



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.

School snack foods pose sticky problem for oral health



For many a teen-age student, a visit to the school vending machines for a Baby Ruth or a Coke is as much a part of the daily routine as English class.

The trouble is, students who make frequent stops at the vending machines also may wind up making frequent stops at the dentist's office.

That's because junior-high and high-school vending machines are favorite denizens of sucrose and glucose, the twin villains of dental caries.

Estimating just how potentially dangerous these junk foods are in causing dental caries (cavities) is the purpose of a research study being conducted by Dr. Tom Shearer, director of the division of nutrition in the School of Dentistry department of biochemistry. Six junior-high students served as "guinea pigs."

The study is part of a larger project sponsored by the Oregon Public Health Association. The project's aim: to provide guidelines for supplying nutritional snack items for vending machines in Oregon public schools.

"Other groups are providing information for guidelines on salt content, fat content and nutrient densities. All these factors will be used together to rate snack foods as junk or nutritionally sound," said Dr. Shearer.

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Sugar content and stickiness are two factors of vending-machine snacks that Dr. Shearer is exploring. National Children's Dental Health Week is coming up Feb. 4-10.

'Miracle' brought nursing dean through plane disaster

"When I came to work the next day, I had the feeling that a number of people were looking at me as though it were a miracle that I was still alive and standing here," said Dr. Carol Lindeman. "And I felt the same way."

It was only the night before that Dr. Lindeman, dean of the UOHSC School of Nursing, along with her husband and four sons, had emerged unharmed from the crash of a United Airlines DC-8 in an east Multnomah County residential area. They were among 179 survivors of the Dec. 28 disaster which claimed 10 lives.

"Our whole family does feel that they lived through a miracle," the dean reflected. "And I know that most of the passengers feel it truly was a miracle that a plane could crash and that many people could walk away from it. That just doesn't happen."

Dr. Lindeman put her nurse's training to good use that night, tending many of the injured in a house near the crash site.

In her escape from the plane, she herself suffered only a bruised and cut wrist from fighting her way through Douglas fir trees, and a few aches and pains from leaping off a roof.

"I just laugh about it at this point and say that a 43-year-old woman shouldn't go jumping off roofs of houses, because you never feel good the next day," Dr. Lindeman quipped.

The Lindemans were coming home from spending Christmas with relatives in Wisconsin

when they were aboard the fateful flight.

The first sign that this was not to be the usual home-from-the-holidays trip came around 5 p.m. as the airplane was approaching Portland International Airport. Suddenly the passengers felt a jolt. The pilot came on

"So, I suppose like many other people, I looked back over my life and thought, 'What would I do differently if I had a second chance?'"

the intercom to announce that something apparently was wrong with the landing gear and that the plane would remain airborne while the crew tried to solve the problem.

About 20 minutes later, Dr. Lindeman recalled, a crew member came into the passenger section with a flashlight to try to look at the landing gear through a window. It became clear that all was not right: the passengers began to be instructed in the emergency landing procedure.

Dr. Lindeman wasn't worried yet because she figured a faulty alarm system was much more likely the problem than faulty landing gear.

"But shortly after they explained the emergency procedure to us, the stewardesses started going through the airplane taking all the blankets and pillows out of the cabinets, and padding the children and babies. It was

then that I began to feel quite anxious about the landing," she said.

"I felt it was much more than minimal preparation for a crash landing. It seemed, both from the looks on the stewardesses' faces and what they were doing, that it was to be a very serious landing."

Although her husband, a former helicopter pilot with the Marines, said afterwards that he'd felt the chances for survival would be fairly good if the plane crashed, Dr. Lindeman was far less optimistic.

"So, I suppose like many other people who had that same feeling, I looked back over my life and thought, 'What would I do differently if I had a second chance? If I survive this, what might I do differently?'"

She recalled, "I had the two youngest children sitting with me, and I know that they prayed and I prayed as well."

But foremost on Dr. Lindeman's mind was how her family would exit the downed plane if they had a chance.

Beside her were sons Daniel, 11, and Michael, 13, while across the aisle to her right sat husband George with sons Steve, 15, and Tim, 17. When flying together, the Lindemans customarily call ahead and reserve seating straight across in the same row. All were occupying row 12, which was near some exit doors.

The family worked out their precise escape plan. Dr. Lindeman, Daniel and Michael

would leave through the left exit; her husband and other sons would evacuate through the right exit.

"Nobody expected us to crash when we did," she said, "because the pilot had told us he would give us a one-minute warning. The lights all went out in the aircraft and the engines died. That was a very eerie time. It was like being in a dead ship, with no noise, no sound. Just quietly gliding through the air."

"At that point none of us, I'm sure, realized what had happened. We thought the lights had gone off because the pilot was trying to ensure there wouldn't be any electrical fires."

"We realized that something was seriously wrong when we felt the first impact. One of the stewardesses called out for everybody to assume the emergency position. Then I really felt quite a bit of stress and anxiety because I felt we were going to have a much more serious crash than anybody had expected. I again thought that the chances for survival were minimal."

When the plane came to rest, Dr. Lindeman assumed it was at the airport. She also expected to step out onto a wing.

"We were some of the very first people off the airplane. It was still absolutely dark when we left the aircraft, and I had no idea that the front part of the plane had been crumpled or disintegrated, or that it was such a short distance in front of us where it had broken off."

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Dean and family survived calamity

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"I was so startled, as I tried to walk through the exit, to run into fir trees; nobody had prepared us for landing in a patch of trees. Because I was so early in getting off the plane, nobody else had yet discovered exactly where we were. Daniel, our 11-year-old, became quite frightened when his face first hit the fir trees.

"We didn't know if we were standing on the wing of the plane or where . . . The trees and the darkness just completely confused everybody. And at that point I thought the plane might still explode, so I was concerned with getting away from the aircraft as quickly as possible."

Impeded by the trees and unable to slide down the wing as they had been instructed—for the wing had been sheared off, the trio had to alter their escape plan in a hurry. A frightened Michael refused to push on, but Dr. Lindeman and Daniel forged through the branches. They found themselves on top of a roof.

Dr. Lindeman recalled with some amusement, "When I was a youngster we used to climb out the windows of my parents' home and slide down the roof, then jump to the ground. So I found myself quite familiar with how to scurry down the rooftop and I helped Daniel do the same."

Still worried that the plane might explode, she forced a reluctant Daniel to leap to the ground and followed suit. She rushed him to a safe distance from the aircraft, then went back for Michael, who had climbed through the trees but was afraid to jump.

"He's five-foot-10 and much bigger than I am, but I told him to go ahead and jump and I would try to catch him when he came down." Michael made it down, fortunately, without her aid.

Dr. Lindeman and her two sons then went to a nearby house where some of the injured passengers were being taken. She and the boys bent to the task of washing blood off survivors, applying ice packs, doing what they could to help.

"I thought by getting them involved in something constructive like that, their own sense of panic and stress would be much less," she said.

With many others who had come to the



Posing for an Oregon Journal photographer several days after they walked safely away from the DC-8 crash were Dr. Carol Lindeman and her four sons, from left, Tim, 17; Steve, 15; Michael, 13, and Daniel, 11. Her husband, George, also was aboard the fateful flight.

rescue, the seasoned nurse worked on controlling bleeding, caring for the faint, and tending bruising and broken bones.

Her sons grew anxious to find their father and brothers. "I did not want them to go back close to that airplane, so it was quite a while before our whole family got back together again," said Dr. Lindeman. "But we were extremely pleased once we saw each other and saw that we were all without any serious problem—a few cuts and bruises and that was it."

When the family left to have a checkup before heading home, a loyal Dr. Lindeman insisted that they patronize University Hospital.

The dean acknowledged that her nurse's training may have helped her keep cool during the crisis. But she knows that "a certain attitude toward life" proved valuable. "There are some people who always run around in circles and worry, and there are other people

who, although they're concerned and feel some of the anxiety, find a constructive way to express it and move on.

"I think I've always been the kind of person who would rather get on with the job than sit and talk about the problems. That's the same way I felt about the crash. I didn't really expect to survive, but if there was a chance, I was sure going to take it."

She admitted with a smile that the School of Nursing never crossed her mind during those distressing moments in the sky. "I never had any concerns about the School of Nursing, which maybe I shouldn't say. But the truth is that I guess I feel the School is in good shape and running well and that I didn't need to worry about anything here. That whether I came back or didn't, the School would continue in its own good course."

Thinking of the many who were relieved that she did come back, Dr. Lindeman said, "We really appreciate the people who have

let us know what it means to them that our family is still alive."

She also had praise for the flight attendants and for the remarkably orderly evacuation of the survivors.

As an aside, Dr. Lindeman noted, her family had debated whether to sit in row 5—a section of the aircraft that fared much worse than their row 12.

The dean said she had another plane coming up soon, this time to Pocatello, Idaho. "And I know I don't want to get on an airplane."

"But if I'm going to fly, I'm going to try to sit in row 12 again, because I think that's my lucky row!"

HSC was quick to answer disaster call

Less than half an hour after survivors of a United Airlines DC-8 crash in east Multnomah County were streaming out of the wreckage, dozens of UOHSC personnel were streaming into University Hospital.

The emergency room teemed with physicians and nurses who had responded to the disaster call that chilly Dec. 28 night. They, and many other University Hospital staffers, were ready to treat any of the more than 50 injured passengers.

As it turned out, only a handful of those involved in that plane crash far across the city from Marquam Hill arrived at University Hospital. But, according to hospital administrators, the Health Sciences Center's disaster response was excellent.

"We were glad that the low number of seriously injured patients made it unnecessary to fully test our capability. But had it been necessary, we would have been able to handle a substantial number of critically injured persons," said Dr. John Schriver, head of the division of emergency medicine.

"We've never had an experience like that," he said of the turnout. "I think everyone there was almost amazed at the response."

Said Dr. Donald Kassebaum, vice president for hospital affairs: "Although University Hospital received only a small number of passenger victims, the disaster protocols were quickly set in motion by communications center and emergency services personnel; coordination by hospital administration and security was excellent; and the turnout of staff and resident physicians, emergency, operating and staff nurses was superb.

"We have very little more to do to develop

one of the most effective and quickest-responding emergency units in the community," Dr. Kassebaum said.

University Hospital participates in a citywide disaster plan coordinated by Portland's Providence Hospital. In fact, the HSC hospital had taken part in a citywide disaster drill only three weeks before.

Over a disaster communications network of the HEAR system, radio frequencies designed by the FCC for use in emergencies,

"I think this experience will point out to everyone who works in University Hospital that it is worthwhile preparing for the possibility of a disaster."

Providence Hospital notified University Hospital's emergency services staff of the calamity. In turn, University Hospital was able to communicate its readiness and capabilities over the network.

"The response of personnel was substantial" at HSC, said Dr. Schriver, "including virtually all the faculty physicians of the department of surgery." He specifically praised Dr. Hugh Moseley, who assisted in setting up trauma teams on the spot to manage prospective patients.

"Large numbers of off-duty emergency and other personnel, including physicians and nurses, were present in the hospital within 30 minutes of notification," Dr. Schriver said.

Five surgical suites were staffed and waiting. Personnel from X-ray, laboratory, blood bank, intensive care units, central supply and storerooms, and pharmacy were at the ready. And the Hospital North cafeteria was open to accommodate them.

According to Dr. Michael Baird, director of medical services and disaster coordinator, the good response came not only because of the disaster call but because the crash "happened at 6:15 in the middle of a news program, instead of 1 o'clock in the morning, and that tends to generate mass response."

He continued, "I personally had about six calls from people who don't even work here but just wanted to volunteer their time, which I thought was very nice. We didn't need anyone—in fact, we needed to get people out of here as it turned out—but it's nice to know there are people like that out there."

Dr. Schriver pointed out two aspects of the event that proved useful. First, the local news coverage of the crash was valuable in giving the hospital up-to-date information. Second, despite past concerns about access to the Health Sciences Center, nobody responding to the call apparently had any trouble reaching the hospital. "This would have applied to ambulances as well," he said.

University Hospital is in the midst of revising its disaster plan to streamline the operation. The Dec. 28 experience did expose some problems, said Dr. Baird, such as the need for a gathering place that would keep the emergency room from getting clogged. (The Joint Commission on Accreditation of Hospitals requires that each hospital have an updated disaster plan and conduct regular disaster drills.)

Noted Dr. Schriver, "I think this experience will point out to everyone who works in University Hospital that it is worthwhile preparing for the possibility of a disaster . . . We'll take some of the lessons learned to assist us in future preparations for disaster."

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University Hospital wins full, two-year accreditation

The diagnosis was excellent—University Hospital has been awarded full, two-year accreditation from the Joint Commission on Accreditation of Hospitals.

"This is especially gratifying because so many community and teaching hospitals are now getting limited accreditation," noted Dr. Donald Kassebaum, vice president for hospital affairs.

Announced in late November, the verdict resulted from an inspection of the hospital July 12-14 by a Joint Commission team.

The Joint Commission wrote in a letter to Dr. Kassebaum, "Through the award of accreditation, the Joint Commission commends your efforts toward providing patient care of quality."

Said Dr. Kassebaum, "My thanks to all of the personnel of University Hospital, to the administrative staff, nurses, medical staff, ancillary and support services staff, facilities management and many others who have taken seriously the standards of quality care which we try to meet."

Dr. Michael Baird, director of medical services, praised the staff for "putting their best foot forward."

Maintaining high standards of medical care is the goal of the Joint Commission on Accreditation of Hospitals, a private, voluntary, national organization. It is composed of members of the American College of Surgeons, the American Hospital Association, the American Medical Association and the American College of Physicians.

In its analysis of University Hospital, the

Joint Commission did make a number of recommendations, some of them about anesthesia services, medical record services, and rehabilitation programs and services.

"Improvements in pharmaceutical services are under way," said Dr. Kassebaum, "with planning of a new, larger pharmacy, intravenous service and implementation of a unit-dose accounting and dispensing service."

He added, "The recommendations for safety and sanitation will be addressed as we have the financial resources to do so."

Cafeteria advisory committees serve up dining ideas

Frozen yogurt is a hot commodity at the Mackenzie Hall cafeteria. Pizza packs them in at University Hospital South, while in the Hospital North cafeteria, the fresh spinach in the tossed green salad makes a popular extra touch.

Knowing the culinary likes—and dislikes—of customers is vital to cafeteria managers. That's why food service chiefs at the Health Sciences Center rely on a pinch of opinion and a dash of advice from the cafeteria advisory committees.

"The committees have been established to build a communication bridge between customers and management," explained Nancy Oberschmidt, executive director of food services at HSC.

Many diners, she noted, never think of taking their cafeteria-related opinions to the people who prepare their food. "We decided that we wanted to establish a means so that

A catchy idea from one cafeteria committee sometimes finds its way to another dining hall.

people would feel comfortable with communicating."

All in the name of good dining, any interested staff, faculty and students are encouraged to join the cafeteria advisory committees, said Ms. Oberschmidt. The Mackenzie Hall and hospital cafeterias each have a committee to provide feedback.

Pointed out Sandy Peterson, manager of the Mackenzie cafeteria, "Once people get actively involved on the cafeteria advisory committee, they suddenly become our biggest allies. It makes them more understanding of what goes on."

Meeting every three or four weeks, the cafeteria advisory committees assist the cafeteria managers in identifying problems, finding solutions and setting goals.

For example, the committees occasionally help put out questionnaires to discover what customers are thinking. The surveys have spawned such changes as the Mackenzie cafeteria's "alternative diet," low in cholesterol and saturated fats, and its redecorating effort.

At a recent meeting of one advisory committee, topics ranged from prices and cafeteria traffic patterns to a "name the cafeteria" contest and a proposed new menu item called a "super peanut butter raisin sandwich."

A catchy idea from one cafeteria committee sometimes finds its way to another dining hall, noted Ms. Oberschmidt. That is how Hospital South happened onto its popular salad bar.

"We try to keep some differences between the cafeterias so that there is something unique about each, but they seem to run together anyway," she said with a laugh.

Committee members also have lent a hand recently in patrolling cafeteria exits for wayward service ware. An "astounding amount" of dishes and eating utensils disappear from the cafeterias, putting a strain on food service budgets, said Ms. Oberschmidt.

Such money matters are ever in the minds of cafeteria advisory committee members as they consider suggestions. A frozen-yogurt machine for every cafeteria, for instance, sounds inviting but is financially infeasible at this time, the director said.

While the MacKenzie and Hospital South cafeterias have active advisory committees, the Hospital North cafeteria needs new members. Interested persons may contact Liz Nielsen, cafeteria manager.

How open are the cafeteria managers and their advisory committees to comments from customers?

"Very open, extremely open!" replied Ms. Oberschmidt. "On a scale of one to 10, we're 10."



Diners in the University Hospital South cafeteria get helpings of pizza, an ever-popular entree, from server Ruth Sedillo.



Presto—normal popcorn becomes liquefied popcorn as Debra Ferrin mashes it up into a solution which will be analyzed for sugar content. In the background is Dr. Tom Shearer.

Dental study delves into school snacks

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"The students also will be receiving more nutrition education in the classroom, and it's hoped they will be motivated toward choosing snacks that are not especially deleterious to oral health and that will provide significant quantities of nutrients necessary for good general health."

Dr. Shearer's research project on oral health is measuring three factors related to vending-machine snack items—the sucrose and glucose content of snacks; the retention of these snacks in the teeth and oral soft tissues; and the eating patterns of teen-agers.

Assisting him is Debra Ferrin, a second-year dental hygiene student, who collected the research samples and is doing the analyses.

To measure the sugar content, Ms. Ferrin would take a large segment of an individual food, mash it up into a solution (resulting in such mixtures as liquefied popcorn and what she calls a "candy bar milkshake"), and analyze it enzymatically for sucrose and glucose.

Junk-food lovers might be dismayed at some of the results. It turns out that Pep-o-mint Life Savers, for example, are 99 percent sugar (85.7 percent sucrose, 13.3 percent

glucose). Even the innocuous raisin contains 37.8 percent glucose.

Sugar contents of a few other vending machine snacks are as follows: Baby Ruth, 36.4 percent sucrose, 12.8 percent glucose; Wrigley's Doublemint gum, 56.5 and 14.7; Grandma's Fruit 'n' Oatmeal Bars, 26.8 and 8.7; Lay's potato chips, 2.8 and .7; Planter's peanuts, 3.0 and .8; and Hood River apple juice, 1.2 and 2.8.

But eating foods that contain large amounts of sugar isn't the only culprit in dental caries, which are caused by the fermentation of sugars on the teeth by oral bacteria. Dietary habits that contribute to dental decay, according to Dr. Shearer, also include eating foods that are sticky and retentive and having frequent exposure to sticky, sugary foods.

To measure the oral retention of snack foods in the teeth—in other words, the stickiness of the foods—Ms. Ferrin carried out tests with six junior-high students this past summer at the School of Dentistry.

A student would chew on a snack, wait five minutes, and then rinse out his mouth with distilled water. This saliva-rinse, when analyzed chemically for glucose equivalents, is a measure of the retention of the sugary or starchy snack in the mouth.

"Food diaries were collected from these teen-agers in an attempt to determine how frequently snack items are consumed by normal, free-living teen-agers in Portland," said Dr. Shearer. The oral retention and dietary patterns are still being analyzed in his laboratory.

Although analyzing sugar content of foods is nothing new, Dr. Shearer noted, the study is significant because it zeros in on specific brand-name foods, foods that are vended in Portland public schools. (Incidentally, Portland schools attempt to give nutritious snacks equal space with junk food in the vending machines.)

"What surprised me was not the sucrose content but the high concentration of glucose," Dr. Shearer said. "I think this is occurring because manufacturers are substituting corn sugar for sucrose (table sugar). It's cheaper."

Other research projects going on in Dr. Shearer's laboratory are studying the influence of trace elements such as fluoride, selenium and cadmium on the development of dental caries; measuring trace elements in amniotic fluid from pregnant women; and measuring the selenium status of hyperlipidemia patients.

New students tell why they chose health professions

A former Seventh-Day Adventist minister, a recent law school student, a one-time Mother of the Year, a husband-and-wife team, and a former Peace Corps volunteer who has worked with witch doctors in the Himalayas are among the new crop of students at the Health Sciences Center.

To their selected professions these students will bring everything from the manual dexterity of a woman dental student who likes to play piano and tinker with cars, to the empathy of a male nursing student partially paralyzed in a helicopter crash.

HSC News interviewed selected first-year students in the Schools of Medicine, Nursing and Dentistry about their backgrounds and their reasons for choosing the health professions. Here's what they had to say:

Wryly calling herself the "late bloomer" in a family of nurses, Mary Murphy finally secured her niche in nursing among the village people of Nepal. It was while helping them fight leprosy, tuberculosis, malnutrition and other maladies that she decided on a nursing career.

Ms. Murphy served in Nepal for two years as a Peace Corps volunteer, working in family planning and maternal-child health and supervising health aides. She returned to the United States to take pre-nursing courses. But an offer to work in a small health clinic in a remote area of the Himalayas lured her back to Nepal.

"We were five days' walk from a road and any other health service," she recalled. "So if there was a problem with a birth, or a need for stitches or any other operation, the people would come to the clinic and we would have to do what we could. We had no electricity or running water. With all these odds against us, we still were able to offer, I thought, some very fine health care."

Among the vast cultural differences she learned to adjust to were the witch doctors. "It was neat to see their way of looking at things too," she said. "We used to refer many of our patients with psychological problems to the witch doctors, because they were much more capable of handling things that had to do with their own culture."

Besides gaining a deep understanding of cultural differences, and the need to respect them in health care, Ms. Murphy learned the importance of preventive care.

The nursing student, who studied pre-med in college but planned to become an English teacher, hopes to combine health and teaching. Perhaps she will work in maternal-child

"A doctor has to be a researcher, a scientist, a humanitarian and a teacher, and all those aspects of being a physician really interest me."

health, teaching mothers the value of preventive care.

As she put it, "Nurses are really in a good position to teach."

Medical student John Hesla might say the same for physicians. "A doctor has to be a researcher, a scientist, a humanitarian and a teacher, and all those aspects of being a physician really interest me," he said. "That's why I decided to go to medical school."

A biochemistry graduate of Harvard, Mr. Hesla first became enticed by a medical career during a stint at the Oregon Regional Primate Research Center. On a science scholarship there the summer after he finished high school, he studied a colony of rhesus monkeys and developed an interest in reproductive physiology.

He opted for medicine rather than pure science because of a desire to work with people. For now, he's "kind of interested" in a career involving both classroom teaching and private practice.

For School of Dentistry freshman Sibyl Jarrett, dentistry has much more to offer than the vocation she once considered. A high school teacher squelched her idea of becoming an airline stewardess with the retort, "You don't want to be a flying waitress."

Explained Ms. Jarrett, "Dentistry is a very flexible profession. It's something I know I can enjoy, something I will be very proud of doing, something that is constantly going to



be challenging—but not to the point where it's going to overwhelm me."

She said a penchant for working with her fingers, revealed in her piano playing and car fixing, also led her to dentistry. "It's such a corny line," she said, smiling, "but how else can you say it?"

A chemistry major in college, she also tried her hand at bank work and real estate before applying to dental school. She's talked to women dentists and found "they have a full, satisfying life. It just seems that there's never a dull moment for them, and that's what I'm after."

Life has been anything but dull for Tom Norton, who would not let a near-fatal helicopter crash keep him out of nursing school.

His interest in a health career surfaced while he was piloting Med Evac helicopters in Vietnam. "In Vietnam I spent a lot of time in hospitals," he said. "I volunteered to help in the operating room, and I enjoyed surgery very much."

Although he went on to study pre-med in college, he later had second thoughts. Instead he went to work as a helicopter pilot in Alaska. But after rejecting that job as too isolated and dangerous, he was persuaded by friends at the Health Sciences Center to give nursing school a try.

"I thought, 'Yes, I could become a nurse anesthetist. That way I could still be in the operating room.'" He applied to nursing school and was scheduled to start in 1977.

But first he went back to Alaska for one more summer of chopper flying. Only a month before he was to come home to begin classes, he was in a helicopter crash that left his left side paralyzed from a stroke.

"Because of that, I couldn't start school then, which was very disappointing," he said. "My being paralyzed was sort of secondary. I was mostly happy to be alive, so I accepted the fact that I was paralyzed as one of the breaks. But I was really sorry that I couldn't

start school then because I was very excited about it."

During the next year he gained not only reacceptance to nursing school but a keener appreciation of the nurse's role.

"I feel I have very much more empathy," he reflected. "I spent about two months in hospitals, all the time knowing that I would go to nursing school eventually. So I paid a lot of attention to the type of nursing care I was receiving, and to what the good attributes would be if I were a nurse. I was excited about the insights that I was able to receive in a very special way because of the accident."

Through rehabilitation, Mr. Norton has regained some use of his left arm and leg, although the stroke's effects on his brain make studying a tough task. "But," he said with resolution, "I hope not to let that get in the way. I'll just have to work a lot harder than I probably would have had to work."

Stick-to-itiveness also has paid off for Mary McCarthy, who would be on her way to becoming a medical malpractice attorney if she hadn't finally won a place in medical school.

Armed with a master's degree in microbi-

"The few times that I was exposed to patients were the most enjoyable times of my work experience."

ology, Ms. McCarthy had worked a few years in medical research before deciding to pursue a medical degree. "I found in working with physicians that I was able to make decisions that were as good as or better than many of theirs. I felt it wasn't satisfying being a technician or being under those people. I just needed something more."

"And I really enjoyed working with patients more than I did being in the lab. The few times that I was exposed to patients were the most enjoyable times of my work experience."

But Ms. McCarthy's first bid for admission

In large photo above: Sibyl Jarrett works on an assignment in dental laboratory. In small photos, from left to right: Lynda Owen, John Hesla, Patricia Bergdahl, Richard Noel, Mary McCarthy, Jack Matteson. On opposite page, clockwise from top left: Mary Murphy concentrates during a discussion; Tom Norton listens to a nursing-home patient; Patrick and Sharyl Boyle study for an anatomy exam.

to medical school was, disappointingly, unsuccessful. Searching for an alternative career, she hit upon law, figuring her experience in medicine would help in medical malpractice law. Her try at law school was successful.

While attending law school in Portland, she worked for a legal firm that did defense work in medical malpractice. "I learned a lot—about medicine and law, together. It was a very rewarding experience."

She could have been happy as a lawyer, Ms. McCarthy said, but her true career choice became clear when she was accepted at law school. She left law school behind. And she feels the perspective she gained in the meantime made all the frustration worthwhile.

Richard Noel is another student whose professional life took quite a turn. After considerable soul searching, he decided to close the chapter on his ministry in the Seventh-Day Adventist Church and enter dental school.

For Mr. Noel, who comes from a family of medical professionals, the call to a health career was always strong. During college he was employed as an emergency room technician in a hospital. Even when he was working for a life insurance company during a leave of absence from the ministry, "I spent most of my time reading medical records," he said with a laugh.

The next five years of pastoral work found him taking time to help with medical affairs, as when he served on a health planning commission in West Virginia.

"When a person is in pastoral work, it's

nurture work. You're trying to help people grow and it's a very, very slow process," he said. "Whereas with dentistry, if someone comes in with a physical problem, you can take care of the problem because it's a rather mechanical function. So you have a sense of progress that's much more immediate. It's like

"I don't see a separation between body and mind as many people do, but rather I see them as very integrated."

the difference between psychiatry and surgery in that respect."

Still, Mr. Noel expects that his earlier calling will help him understand and motivate the patients who come to him.

Jack Matteson, a first-year medical student, recalled, "When I was young, there were two things I always wanted to be—a doctor or a minister." He is fulfilling both wishes.

A licensed minister in his denomination, Mr. Matteson said, "I see medicine as a natural extension of my ministry. I don't see a separation between body and mind as many people do, but rather I see them as very integrated."

After graduating from Northwest Christian College in Eugene, Mr. Matteson went to Madras to serve as a minister and got involved in the volunteer ambulance department.

Aboard the ambulances he met many patients whose illness, he felt, was rooted not so much in physical problems as in mental or spiritual problems. "Many times, a few minutes of counseling in those situations would

do as much good as an overnight observation in a hospital," he said.

He went on to study pre-med at Portland State University, meanwhile working with minority and disadvantaged people at a Portland church. After med school he hopes to become both an ordained minister and a family practitioner with special interest in emergency aspects of rural medicine.

"I see where more people who are really hurting internally—emotionally or mentally—will go to a doctor before they will go to a minister or other type of counselor," Mr. Matteson said. "I see (my involvement as a doctor) as getting closer to the front lines of where people really hurt inside. And that's where I want to be."

Lynda Owen has spent a good part of her life giving—caring for terminally ill patients, tutoring handicapped students, raising nine children—but she thought she was too old for giving nursing school a try.

At least, that's what a college counselor once told her. But a nursing student at HSC convinced her otherwise, and now she's doing "something I've always wanted to do" as a nursing student.

A former Mother of the Year at Portland Community College and now a grandmother, Mrs. Owen has gotten encouragement for her professional pursuits from her sizable family.

"It's a matter of sharing your life and your experience, whether through nursing or teaching or whatever you do."

An accident forced her out of LPN training 20 years ago and she has since found outlets for her humanitarian instincts as a social worker and volunteer.

"I tutored a deaf student last year in chemistry," she recalled, "and that was a lot of fun. We really gained something from it."

"I think it's the same with nursing. You give of yourself and not only do you learn, but it's an intrinsic thing. It is very rewarding. It's a matter of sharing your life and your experience, whether through nursing or teaching or whatever you do."

For Patricia Bergdahl, an interest in dentistry began in a California dental office and will continue in the outlying lands of Alaska.

She was a high-school student when her family's dentist casually introduced her to the profession. "I was just in there to get my wis-

dom teeth removed and he said, 'Well, how'd you like a job?' " She ended up being his full-time assistant for the summer and gaining plenty of professional know-how.

Before finishing a degree in biology at the University of Alaska, Ms. Bergdahl took three years off to decide whether dentistry was what she wanted. She tried working in a bank, doing secretarial chores, even driving a forklift. Dentistry won out.

Now, she looks forward to setting up clinics among the natives in outlying areas of Alaska, where the need for dental care is great and the opportunities for dentists are wide open.

"They are just really great people," she said of the Alaska natives. "I have observed a couple of times in a native health clinic in Fairbanks operated by the National Health Services."

"Working in a rural setting like that," she continued, "you would broaden your horizons, and build up your confidence in areas where you might not in a normal, private practice."

Enjoying an out-of-the-normal experience are Patrick and Sharyl Boyle, the husband-and-wife team of the first-year medical class. They announced their engagement the same time they announced their acceptance to medical school.

"We study very well together," Mrs. Boyle noted with a smile.

They've been together ever since they met as college freshmen in calculus class. She had been attracted to medicine by an old family friend who graduated from the U of O Medical School; Mr. Boyle's interest had taken shape in high school science classes.

With the same last name, naturally, the Boyles get to share the same carrel and are side by side constantly in classes. However, Mrs. Boyle will use her maiden name of Magnuson in her professional life.

"It would be nice if we could work together, at least in the same building," she said in looking to the future.

"It might be easier in some respects if we're separated during the day," mused her husband. "That way, we'll have different experiences to come back and tell each other about."

For now, Mrs. Boyle is contemplating ob/gyn or family practice, while Mr. Boyle is considering pediatrics.

"It's really uncertain at this point," he said, "because we have so much ahead of us, so many experiences to get through. We'll know better what we want in a few years."



Computer to usher in 'brave new world' for hospital

A "brave new world" in computer services is coming for University Hospital, according to Graham Pillow, assistant vice president for information systems at the Health Sciences Center.

After more than three years of planning and effort, the Center has won approval for purchase of an IBM computer that will streamline management of the hospital and of services to its patients. The computer will replace the now-outdated NCR Century 201 computer currently in use.

The new computer, said Mr. Pillow, will help achieve the five primary goals for University Hospital data processing activities: to enhance the quality and efficiency of patient care; to assist managers in performance of their responsibilities; to control costs of providing health care services; to enable the

hospital to meet the informational demands of the health care environment; and to increase revenue from patients.

Increasing the efficiency of information reporting and decreasing patients' waiting time are just two of the ways that the computer will help.

Mr. Pillow used an automotive analogy to explain the new computer's importance: "It's not like getting a new generator or a new battery or a new transmission. You're not getting just one part; you're getting a new vehicle which has a wide range of capabilities. And that's really what this computer is—a vehicle for supporting better patient management and better hospital management."

Scheduled to be installed next July in the Campus Services Building, the IBM 370/148 computer will operate in an on-line mode.

That is, remote terminals will be located in various areas of the hospital and clinics in direct communication with the computer.

Nurses, doctors, admitting clerks and other personnel will be able to input information about patients to the terminals. From this information the computer will produce billing forms, utilization reports, census reports and a variety of schedules.

The current computer set-up is much more time-consuming, according to Mr. Pillow, because hospital personnel must fill out often-repetitious forms which must then be converted into machine-readable format.

Of the new computer, Mr. Pillow said, "It will give University Hospital the capability to ensure that the patient and the services that he needs are coordinated so that everything is in the right place at the right time."

The computer will enable admitting and registration personnel to register all patients in an on-line mode and to monitor changes in their location in the hospital. It will speed up routine activities such as ordering medical records and notifying housekeeping of needed services.

With the expanded computer capabilities and upgraded patient accounting system, charges will be processed on a more timely basis, further reducing billing times and speeding up cash receipts. Complete automation of the insurance claims process on a uniform bill will result.

Financial systems will be in a much better position to meet the changing needs for data from the hospital, said Mr. Pillow.

Final approval for the new computer came Oct. 11 from the Oregon Legislature's Joint

Committee on Data Processing. HSC had launched the plan for obtaining the computer back in August 1975.

A part of that lengthy process was surveying teaching hospitals across the United States to learn about their computer systems and health care applications.

Said Ronald Schumacher, director of the HSC hospital information systems division: "The survey showed that the Health Sciences Center was well behind the rest of the nation in terms of data processing support being provided. It substantiated our suspicions that we were living in the Dark Ages."

To house the new computer, the former operating room on the fifth floor of the Campus Services Building will be remodeled. Work is expected to be done by mid-June.

"Our first major task will be to convert programs running on the NCR over to the IBM," said Mr. Schumacher. "Following that, we will begin implementation of the new health care applications."

Although the prelude to approval was arduous, Mr. Schumacher noted, "What lies ahead of us will be even more difficult—making sure the applications that are implemented satisfy the objectives in a workable environment for University Hospital staff."

It probably will be another five years before the new data processing system is fully operational, he said.

Mr. Pillow summarized, "We will soon have a resource that allows the development of new, imaginative and responsive systems. Then the burden will fall upon us to use that resource to the best advantage."

Medical graduate directs Office for Europe

Dr. Samuel Lin, a 1975 graduate of the UOHSC School of Medicine, has been named director of the Office for Europe in the Office for International Health, U.S. Public Health Service.

The Office for Europe oversees a broad spectrum of formal and informal health-related programs and activities with countries such as the USSR, Poland, Yugoslavia and Romania.

In his new position, Dr. Lin serves as the U.S. executive secretary of the U.S.-USSR Joint Health Cooperation Committee. The Health Cooperation is an agreement coordi-

nated by a joint committee from the two nations and involves cooperative research in oncology, heart disease, environmental health, arthritis, influenza and acute respiratory diseases.

Before his appointment, Dr. Lin served as chief of the Physician Recruitment, Retention and Support Branch of the Indian Health Service. He also has been clinical director of the Indian Health Service Health Center on the Colville Reservation in the state of Washington.

He was promoted to commander in the Public Health Service Commissioned Corps.

Vascular lab helps diagnose blood vessel obstructions

An instrument that bounces sound waves off blood moving through the body is aiding University Hospital physicians in the diagnosis of blood vessel obstructions.

The instrument, a Doppler ultrasound, plays a major role in the hospital's new non-invasive vascular laboratory, which began operation in October on the third floor of University Hospital North.

Dr. Gerald Baur, assistant professor of surgery, directs the new vascular laboratory.

Patients with peripheral vascular disease—primarily atherosclerosis and its complications—are tested in the laboratory. Tests aid vascular surgeons and other physicians in diagnosing vascular problems, monitoring the progress of disease, and following post-operative patients to learn whether blood flow to the affected limb has been improved by surgery.

Among the tests performed in the laboratory are the following:

Peripheral arterial examination. Physicians test for arterial obstructions in patients' arms and legs using the Doppler ultrasound instrument. By taking sequential blood pressures along a limb, they can learn how well the blood vessels are carrying blood. In addition, the functional significance of the disease is determined by treadmill walking.

Cerebrovascular examination. Patients

suspected of having significant carotid artery disease are tested by four methods: Directional Doppler and photoplethysmography both chart collateral circulation to the brain; oculoplethysmography compares the two carotid arteries for evidence of stenosis; and carotid phonoangiography locates the source of bruit (murmur) in the neck which may indicate significant blockage of the blood vessels supplying the brain.

Peripheral venous examination. This test aids in the diagnosis of blood clots in the venous system in the legs. Physicians compress certain areas in the limb while taking measurements with the Doppler ultrasound instrument. Part of this examination involves venous occlusion plethysmography, a method of measuring blood flow out of the leg.

According to Dr. Baur, examinations in the new laboratory will not supplant arteriography (X-rays of the arteries following injection of dye). Instead, the tests will serve as a sophisticated supplement to arteriography and as a screening procedure to determine which patients need more complicated "invasive" tests.

The Doppler ultrasound tests are non-invasive and relatively inexpensive. Each test takes only about 30 minutes and is "as painless as taking a blood pressure," Dr. Baur

explained.

The laboratory, in UHN Room 3306, is open five days a week. Questions or appointments may be directed to Dr. Baur or Karen Holmgren at Ext. 7848.

Karen Holmgren, vascular lab technician, does a carotid phonoangiography examination of a patient. The test locates the source of bruit (murmur) in the neck which may indicate significant blockage of blood vessels supplying the brain.



Urodynamics lab offers services

A complete urodynamics laboratory, one of the first on the West Coast, has begun operation at the Health Sciences Center.

The division of urology's new laboratory offers its services to HSC physicians as well as to urologists in the community on a fee-for-service basis. After undergoing testing in the urodynamics lab, the patient returns to his own urologist, and an explanation of findings is forwarded.

Under the direction of Dr. John Barry, associate professor of urology, and Dr. Eugene Fuchs, assistant professor of urology, the following tests are offered in the new laboratory:

Urinary flow rates. A new uroflometer determines how fast the patient can empty his bladder. The test identifies patients with obstructions to the bladder such as an enlarged prostate or stricture.

"Any physician can order a urinary flow rate to screen for difficulties with urination as simply as he orders a routine blood test in the hospital," said Dr. Barry.

Cystometrograms. A cystometer which fills the bladder with water measures the bladder muscles' response to filling. The test is of value for patients with nerve damage to the bladder.

Pelvic electromyography. An electrode allows measurement of muscles that control urination. The examination is of value in patients with low flow rates or those who suffer from urinary incontinence.

Urethral pressure profiles. A profilometer aids in diagnosis of incontinence problems.

According to Dr. Barry, the new instruments not only allow greater sophistication in diagnosis, but also have the potential of saving the patient the expense of a complete urological evaluation.

For example, if a patient fears he may not be urinating properly, his physician may have his urinary flow rate tested. If the uroflometer determines a normal flow rate, the patient need not undergo a complete urological consultation. The flow rate test costs one-fifth as much as a complete consultation.

Another advantage of the new equipment is that it allows physicians (by using three of the above tests simultaneously) to make an accurate diagnosis of incoordination between the bladder muscles and sphincter muscle. In the past, diagnosis of this problem was largely a matter of educated guesswork, explained Drs. Barry and Fuchs.

The new urodynamics laboratory, which opened in September, is located on the fourth floor of the Outpatient Clinic, next to the urology clinic.



Ten tons of apples were sold out in 45 minutes at the Crippled Children's Division, raising \$1,613 to benefit CCD. The fruits were hauled in Dec. 12 by "Grandpa Lee" Canady and friends. Grandpa Lee, beloved benefactor of CCD, is pictured with Mary Louise Baker, administrative assistant to CCD director Dr. Victor Menashe. Mr. Canady drives a forklift and takes care of fruit bins at the Duckwall Pooley Fruit Co. at Odell in the orchards of Hood River Valley. The apple sale has become an annual event.

Newsmakers

Former U.S. Rep. Edith Green, a member of the HSC Advisory Council, recently was selected for two major awards. She was named Portland's 1978 First Citizen by the Portland Board of Realtors and received the 1978 Tom McCall Award from the Oregon Association of Broadcasters.

Dr. Carol Lindeman, dean of the School of Nursing, is one of 100 young leaders in higher education recognized in the October issue of *Change* magazine. Those selected were singled out "not just because . . . they are the curators of tomorrow, but because they have already defied major obstacles to achievement," noted the higher-education magazine.

Dr. Victor Menashe, professor and director of the Crippled Children's Division, has been named president-elect of the American Association of University Affiliated Programs for the developmentally disabled. He will assume the presidency next October.

Two honors have gone to Dr. Clare Peterson, professor and chief of surgery service at University Hospital South. He has been appointed to the Board of Governors of the American College of Surgeons and elected as a council member of the Pacific Coast Surgical Association.

Dr. Robert Blakeley, professor and director of speech pathology and audiology, has been appointed to the Professional Services Board of the American Speech and Hearing Association. The board's responsibility is to determine the qualifications of speech and hearing clinical programs throughout the United States that apply for accreditation and to make appropriate recommendations to the American Board of Examiners in Speech Pathology and Audiology.

Oregon's public health officer for the past 11 years, Dr. Edward Press, retired Dec. 31. He is a clinical professor of pediatrics and of public health and preventive medicine in the School of Medicine. Dr. Press has been honored for his leadership in developing the concept of poison control centers.

"Pharmacology for the Dental Hygienist" is the title of a new textbook written by Dr. Frederick Cowan, chairman of the School of

Dentistry department of pharmacology. Published by Lea & Febiger of Philadelphia, the book is used in dental and dental hygiene courses at HSC.

A 1949 graduate of the School of Dentistry, Dr. Ewing M. Johnson of Spokane, has been installed as president of the Washington State Dental Association. Dr. A. Lynn Ryan of Vancouver, '52, is the immediate past president. Dr. J. Harvey Losh of Seattle, a 1942 graduate, has been named by the association as a delegate to the American Dental Association.

Serving as special consultant to Dr. Leonard Laster, HSC president, is Dr. Richard T. Jones. Dr. Jones, professor and chairman of the School of Medicine department of biochemistry, was acting president of the Center before Dr. Laster took office Sept. 1.



Veterans Hospital marks 50 years

With a two-day celebration, the Portland Veterans Administration Hospital marked half a century of service on Marquam Hill.

About 1,000 people turned out for the 50th anniversary open house Dec. 1 which featured tours, films and special exhibits. An anniversary banquet was held Nov. 30 at the Portland Hilton Hotel, with Dr. John D. Chase of Seattle, former VA chief medical director, as speaker.

"We couldn't have done it without the close cooperation of the University," Bruce Binder, administrative assistant to the VA Hospital chief of staff, said of the open house. "A number of the exhibits were ones that the University people as well as our people helped put together."

The affiliation between the VA Hospital and the Health Sciences Center reaches back to more than 50 years ago when medical school regents donated 25 acres of land to the federal government for a veterans hospital. The first three patients were admitted to the new hospital Dec. 19, 1928.

Dr. Paul Schick, chief of staff at the Veterans Hospital, talks about an exhibit during the 50th anniversary open house. In the foreground is respiratory equipment.



Lions and HSC unite to aid deaf

Lions International, long known for its service to the blind, has extended another helping hand to the hearing impaired. And the Health Sciences Center is involved.

The School of Medicine department of otolaryngology and maxillofacial surgery has entered into a cooperative relationship with the Oregon State Lions Sight and Hearing Foundation.

According to Dr. David DeWeese, department chairman, "The Lions will select needy patients who have hearing or ear problems and will partially or completely finance their

A small boy with bilateral chronic serous otitis media, or fluid behind the eardrum, was referred to HSC by the Lions. Here, Dr. Lynn Martin, otolaryngology resident, performs bilateral myringotomies with polyethylene tube placement. This operation involves creation of a small hole in the eardrum, removal of the fluid, and placement of a small tube in the hole. This replaces the function of the eustachian tube, allowing air to enter behind the eardrum.

care here, be it surgical or otherwise." Hearing-impaired persons from all over the state are expected to be referred to the Health Sciences Center.

Linking the Lions with the Health Sciences Center has been Herbert Matta of Forest Grove, chairman of the hearing portion of the state Lions Sight and Hearing Foundation. Mr. Matta had served for several years on the board of directors at the Portland Center for Hearing and Speech, located on the HSC campus, and encouraged his Portland Benthon Lions Club to help there. Meanwhile he became acquainted with Dr. DeWeese and the department of otolaryngology.

"I feel certain he knew the quality of care that patients get here," said Dr. DeWeese.

So far, as the new program gets started, the Lions have referred two hearing-impaired children to HSC.

Said Mr. Matta, "The hardest part of the entire program is just to make (hearing-impaired) people aware that there is something that can be done for them, even if they don't have the money to go to a doctor. Any Lion can be contacted."

With a special van, Oregon Lions provide free hearing tests for elderly people and others around the state. They also purchase hearing aids for those who can't afford them.

Dr. DeWeese said he's enthusiastic about the Lions' interest in helping the hearing impaired. Until now, he said, "there hasn't been any national service organization that has really adopted hearing as one of its primary programs."



Libraries dedicated to dedicated faculty

Three former faculty of the School of Medicine will be remembered in a special way, through libraries dedicated in their honor.

Dedicated this past term at the Health Sciences Center were the Frederick P. Haugen Library of Anesthesiology, the Paul Hubbard Blachly Study Center in the department of psychiatry, and the Lyle B. Kingery Dermatology Library.

Dr. Frederick Haugen served as chairman

of the division of anesthesiology from 1948 to 1970. Now a resident of Sun City, Ariz., he mingled with old friends and associates at the reception and dedication Dec. 8.

The late Dr. Paul Blachly, professor of psychiatry, was "an innovative scientist, a crusading researcher, an outstanding clinician, a provocative author, and particularly, a creative educator," in the words of Dr. James Shore, chairman of the department of psychiatry. Dr. Blachly died in a canoeing

accident July 3, 1977. His library, which features video and audio equipment, was dedicated Dec. 6.

Founder of the division of dermatology, the late Dr. Lyle Kingery served as its chairman from 1929 to 1952. Among those attending the library dedication last September were his widow, Marion, and son Dr. F. A. J. Kingery, who has followed in his father's footsteps—as a Portland dermatologist and member of the dermatology department's clinical faculty.



It was both a family affair and a holiday affair when HSC president Dr. Leonard Laster and his wife, Ruth Ann, hosted the first All-Hill Children's Holiday Party. Here, Dr. Laster (right) greets 11-month-old Kerry Anne McCarthy, who was enjoying the festivities with her dad, Dr. Joe McCarthy, assistant professor of family practice, and her mom, Carolyn. The Dec. 18 event at the Child Development and Rehabilitation Center was for children of HSC employees and students.

HSC travelers return with new impressions of Russia

In the Soviet Union, a typical physician earns much less than the woman who sweeps the city streets with a straw broom.

But even though the pay would never lure an American M.D. into defecting, doctors and others who went on a UOHSC-affiliated tour of Russia are talking about going back. The Dec. 5-13 trip, sponsored by the School of Medicine Alumni Association, drew about 130 faculty, alumni and friends of the Health Sciences Center.

"I think we really have a false impression about the Russian culture and society. It's not as restrictive or backward as we think it is," commented Carol Bosanko, a medical technologist at the Portland Veterans Administration Hospital.

She admitted that it was "kind of weird," though, to walk into a hotel room and hear music piped in by the State—"all this very

soothing Orwellian 1984 music to calm the masses."

Dr. Michael Miller, UOHSC professor of pediatrics, consultant in the division of infectious diseases and an assistant dean in the School of Medicine, agrees that Americans have misconceptions about life behind the Iron Curtain. "Our impression is of an austere, militant, communistic people, but that's the government; it doesn't necessarily reflect the way the people think or feel." He noted, "The Soviet people themselves probably have no idea what their government is doing."

For all appearances, the Russians aren't especially friendly. "But on the other hand, when you stop and talk with them, they are very congenial, and really delightful people," Dr. Miller said.

He recalled the snowy evening in Lenin-

grad when two Russian youths helped his group find their way through a grocery store, then invited the tourists to join them for some wine in the park. The youths couldn't speak English; hand signals worked just fine.

To Dr. Richard Hodgson, a Portland otolaryngologist and 1956 graduate of the School of Medicine, it was striking to see neither rich nor poor. "Everybody's working—that's one of the things that sticks in my mind. Everybody's doing something. You don't see bums lying around on Third and Burnside with a wine bottle in their hands like we have."

And crime seemed to be no problem—maybe because police officers and military

men were almost as apparent as the ubiquitous fur hats.

Also impressive were the museums and palaces. Many of the historic churches, with their gleaming gold domes, have been transformed into museums. The Armory in the Kremlin and some of the churches contain treasures of the czarist nobility.

Noted Dr. Miller, "You can understand why the common people in Russia revolted when you see the massive fortune accumulated by the czars, and then hear of the poverty of the rest of the people outside the nobility. The czars' treasury was just astounding."

Besides the Kremlin, St. Basil's Cathedral, the Hermitage and other Russian landmarks, much of the group visited Russian health care facilities. A pediatric polyclinic in Moscow and an adult polyclinic in Leningrad were open for the Americans' viewing.

"The medical facilities were backward, not up to par with what we would consider adequate facilities," said Ms. Bosanko. "But they were still willing to show us anything we wanted to see."

Dr. Miller observed, "Their delivery of health care is similar to some of the prepaid medical plans here in the United States. The volume of patients is tremendous." During a four-hour shift at a polyclinic, a doctor sees about 40 patients.

Ms. Bosanko was surprised by the Russian doctors' apparent lack of knowledge about some aspects of medicine. "We asked them about their clinical lab facilities and the only thing they could talk about was blood transfusions. . . . We were talking about strep infections and antibiotics and they just didn't seem to have any comprehension of what streptococcus was." Instead of antibiotics, they prefer to use mustard plasters.

Despite their medical shortcomings, Ms. Bosanko noted, the Russians obviously care deeply about the health of their children. Dr. Miller was impressed by the Russians' rehabilitation programs. (Dr. Ronald Fraback of Portland, a 1969 graduate of the School of Medicine, briefly visited the Polenov Neurologic Institute in Leningrad where an American quadriplegic was being treated.)

Back in the United States, the UOHSC School of Medicine Alumni Association already is planning another trip to Russia next fall.

For those who expect to go, Dr. Hodgson would recommend taking along lots of chewing gum because it's great for dickering. "We traded four packs of chewing gum for the belt and buckle off a Russian soldier who was a guard in front of the hotel," he said, chuckling. "And two packs of gum got us the emblem off his fur hat."

The blue-jeans trade, unfortunately, is verboten. "Every place you went you'd have kids coming up to you and asking you for blue jeans," Dr. Hodgson said. "One kid offered a girl who was with us a hundred rubles for her jeans, which is \$150. Can you imagine that?"

"Practitioners: Interface with Education" was the topic of Nursing Role Realignment V, a conference in Portland co-sponsored by the UOHSC School of Nursing and HEW. Among those from HSC attending the event Nov. 30 and Dec. 1 was Bernice Jones, chairman of parent-child nursing, shown fourth from right at a "strategy session."



Auditorium seats may pull through

The seats in the HSC library auditorium are in critical condition.

But there is hope: The torn and tattered chairs can be beautifully refurbished, if enough people help out.

Concerned about the sad shape of the auditorium seats, the School of Medicine Alumni Association is conducting a drive to raise money for brightly refurbished chairs. Over \$5,000 already has been donated.

Each seat can be renovated for \$100, which includes a nameplate that will forever announce the donor's commitment to comfort.

Funding for new seats is low on the institutional priority list, as educational and clinical needs must come first, according to Dr. J. Gordon Grout, president of the alumni association. So the association undertook the fund-raising effort at its annual meeting last April.

A check for \$100 will purchase a refurbished seat with the donor's name on it. Any interested persons may send donations, which are tax deductible, to the Alumni Office, School of Medicine, University of Oregon Health Sciences Center, Portland, Ore. 97201.



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