a productive schedule.

"I was always taking paper work home," she remembers. "I couldn't work with the phone ringing and the bookstore crowded with customers needing help."

Her new schedule is 7 a.m. to 4:30 p.m. Monday through Thursday. On Friday she works 7 to 11 a.m.

"It's fantastic. I love it. I get a lot done before the store opens at 9. One morning I completed 25 purchase orders. It used to take a day and a half to do that many due to the interruptions," Mrs. Spangler said.

"We're happy to work with unit supervisors who have employees who want to go to alternative schedules."

Since he began taking Portland State University night classes this fall, Mike Lawrence found it necessary to drop his four-day-week summer schedule which ran 7 a.m. to 5:30 p.m. Monday through Friday, except for Wednesday off.

"I really enjoyed it. But working in the business office 10 hours and going to class for three hours made the day too long. But when next summer comes, and I'm out of school, I plan to go back on the schedule," he explained.

Charlotte Funk has been on a 6:30 a.m. to 3 p.m. schedule for about eight years. Her schedule as HSC mailroom supervisor, and that of her staff, is determined by U.S. Postal Service schedules.

"I think the alternative work schedules are a very good thing," she said. "On my way to work, I'm noticing more people from the Health Sciences Center going up the hill to their jobs than I used to see. I think the idea of spreading out the traffic is working."

Cecil Burt heads an office of 15 employees, five of whom are on four-day-work-week schedules.

"Everyone taking part has found benefits. The day off compensates for the longer work day. In fact I'd like to try it myself."

His office was on a four-day-week schedule in the summer of 1976 out of necessity. "We had no air conditioning and we're over steam pipes. It got too hot and uncomfortable in the afternoons," he explained.

Once that summer was over, a regular schedule was reinstituted. But some employees in the office opted for a four-day work week and have been on it for about six months.

According to Richard Yetter, HSC assistant personnel director, alternative work

schedules are classified as "flex time" or "irregular work week."

"Flex time," he said, means working eight hours a day for five days, but at adjusted starting and stopping times.

Irregular work week schedules are those in which a person works more than eight hours a day for a total of 40 hours a week. A typical example would be a four-day week at 10 hours daily, with one day off.

Mr. Yetter said alternative work schedules of one kind or another have been in effect at the Health Sciences Center for a number of years.

"There is nothing mysterious about them. Alternative schedules provide the same results as 'normal' working hours. Studies have shown production generally increases and absenteeism and tardiness by employees decrease using alternative work schedules.

"The main consideration is that the core hours, when the public is to be served, have to be adequately staffed," Mr. Yetter commented.

In some cases alternative work schedules for HSC employees are not practical due to the round-the-clock nature of the Center and University Hospital.

"But," Mr. Yetter added, "We're happy to work with unit supervisors who have employees who want to go to alternative schedules."

Although maintenance workers and nursing personnel are among those HSC employees working three shifts (day, evening, and night), alternative schedules can be set up.

Such is the case with University Hospital nursing units 7A and 7C, which have been on four-day weeks for about three years.

Ardys Hokeness, assistant nursing service director, said "A lot of other units like what 7A and 7C are doing. We will help other units do the same thing if enough in the unit want it."

Alternative schedules have been a long time coming in the U.S., Mr. Yetter commented.

"Our country has the largest variety of lifestyles anywhere, but it has had the most rigid work schedules of all the industrialized countries in the world. People are becoming less tied to their jobs and more mobile. Alternative work schedules fit into the different lifestyles available to us."

HSC's funding patterns shift; private support is vital

In recent years, Oregon tax revenues have contributed an ever smaller percentage of the Health Sciences Center's budget.

In fact, contrary to common belief, state general funds are no longer the HSC's largest single source of income. The University's 1976-77 budget period was the first fiscal year in which money from patient fees and charges exceeded support from the state.

During the present year, over 40 per cent of the HSC's funding will come from patient fees and charges. Only one-third (33.2 per cent) of the institution's present budget is from the State General Fund.

It may be more accurate to refer to the UOHSC as a "state-assisted" institution, rather than a "state-supported" one.

This shift in support is due primarily to changes in the funding patterns of University Hospital, whose budget comprises just over half of the budget of the entire UOHSC.

The state legislature has mandated that the Hospital earn an increasing percentage of its budget through patient fees. (This year, that figure is 73.5 per cent.)

To meet this obligation, University Hospital must collect more in patient fees in three weeks than it did in the entire fiscal year just ten years ago.

The Center is feeling additional pressure from the state and federal governments to be more self-sufficient. In the 1977-79 budget, the Oregon legislature—for the first time—reduced the state general funds allotted to the School of Medicine.

To offset this \$680,000 reduction in support, the legislature substituted \$680,000 in physician/professional service fees.

Thus, the dependency of the Center, as a

whole, on physician/professional fees has nearly tripled since 1976-77—from \$570,000 annually to \$1½ million.

Students are being asked to pay an increasingly greater portion of the total cost of their education. For the first time, the governor's budget for the present biennium tied medical and dental tuition to the actual cost of instruction. This seems to reflect an indirectly stated public policy placing increasing demands on tuition.

At the same time these factors are changing the UOHSC's funding picture, federal support is also decreasing.

As the institution becomes more dependent on non-governmental support for its programs, gifts from private individuals and foundations become increasingly vital, according to Robert Peterson, vice president for administration and finance.

"We need these private monies not just for frills, but to meet some basic needs," he said.

"For example, we've had to look to the School of Medicine Alumni Association for support of our Library in the last year. It is still an area of desperate need.

"School of Dentistry alumni have funded virtually an entire \$¼ million remodeling project for a continuing education center.

"A major new program in emergency medical training and the establishment of an emergency communication network were funded for the first three years by The Collins Foundation," he pointed out.

"These are projects and needs for which no state general funds were available."

In order to meet some other critical needs, HSC administrators have resorted to what Mr. Peterson calls "creative funding."

"We recently purchased about 50 microscopes to replace obsolete and broken ones being used by medical and nursing students. We did this by taking out an interest-free loan from the HSC Foundation."

The loan will be repaid over a three-and-a-half year period from special student microscope fees.

The Center's ability to secure support from the private sector was hampered recently when the legislature pared down the HSC development office staff to two persons—a director and a secretary.

According to Mr. Peterson, the money pinch is being felt most severely in instructional areas of the Health Sciences Center.

"Few people give unrestricted gifts (only 3 per cent) or gifts restricted to educational needs. About 97 per cent have strings attached. While we are appreciative of this support, it does restrict the institution from using funds in areas of the most immediate and desperate need. What we'll benefit from most is receiving more unrestricted gift money."

Among the items or programs this money could be used for are the University Library, instructional aids, facilities improvement, and faculty professional development, Mr. Peterson pointed out.

Faculty announce their senators

Following acceptance of a proposal for creation of a UOHSC Faculty Senate by the academic staff of the UOHSC, faculty of the Schools of Dentistry and Nursing and HSC affiliated academic units have elected their faculty senators.

Senators representing the School of Dentistry are (numbers after names denote length of term in office in years): Margaret Ryan (3), Dr. LeGrande Woolley (3), Dr. Robert Quinton-Cox (2), Dr. Frederick Cowan (2), Dr. Arthur Retzlaff (1), Dr. Robert Bruckner (1).

School of Nursing senators are: Dr. Wilma Peterson (3), James Turley (2), Dr. Barbara Gaines (2), Dr. Florence Hardesty (1), and Sandra Stone (1).

Senators from affiliated academic units are: Dr. Clarissa Beatty (3), Dr. Robert Boyd (3),

Sheila Osheroff (2), Dr. E. Gene Stubbs (2), and Dr. Constance Hanf (1).

The School of Medicine is expected to announce the names of its 16 senators within a few weeks.

Group studies drugs

Dr. Herbert Wendel, head of the School of Medicine's division of clinical pharmacology, and Dr. Joseph W. Ball, private practitioner and HSC clinical instructor in psychiatry, are among seven members of a new Committee on Controlled Substances created under the Oregon State Health Division. The committee will list all narcotic and addictive drugs according to their respective hazard potential (ranging from very high to very low) on five schedules.

New cafeteria opens; remodeling to be completed soon

Remodeling in the cafeteria in University Hospital North may be finished within the next two months, according to Elizabeth Nielsen, cafeteria manager.

Still to be completed are three rooms across from the main serving area: a conference dining area, vending machine room, and tray return area. The vending machine room will centralize, for the first time, all UHN vending machines in one attractively decorated, carpeted area with tables and chairs. Open 24 hours a day, it will be especially useful for employees who work at night.

When remodeling is complete, the green carpeting, which now covers the serving area and main dining room, will be extended all the way down to the Hospital's central hallway.

According to Ms. Nielsen, the carpet has proved effective in deadening noise and sprucing up the cafeteria's appearance.

The new, scramble-type serving area is narrower than would be ideal, she explained, but customers' time standing in line has been reduced. Employees could get through the line even more quickly by taking advantage of the two-sided cashier stand; customers should alternate to the left and right of the cashier to speed up the process.

Ms. Nielsen noted that the cafeteria is still

losing a lot of silverware and trays. These items should not be removed, or the result may be higher prices to all customers to offset the losses. She asks that faculty and employees check their offices weekly and return any cafeteria service ware that they find.

The UHN cafeteria is now open from 9 a.m. to 6 p.m. weekdays, and from 9 a.m. to 3 p.m. weekends and holidays. The UHS cafeteria is open 6 a.m. to 10 p.m. everyday.

Biohazard Committee recommends policies

The HSC School of Dentistry is one of the few dental schools in the U.S. which has established a Disease and Biohazard Control Committee.

The year-old Committee was created to coordinate and formalize the School's policies regarding the dental management of patients with communicable diseases, as well as diabetes, bleeding problems, heart ailments, and other medically compromising conditions.

In addition to recommending biohazard and patient management policies to Dean Louis Terkla, the Committee is responsible for faculty and student education regarding these policies and for monitoring adherence to them.

Dr. LeGrande Woolley, head of the Committee and chairman of the department of pathology, explained that the Committee is patterned after the guidelines of the Joint Commission on Accreditation of Hospitals and, in this regard, is unique among dental schools.



Collings uses his underworld experience to educate dentists

After three years as an undercover narcotics agent in Multnomah County, Dr. Jack Collings qualifies as an expert on the local drug scene.

During the two years since his retirement from the drug underworld, Dr. Collings, an HSC School of Dentistry alumnus and Portland oral surgeon, has been telling area dentists how to avoid drug rip-offs.

In October, he and Sergeant Rod Englert, Multnomah County detective, presented a dental school continuing education program entitled "The Dentist and the Drug Scene."

They explained how to write prescriptions to avoid alteration, how to detect drug users in the office, how the drug trade operates, and the high cost to society to support a drug user's habit.

"Our purpose is to warn the dentist about how narcotics users can use the dental profession to obtain illegal drugs," said Dr. Collings. "When dental offices were robbed years ago, it was for gold, money, office equipment, etc., but seldom for drugs."

"Now, dentists are using drugs increasingly for postoperative pain. The dentist who has a narcotics license usually has some of these drugs on hand."

He explained that some patients may watch where the dentist stores this medication and return at night to steal the remainder, or whatever else may be readily sold.

An addict may need between \$500 and \$1000 a day in cash or sale proceeds from stolen goods to maintain his habit, the HSC alumnus added.

Dr. Collings became involved in the drug world after youths from his church began asking him questions about drugs and drug abuse.

"I didn't know much about drugs, but I happened to meet a narcotics officer. One thing led to another. I went on a raid. Then, they began using me as an undercover agent," said Dr. Collings.

"Our purpose is to warn the dentist about how narcotics users can use the dental profession to obtain illegal drugs," said Dr. Collings.

For the next three years, he was an oral surgeon by day and an unpaid drug agent by night. Only after his cover had "been blown" and his life had been threatened several times did he decide it was time to quit.

"The job was exciting, shocking, educational and useful while it lasted, and I decided to use my experiences to lecture about drugs together with a narcotics agent and, at times, together with an active user or dealer in narcotics," he commented.

Dr. Collings suggests several general rules which dentists should follow to avoid drug rip-offs:

1. Leave a small amount of barbiturates out where they are readily seen or found (even if you don't use them).
2. If you use meperidine (Demerol) or a narcotic liquid, fill two bottles with sterile water and label these with the narcotic liquid name as a decoy.
3. Never have your U.S. registration number printed on your prescription blanks, because each blank is worth \$50 to \$75 on the black market.
4. Have your office and exchange telephone numbers on your prescription blanks but never your home number.
5. Beware of the patient with a radiograph of an abscessed tooth who only wants oxycodone (Percodan) or Demerol, 50-100 mg., and an antibiotic, saying he is just passing through town and will see his own dentist the next day.
6. Some addicts even use a sharp needle to irritate the mucous membrane at the apex of a slightly decayed tooth (they use this same technique to simulate an abscess).



Left, Dr. Jack Collings, the oral surgeon. Right, Dr. Collings, undercover narcotics agent.

MRF awards funds

The Board of the Medical Research Foundation of Oregon recently awarded \$2,500 to the HSC School of Medicine for scholarships for medical students. Recipients of this aid may receive a maximum of \$500.

The scholarship gift came from the Dellman O. and Elizabeth V. Hood Trust.

The Medical Research Foundation seeks money for biomedical research and administers grants and gifts of all sizes according to the wishes of the donors. The Foundation provides support to well qualified investigators and deserving projects.

7. Beware of the person who calls and says he can't take codeine, but can take "Per . . . Perco . . . Oh yes, it's Percodan."
 8. When telephoning a narcotic prescription to a drug store for an emergency, have the druggist ask for the patient's identification, even if this is an old patient. The addict is clever.
 9. If you take calls on a rotating basis with other dentists, as oral surgeons usually do, keep a list of all phone calls requesting narcotics, and check with their dentists the next day to see if they had such patients. Be cautious and avoid using Class I narcotics indiscriminately! Never allow a patient to come to your home to pick up a prescription order.
 - He also suggests some tips to use to help detect possible users of narcotics:
 1. Make adequate oral and visual physical examinations.
 2. Look for green teeth stains.
 3. Look for pin-point eyes, yellow iris and odor of narcotics.
 4. Notice long buttoned sleeves in hot weather.
 5. Check blood pressure so you can check arms for needle marks.
 6. Notice a sloppy, unkempt appearance.
 7. Note a change in the patient's regular behavior.
 8. Watch for lethargy or frequent licking of the lips.
 9. Notice erratic behavior (abnormal nervousness).
 10. Look for normal actions of the patient after correct premedication has been given.
 11. Beware of the patient who uses the vernacular of the drug world, such as, "I need a couple of reds or yellows to down me; I'll just drop them, I don't need to spike them." This means he wants Seconal or Nembutal to calm himself and he will take it orally, not intramuscularly.
 12. Make it your business to be well informed about drugs.
- He concluded, "The drug scene isn't pretty, from beginning to end. The drug addict will act lower than the lowest animal to obtain just 'one more fix.' Don't let it come from you."
- In addition to presenting seminars on the drug world, Dr. Collings has lectured throughout the U.S. on implant dentistry. He serves on the National Board of Examiners for the American Academy of Implant Dentistry and is a regent for the International College of Dentists.
- The May-June, 1977, issue of *General Dentistry* carried an article by Dr. Collings entitled "Avoid Drug Rip-Offs."

New Hypertension Clinic will combat the 'silent killer'

Dr. David A. McCarron has been named director of University Hospital's new Hypertension Clinic.

Formerly on the staff of the Tufts University-New England Medical Center, Boston, Dr. McCarron joined the HSC faculty last year. He is an assistant professor of medicine in the division of nephrology.

Dr. McCarron, who organized a hypertension clinic at Tufts, explained that high blood pressure affects about one in ten Oregonians and can cause death through diseases of the heart, kidney, and brain.

About 23 million Americans, including children, have high blood pressure. Many are not aware of their problem. About twice as many blacks as whites have the disease. Prevalence rises with age, and the disease seems to run in families.

The HSC Hypertension Clinic, which served its first patients in late December, is "interested in patients with all forms of high blood pressure," according to Dr. McCarron. Physician referral of patients to the clinic is preferred.

Physicians may refer patients by contacting the Health Sciences Center division of nephrology, 225-8490, or by contacting Patient Appointments, University Clinic, 225-8050.

Part of the clinic's work will be in the area of public and patient education about high blood pressure.

"Hypertension, contrary to what many believe, may have nothing to do with a person's

being nervous or high-strung," explained Dr. McCarron. "Even relaxed, easy-going individuals have high blood pressure. Patients with hypertension have intermittent or persistent elevations of the blood pressure above normally accepted levels."

The disease is called the "silent killer." It causes no aches or pains during development of the disabling illness. Patients experience symptoms usually only after the heart, kidney, or brain have suffered some degree of permanent damage, a number of years after the onset of the disease. Heart attack, kidney failure, or stroke may occur.

Sometimes patients discontinue their

medication when they see that their blood pressure has returned to normal. They think that they are cured, Dr. McCarron said. This is a misconception. There is presently no cure for the majority of patients with hypertension. However, blood pressure can be controlled by weight reduction, improved physical conditioning and/or continuous use of anti-hypertensive drugs. For some patients, this may mean taking medication for the rest of their lives.

Dr. McCarron is a graduate of the University of Pennsylvania School of Medicine. He served his internship and residency at University Hospital of Cleveland, Ohio (Case

Western Reserve University), and was a fellow in renal medicine and chief medical resident at Tufts University-New England Medical Center.

In the new Hypertension Clinic, primary care is being provided by two nurse practitioners, Linda Jones, R.N., M.S., and Marg McMahon, R.N., M.S. Physicians play an early role in the evaluation and management of uncomplicated patients and provide continuous input in those cases in which patients have more complicated medical problems.

In addition to Dr. McCarron and the nurse practitioners, other faculty members in the HSC department of medicine's divisions of nephrology and cardiology, fellows, residents, and students will staff the clinic.



Celebrating at a joint retirement party were Jay Gould, Phil Jacob, and Henry Ferguson.

said, "I really enjoyed it. I met a lot of interesting people."

Lillian Dentler

Of her almost 10 years of work with adult ophthalmology clinic patients, hospital aide Lillian Dentler said, "I just loved the patients and the people I worked with."

Mrs. Dentler, who retired in September, said she may become a hospital volunteer.

"It's an especially good feeling to help patients who don't have any relatives in town and are lonely. I like to help them write letters and make phone calls," she explained.

Along with volunteer work, Mrs. Dentler may start oil painting and sketching as a hobby.

Mary Bird

After about seven years with the Health Sciences Center, personnel clerical assistant Mary Bird retired in September.

Following her retirement, she worked on an extension through February.

With two of her ten children working for a U.S. airline, Mrs. Bird said it will be easy to travel in her retirement.

In the spring she and a daughter, from Los Angeles, will be sightseers in New York City. Later she plans to visit Philadelphia, Washington, and her hometown, Denver.

Besides travel, she may work part-time, and hopes to take some calligraphy and drawing college courses.

Julia Anderson

Since she retired from the HSC in September, it's likely you will find Julia Anderson and her husband, Louis, on the Oregon coast frequently.

"We used to live in Newport and Waldport," Mrs. Anderson explained. "We like to be over there, especially in the summer when it is so hot in the Portland area."

Mrs. Anderson was a University Hospital (south) food service worker. Mr. Anderson retired from HSC in October after five and one-half years as a custodial work supervisor in the housekeeping department.

She originally began working for the state in 1963 at the Salem TB Hospital. Later she worked for the Portland TB Hospital on the HSC campus.

The Andersons live in Aloha. During their retirement they will be kept busy visiting their seven grandchildren at the homes of their two children in Portland and Newport.

Phil Jacob

When Phil Jacob left the HSC at the end of December, he had been employed just over 25 years as a painting supervisor.

"I've probably supervised painting every building on campus several times," Mr. Jacob said.

Now that he is retired, he hopes not to be painting. Instead, he wants to travel, go fishing, mainly in Eastern Oregon, in the summers and go south in the winters.

In July he traded in a 20-foot travel trailer for a 26-foot mobil motor home.

This year, for three months, he plans to take the motor home and go to New Orleans, for the traditional Mardi Gras, and then on to Key West, Florida, to visit friends.

A trip to Mexico may also be a possibility before he returns to Portland.

Retirements

Mary Healy

Mary Healy says she "can't knock" rock music even though she'll be giving piano lessons in classical and pop music during her retirement.

Mrs. Healy, a secretary in the department of radiology for the last 13 years, explained that she hasn't missed a single Portland concert by the Grateful Dead.

The reason is that her son is the electronic engineer for the internationally known rock group. In fact, now that she has retired from the Health Sciences Center, she'll probably collaborate with him on some musical arrangements for other rock groups.

Mrs. Healy, who has three children and eight grandchildren, says she has always looked forward to retirement as a time when she would be able to see more of her family.

Although her official retirement date was September 30, Mrs. Healy agreed to help out the radiology department through November, and she says she'll continue to fill in whenever needed.

She described radiology as "a very friendly department. We all get along well and have a rapport I haven't seen anywhere else. It's been a great place to work."

Mrs. Healy's co-workers held a retirement dinner party for her in November.

Jay Gould

Jay Gould, custodial services supervisor since 1970, left the HSC at the end of December, after retiring in September and working on an extension.

His position involved supervising over 55 custodial employees, most working 4:30 p.m. to 1 a.m.

"Custodial work is important, although some may overlook it. I wouldn't have been effective in my job if it hadn't been for the good people working for me," he said.

Retirement will allow Mr. Gould to live full-time in Sweet Home in Linn County. While at the HSC he lived in a Portland apartment and commuted over 90 miles to home on weekends.

Mr. Gould, a former elementary school teacher, plans to continue to teach custodial maintenance courses in schools and colleges around the state, something he has done since 1958.

He and his wife, Ethel, plan to continue work with their church and have set a winter

trip to South Dakota to visit Mr. Gould's mother.

Louise Taylor

Being able to be at home full-time and also having a chance to visit her daughters and grandchildren is part of what Louise Taylor is enjoying since she retired from the HSC in September.

Mrs. Taylor was a dietary worker in University Hospital (north) for 28 years.

"I enjoyed my work very much," Mrs. Taylor said. "And I never worked for anyone who could have been nicer than Ruth Mercer and Virginia Hollow."

She said it is "wonderful" to be home after working. Also very enjoyable was a recent visit to Anchorage, Alaska, to see her daughter and family. She plans another trip to Raleigh, North Carolina, to visit her other daughter and family.

Dorothy Perlot

Although Dorothy Perlot has retired as a School of Nursing graduate program secretary, she will remain in touch with nursing students.

"I plan to type theses and term papers for graduate nursing students," she explained.

Mrs. Perlot retired in September, but worked through December until a replacement was found to fill her position.

After working for the School of Nursing just short of 17 years, she plans to be active at home with sewing, canning, and baking.

Mrs. Perlot and her husband, Charles, a retired plumber, have a vacation trailer and plan to take short trips around Oregon and Canada.

Henry Ferguson

After four years of planning their trip, Henry Ferguson and wife Dorleen will travel about three months this summer to Morocco, Israel, Turkey, and Scotland.

"All of our children have traveled, and we are looking forward to traveling ourselves," said Mr. Ferguson, an HSC electrician for almost 15 years.

He was on a work extension through December, after retiring in September.

In addition to traveling, hobbies will keep Mr. Ferguson busy in his retirement. He enjoys photography, reading, carpentry, and making jewelry out of stainless steel and silver. He also may do some appliance repairing out of his home.

About working at the HSC, Mr. Ferguson



Preparing items for the new Faculty Wives Gift Cupboard are Margaret Neerhout, Louise Engel, and Carmela Riker.

Faculty Wives open gift area

The HSC Faculty Wives have opened a Gift Cupboard in the 9th floor lobby of University Hospital (south).

The Gift Cupboard is staffed five days a week from 10 a.m. to 3 p.m. and carries stuffed toys, dried flower arrangements, and other gift items.

The Cupboard is open to patients, visitors, and other UOHSC employees. Proceeds go to the Health Sciences Center.

Members of the Faculty Wives committee who helped organize the new gift area are Brenda Meechan (chairwoman), Carmela Riker, Joyce Beals, Isabelle Sleeter, and Darlene Kloster. This group will continue to staff the Service Cart in University Hospital.

In setting up the gift nook, the committee relied heavily on the "support and encouragement" of Edie Ryman, coordinator of special services for the Hospital, according to Mrs. Riker.

Dried flower arrangements being sold in the Gift Cupboard are made by Margaret Neerhout.

When the entire Faculty Wives Group met in January, the committee tried to interest more faculty wives in participating in the Gift Cupboard or in providing handcrafted items for sale. They also hope to encourage employees to provide items.

Volunteers try everything from oysters to biofeedback

(continued from page 1)

only a \$300-a-month stipend. During the study, they supplied me with all my food, plus \$2 a day. So for the 50 days, I never had to buy any food, and I got \$100. That's mainly why I did it."

He also volunteered for a seafood sterol study—which required him to eat a large meal of oysters—and is currently involved in a weight-loss program offered through Dr. Connor's laboratory.

Carol Sprouse, research assistant in immunology, was another participant in Dr. Connor's sugar intake studies.

"I got into it to explode the sucrose myth. A lot of medical literature pins the blame on sucrose for high lipid levels in the blood. I didn't see how sucrose could be the real culprit."

Ms. Sprouse said the worst part of being in the study was a continual craving for solid food.

"I knew I'd be tempted, so I had my sister come over and clear out most of what was in my refrigerator. I put a lot of things in my freezer and then taped it shut."

Jane Oja, of Portland, who volunteered for another Connor study, stayed with her four-year-old son Joshua in the Clinical Research Center while participating in the project.

Joshua, who has antitrypsin protein deficiency, was a patient of Dr. Connor's at the CRC for two two-week periods during which physicians monitored his diet.

"I decided to make myself useful while staying with him," explained Mrs. Oja. "I also did it because Joshua and I like Dr. Connor so much. He's been really kind and understanding with Joshua."

She said the study "hasn't been unpleasant. I'd volunteer again." But she did point out one aspect which she found somewhat disagreeable.

"As far as the stool collection is concerned, I try not to think about it. And the nurses at the CRC are so used to it they don't make you feel embarrassed."

"Dr. Connor asked me if I wanted to go to the lab and meet the people who do the analysis. I would never!" she laughed. "And I hope I never meet them anywhere socially."

Another of Dr. Connor's volunteers, Peggy

Manning, R.N. on 2NE, said that the best part of her experience as a volunteer has been a chance to lose weight.

"Part of our agreement with Dr. Connor was that after the study, we could go on a weight-loss program," she explained. "That was the carrot dangling in front of my eyes."

Mrs. Manning, who is on a solid-food diet, has lost 22 pounds. Lab personnel continue to monitor her blood fat levels.

A notice in *Campusgram* announcing a neurology department study of alpha bio-rhythms enticed Peggy Coquet into volunteering to be a research subject. Mrs. Coquet is assistant to the coordinator for telephone services.

The study concerned the relationship of eye blinks to alpha waves. Volunteers were hooked up to an electroencephalogram and were asked to refrain from blinking for as long as possible.

"As I understand it, alpha waves tend to get more prominent when you don't blink," Mrs. Coquet said, adding, "Alpha waves signal a state of calmness or relaxation."

Because she felt a little nervous sitting alone in a room with electrodes glued to her scalp, Mrs. Coquet decided to practice Yoga breathing exercises, which she has known how to do for about 10 years.

"I hope I didn't mess up their test, but I put myself into a mild trance. They told me afterwards that I suppressed blinking longer than anyone else in the study—almost five minutes. And I had great alpha waves."

Charlotte Funk, Mackenzie Hall mailroom supervisor, also volunteered for the eye-blink study.

"I'd always wanted to see what biofeedback was like," she said. The researchers who

supervised the study "told me I had a busy mind. They showed me the wave patterns of a calm person; they were smooth, tall curves. Mine were jagged, bumpy peaks. It was interesting."

School of Medicine freshman Rick D. Pittman is participating in a two-year study of fluoridated versus non-fluoridated toothpaste.

Mr. Pittman candidly described his reasons for volunteering: "I'm doing it for the money and the free toothpaste. And I want to do my good deed. I don't know if the toothpaste they've given me has fluoride in it or not, but it's my opinion that it won't make much difference either way."

Not all HSC research volunteers enjoy their experiences.

For example, printing department employee Robin Riddle quit half way through the six-hour study she volunteered for about a year ago.

"It sounded like a great way to make \$100," explained Mrs. Riddle. "We were given a drug, and then they measured our input and output—literally. We were catheterized and were fed through an IV."

"I didn't know how bad it was going to be. I got all kinds of holes poked in me. I finally had to quit after I started feeling sick and got hot flashes."

For her three hours of participation, Mrs. Riddle was paid \$50. The other two dozen or so persons who volunteered did complete the study.

Another research volunteer, Ilene Kapp, secretary in the department of medicine, quit part-way through a study of scalp conditions, which included using a shampoo product for six weeks.

"I volunteered because I had just graduated from college and was broke. I needed the money," said Ms. Kapp.

"I'm sure the product wasn't harmful. But I'm very picky about what I put on my hair. I guess I should have thought more about that before I joined the study."

Although a few research volunteers quit before the studies were completed, most do finish. According to Dr. William Connor, "A strong motivating factor is the enthusiasm which the physicians, nurses, dietitians, and other researchers have for their studies. It rubs off on the volunteers."

"But," he added, "these people already seem to have an unusual reservoir of enthusiasm, which we're able to tap."



Among the many employees and students who have volunteered for research studies are, left, Peggy Coquet and Ilene Kapp; large photo, Arch Taylor; smaller photos below, Peggy Manning and Carol Sprouse; below, right, Robin Riddle.

Group oversees human research

Protection of the safety and rights of research volunteers at the Health Sciences Center is the responsibility of the Human Research Committee.

According to Dr. Robert Bigley, chairman of the committee and professor of medicine and medical genetics, the committee reviews all HSC research projects involving human subjects.

In addition to assessing possible risks (as justified by benefits to the subject), the committee pays particular attention to the form upon which investigators receive each volunteer's written consent.

The form must explain understandably the purpose of the study, its potential risks and benefits. If the study involves treatment, the form must contain an explanation of alternative forms of treatment. Researchers must receive each volunteer's "informed consent."

The committee also monitors the following aspects of human research: Only volunteer subjects may participate in HSC studies. No coercion may be used to bring about their participation. Subjects may withdraw from a research study at any time without prejudice to themselves or their medical care.

The 15 members of the Human Research Committee include a minister and a retired judge. The committee meets about eight times a year and reviews several hundred projects annually.

The Department of Health, Education and Welfare requires that all institutions receiving HEW funds have active human research committees. HEW mandates that even those projects which are not HEW-sponsored must be reviewed by an institution committee if human subjects are involved.

Projects involving human volunteers receive special review not only at the institutional level, but also at the national level by committees of the National Institutes of Health.



HEALTH SCIENCES CENTER NEWS

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