



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.

New medical dean brings optimism, encouragement

In announcing the appointment of Dr. Ransom James Arthur as dean of the School of Medicine, UOHSC president Dr. Leonard Laster said:

"I am very grateful to the members of the search committee for an effort characterized by unrelenting dedication to high standards

and by exceptional devotion to a critical task. Their work culminated in the happy convergence of a proud and outstanding School and an able and distinguished educator. I believe that the School of Medicine and Dr. Arthur were destined for each other.

"I am especially pleased that Dr. M. Roberts Grover and I can turn the School over to Dr. Arthur with a recommendation in process from an ad hoc survey team from the Liaison Committee on Medical Education that the School of Medicine be accorded a full accreditation. Starting in July, the institution and its new dean can move upward together toward a high plateau of accomplishment and scholarship.

"Having completed its team of academic leaders, the University can now turn its attention to needs in other areas. There are challenging and exciting days ahead for the University of Oregon Health Sciences Center. I am delighted to welcome Dr. Arthur aboard and I invite other supporters and well-wishers in Oregon to sign on now for our voyage into excellence."

Optimism, long-cultivated patience, a desire to encourage others, and an enthusiasm for excellence are a few of the qualities of Dr. Ransom James Arthur, new dean of the UOHSC School of Medicine.

Dr. Arthur, associate dean for curricular and student affairs in the School of Medicine, University of California at Los Angeles

(UCLA), will assume his new post July 1. He has spent more than 25 years in medical education.

Announced Feb. 1 by Dr. Leonard Laster, HSC president, the appointment brought to a close a nationwide search that began with 130 nominations.

In addition to his duties as associate dean at UCLA, Dr. Arthur directs and serves as chief of staff for the UCLA Neuropsychiatric Institute Hospital and Clinics. He also is executive vice chairman and professor in the department of psychiatry.

"What's being done is excellent, but there should be strong encouragement for the faculty and students to undertake research projects."

The new dean, who was graduated cum laude from Harvard Medical School in 1951, is nationally recognized for his research. He received two Legion of Merit honors for exceptional service in research and administration for his role in establishing and directing the U.S. Navy Medical Neuropsychiatric Research Unit in San Diego from 1963 to 1974.

His studies have included epidemiology, stress and illness, military medicine, psychophysiology, and medical education.

Dr. Arthur shared some of his observations of the present and hopes for the future in a telephone interview with HSC News.

"I was impressed by the very high quality of the faculty and students whom I met," he

said of the School of Medicine. "The faculty seemed to be particularly dedicated, hard-working and interested in the welfare of the School, more so than in many other schools I have visited. I thought the students were an exceptional group — very bright, energetic, appealing young people."

Also attracting him to the HSC School of Medicine was the fact that it's "a school of just the right size to allow good personal relationships and a chance to make significant contributions." Too, he said, the HSC is a free-standing institution located in an historic city.

Speaking about the School's mission, Dr. Arthur said: "As a state institution, the School of Medicine has to serve the ultimate purpose of the people of the state of Oregon. It can best do that by providing splendid education for the Oregon students who are the future physicians of the state; by providing exemplary patient care for Oregonians; and by being creative in developing new knowledge and new techniques for helping people in the treatment and prevention of illness."

He said he hopes to bring "a respect for scholarship, for excellent clinical practice, and for a sense of the humane in medicine."

The School's strongest points are its educational programs, both undergraduate and graduate, and its "superb patient care," he said. But he added that there's an area where the School should build its strength.

"I really do feel that research efforts should be expanded somewhat," Dr. Arthur said. "What's being done is excellent, but there should be strong encouragement for the faculty and students to undertake research projects. I certainly would hope to provide small amounts of seed money so that eager people can get started and subsequently compete successfully for research grants.

"I don't mean to say for a moment that research should in any way detract from either the clinical or educational programs. It enhances them. It's a matter of balance between the three academic missions. Medical schools must do all three well.

"Quality in everything undertaken is essential," he said.

Dr. Arthur, 53, will be the seventh dean to head the School of Medicine during its 92-year history. He replaces Dr. Robert S. Stone, who resigned last summer to become dean of the new College of Medicine at Texas A & M University. Dr. M. Roberts Grover has been serving as acting dean.

A 1947 graduate of the University of California at Berkeley, Dr. Arthur interned at Massachusetts General Hospital in Boston
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DR. RANSOM J. ARTHUR
new dean, School of Medicine



Movie cameras focused in on the Health Sciences Center as Time-Life Television Productions, Inc., came to campus Feb. 28. They were filming scenes for a two-hour CBS television documentary based on Laurel Lee's hospital journal, "Walking through the Fire," which she wrote about her experiences as a University Hospital patient being treated for Hodgkin's disease. Crew and actors are shown preparing for a scene at the newborn nursery in University Hospital North. Air time for the movie will be announced later.

Pedodontist teaches youngsters through their teachers

Teaching teachers how to teach dental health is how Dr. Allan Pike spends his Tuesday nights.

An alumnus and clinical faculty member of the HSC School of Dentistry, the Portland pedodontist has his pupils doing everything from discussing fluoridation to drilling a genuine tooth. The students in the Portland State University class are elementary- and secondary-school teachers.

Goal of the winter-term course, sponsored by the Multnomah County Dental Association, is to promote better dental health and a better understanding of dentistry in general. Teachers can share their newfound knowledge of dental care with the youngsters in their own classrooms.

"If dentists were to try to go to each student themselves, we would never be able to reach everyone. So we try to reach the teachers, who in turn can relate the knowledge to the students," Dr. Pike explained.

"The teaching method used is called modeling," he continued. "I give the teachers material in much the same way that I'd like them to present it in the classroom. The only thing that will change is that the teacher will gear it down to the appropriate grade level."

Now in his fifth year of teaching the class, Dr. Pike said the emphasis is on prevention of dental disease. Subjects include epidemiology of dental disease; plaque; plaque removal; nutrition; fluoride; emergencies and oral pathology; specialties in dentistry, and careers in dentistry. Also featured is a tour of a dental office with detailed explanation of equipment and materials.

How to motivate children is another topic, and Dr. Pike teaches it by getting the teachers themselves motivated.

"In order to effect a behavioral change, a person has to be motivated from within," he said. "You cannot tell a child to floss every day and expect him to carry it out for any length of time."

"In this class, the teachers take a very close look at their own mouths and they see the effects of dental disease in their own mouths. Furthermore, they see the effects of flossing and brushing on their own gum tissue over a period of a few weeks."

"When a person can do something for himself to effect a change he can see in the health of his gums, then he'll be motivated to continue flossing. We ask the teachers to do the same things in their classrooms."

Helping Dr. Pike make his healthful point

are visual aids, films and printed material from the American Dental Association, as well as guest speakers.

A highlight of the course is a tour of Dr. Pike's own dental office. Under close supervision, each student gets to try his hand at preparing, filling and x-raying an extracted tooth.

"I want to get the teacher personally involved," the dentist summarized. "If the teacher is personally involved, then he will be enthusiastic about teaching the prevention of dental disease."

At the start of the course, Dr. Pike takes time to facilitate dialogue among the class members. "By doing that early in the class, it makes for a much more interesting and effective class later," he said. "We're very careful to keep things on a personal level, and yet not an embarrassing level."

For instance, when he shows students the dental plaque that has been removed from their mouths, he puts everybody's plaque on the same slide—"so nobody knows whose bugs we're looking at."

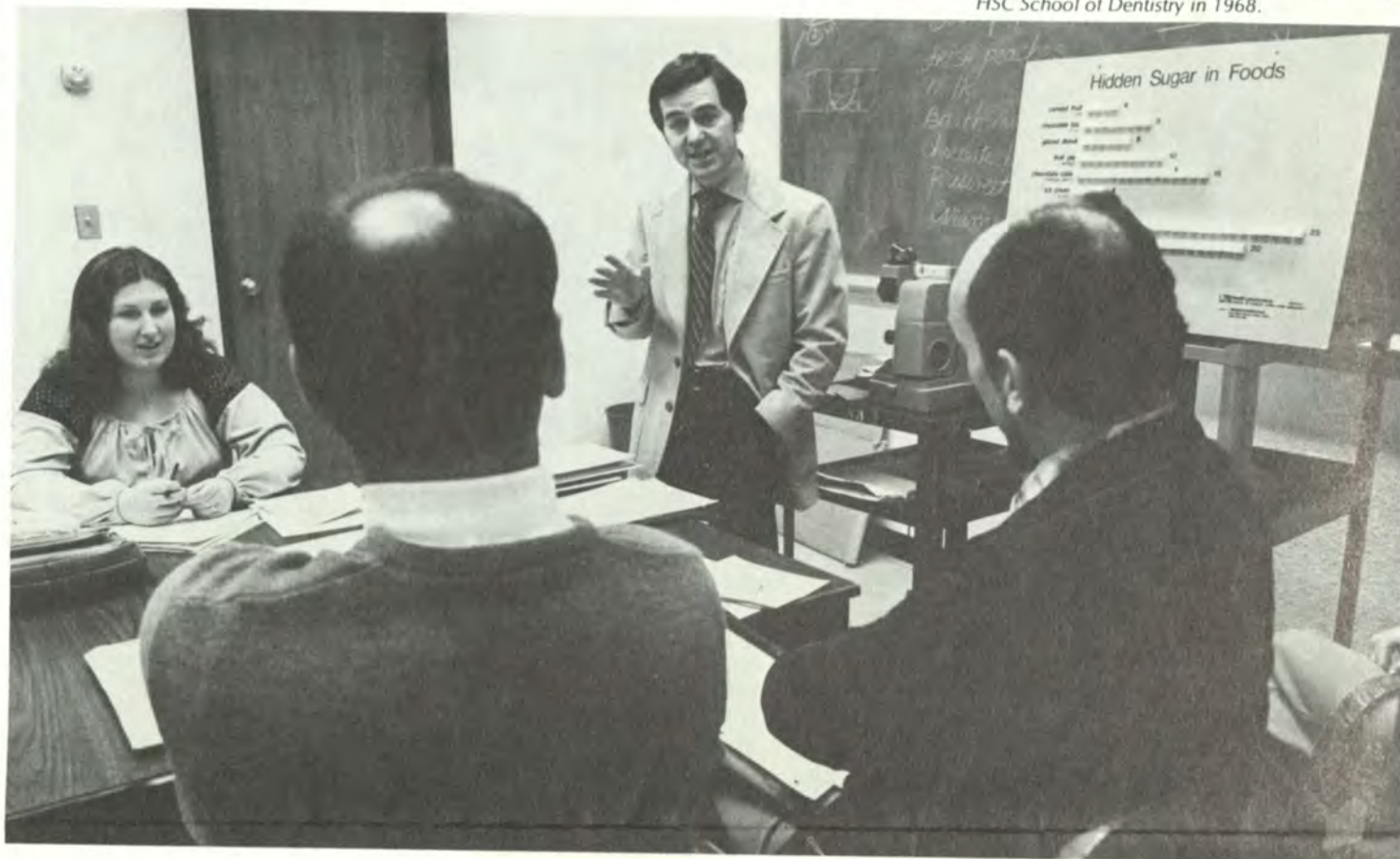
One thing Dr. Pike has learned is that schoolteachers really don't know any more about dentistry than the average person. He hopes that eventually, dental education will become part of the curriculum required for teacher certification.

The part-time prof said he is trying to "plant the seed." Pleased that a former student launched a dental health class for fellow

teachers in her own school, he's encouraging his students to act as dental coordinators in their respective schools.

"I think it's a lot of fun," Dr. Pike said of his course, "because these people really are interested in learning. They have no more than a layman's knowledge of dentistry and yet they're in a position where they can influence an awful lot of kids. I think it's important that they have more knowledge of dental care than the guy next door."

Nutrition is the topic of this class session as Dr. Pike shares his knowledge with Portland-area teachers. The pedodontist earned a master's degree from the HSC School of Dentistry in 1968.



Med tech grads find success in job search

You'll find the HSC's medical technology graduates in laboratories instead of unemployment lines.

As of Dec. 1, according to an HSC survey, 41 of the 49 graduates in the 1978 med tech class had landed jobs in their field. Six were still negotiating a job as a med tech, and one was foregoing employment to work on a thesis.

"It would appear that the jobs are available. And the time span between certification by our program and the time that they obtain a job certainly was shorter this year," said Dick Waldo, administrative assistant for educational programs in the School of Medicine department of clinical pathology.

Every year, the clinical pathology department surveys its new medical technology graduates about their success in job hunting. The results complement another survey, done every two years, that asks the more than 200 licensed clinical labs in the state to predict their manpower needs in medical technology.

The surveys help to show whether the Health Sciences Center is supplying enough medical technologists to fulfill the state's needs—and whether there are enough jobs to go around for the graduates.

"The prediction of manpower needs is extremely difficult," said Dr. Margaret Berroth, director of the medical technology program. "We don't want to not train enough, but we also don't want to flood the market."

She continued, "I think we're meeting the needs. I'm very pleased with how things are going. I have been monitoring it very carefully, and I don't think we have to make any changes. At least for the time being."

With every member of the class responding, the graduate survey showed that 38 of the 49 who received certificates last August had secured or were seeking positions in Oregon.

Over half those positions were in Portland and the greater metropolitan area. Others had obtained a job in Washington, California, New Mexico, Michigan, Florida and Maryland (Johns Hopkins University).

Twelve respondents said that the job was in a city of under 50,000 population; two, 50,000 to 100,000; three, 100,000 to 250,000; 22, 250,000 to 500,000; and one, over 500,000. Although most were choosing hospitals, five said they were working or seeking work in a private laboratory and two in a clinic serving several doctors.

"The situation was very tight the last three years, and this fall was the first time the students had relatively little trouble," Dr. Berroth said of the graduates' job search. She believes modern medicine's increasing dependency on lab work is increasing the number of job openings for med techs.

Dr. Berroth noted, "My own feeling is that the best medical technologists are needed in the rural areas." Rural med techs must rate high in scientific knowledge, judgment, initiative and adaptability, she said—performing a wider variety of lab tasks than their urban counterparts, yet with less supervision.

Being more intimately involved in the diagnosis and treatment of a patient is a "very exciting" benefit of working in rural areas, she added.

"We try to train for both the manual, less automated procedures that are needed in the rural areas as well as the highly sophisticated instrumentation and procedures of urban areas so the graduates can work in both settings," Dr. Berroth said.

Based on a 1977 survey of Oregon's licensed clinical labs, the clinical pathology department had estimated the state's need for medical technologists at 71 (openings) in 1978. Oregon's three med tech programs turn out a maximum of 72 to 78 medical



Mary Beach, a member of the 1978 medical technology graduating class, landed a job in the HSC histocompatibility lab, a division of the renal transplant program, division of urology. She is shown drawing up lymphocytes into a Hamilton syringe in preparation for loading them into a tray for tissue typing.

technologists a year, said Dr. Berroth.

"Another survey of licensed laboratories will be done in March," she noted, "to predict Oregon's need and to help us direct students to those areas."

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'Blue babies' now in the pink, thanks to HSC efforts

Christopher is a healthy, handsome baby with alert blue eyes and all the charm of any active 10-month-old.

Last summer, things were different. Christopher was suffering from crying spells when he would turn blue and pass out.

A cardiac catheterization at University Hospital revealed the reason: The infant had tetralogy of Fallot, a congenital heart defect commonly known as one of the "blue baby" syndromes.

It used to be that children with this condition would die in infancy or early childhood. Few survived past their teen years, and those who did were weak and sickly.

But Christopher, like scores of other Oregon youngsters, can look forward to a normal

life, thanks to the work of the Health Sciences Center's pediatric cardiology and cardiac surgery groups.

"The last 10 years have seen major advances in the correction of all types of congenital heart defects, but this is the most exciting because tetralogy is among the most common of heart defects."

The groups were pioneers in promoting total correction of tetralogy of Fallot in infancy. Christopher underwent the procedure at 4 months of age.

"This institution was instrumental in de-

veloping the concept of and the techniques for total correction in infancy, which subsequently has become the standard treatment for tetralogy," said Dr. Albert Starr, chief of the division of cardiopulmonary surgery.

The HSC is one of the few health centers in the country with a policy of performing total correction of tetralogy during the first two years of life. Most institutions prefer to wait until the child is 5 or 6 years old, although more and more are following the HSC's lead.

According to Dr. Cecille Sunderland, associate professor of pediatrics and member of the HSC pediatric cardiology group: "Whereas previously it was thought that it was not possible to accomplish successful total correction in infancy, we have now found that not only is it possible, but the child who undergoes total correction in infancy does much better than the child who undergoes it later in life."

The word "exciting" pops up often when Dr. Sunderland speaks about the HSC's ongoing work in tetralogy research, diagnosis and treatment.

"The last 10 years have seen major advances in the correction of all types of congenital heart defects," she said, "but this is the most exciting because tetralogy is among the most common of heart defects. Having an operative approach, particularly in early infancy, has been very exciting."

Tetralogy of Fallot is characterized by a large hole in the wall (septum) between the heart's two main pumping chambers (ventricles), by an obstruction in the right ventricle, and by marked thickening of the right ventricular wall. The right ventricle receives deoxygenated blood from the body's tissues and pumps it to the lungs. But in tetralogy of Fallot, a lump of muscle in the right ventricle obstructs the flow of blood to the lungs.

The lungs are where blood picks up oxygen and turns red. Because a child with tetralogy of Fallot has too little blood flowing through the lungs, and because some of the deoxygenated blood from his body bypasses the lungs, going through the hole in the septum into the aorta, his skin, lips and nails take on a bluish discoloration. Thus the term "blue baby."

About 30 years ago, Dr. Sunderland said, a life-saving, temporary operation to shunt blood through the lungs was introduced. It could buy a few more years for the child but he still would be blue, retarded in growth, and limited in activity.

"Then, in the 1950s, it became possible to do a total correction," Dr. Sunderland said,

"but until recently complete correction was done only on older children." By that age, the physical and psychological damage often was done.

It was in 1964 that Dr. Starr, encouraged by the pediatric cardiology group, performed the HSC's first total correction operation on an infant. That little girl is now 15 years old and "completely normal," Dr. Sunderland noted with pride.

"In the last 12 years our congenital heart clinics (sponsored by the Crippled Children's Division and the pediatric outpatient clinic) have seen over one hundred infants within the first year of life with tetralogy," she said. "Of these, 47 have undergone primary total correction in the first year of life, and 27 have undergone primary total correction in the second year."

In the total correction procedure, a patch made of Teflon felt is sewn into the hole in the septum. The obstruction to the pulmonary blood flow is relieved by cutting away the lump of muscle that blocks the area; often a patch or gusset is stitched in for further widening of the right ventricular outflow.

Children who undergo total correction in infancy have a chance to lead a healthy life from infancy on.

The tiny patient may be discharged as early as one week after surgery.

Sometimes, total correction must be postponed because the infant's arteries to the lungs are too small. In that case a shunt procedure is done first and total correction later.

Through post-operative cardiac catheterization, HSC pediatric cardiologists have done hemodynamics studies (which analyze circulation of the blood) on the infants. These studies have shown that children who undergo total correction in infancy fare much better than those who have the operation later in life, said Dr. Sunderland. They have a chance to lead a healthy life from infancy on.

Making up the pediatric cardiology group are Dr. Sunderland; Dr. Michael Nichols, assistant professor of pediatrics; Dr. Martin Lees, professor of pediatrics, and Dr. Victor Menashe, director of the CCD. The group's mission is to refer and follow patients and to do diagnostic and clinical studies.

They work closely with Dr. Starr and his team of surgeons. Dr. John Bussman, Portland cardiologist and clinical professor of pediatrics, is a long-term participant at the CCD cardiology clinics.

"We're very proud of our approach," summed up Dr. Sunderland, "and of our surgical team. But most important, we're proud of the high level of awareness of congenital heart disease shown by the practicing physicians in Oregon who refer patients with congenital heart disease early."



Dr. Sunderland holds a contented Christopher Hermanson, who already has undergone total correction for tetralogy of Fallot. His pediatrician is Dr. Robert Mendelson, HSC clinical faculty member.

Echocardiograms, exercise studies aid pediatric cardiologists

Echocardiograms and exercise studies are vital tools in the HSC pediatric cardiology group's research into tetralogy of Fallot.

With grants from the March of Dimes, Oregon Heart Association and Doernbecher Guild, Dr. Cecille Sunderland is doing clinical research on echocardiography as a non-invasive technique of studying the tetralogy patient's heart.

Meanwhile, with a grant from the National Institutes of Health, Dr. Martin Lees is conducting post-operative exercise tests on tetralogy patients. The aim is to determine how children who have undergone total correction in infancy compare with those who have had total correction later in life.

Dr. Sunderland is exploring the feasibility of echocardiography as an alternative to cardiac catheterization, an invasive technique that helps doctors diagnose tetralogy and, after surgery, helps them follow the resulting improvements in circulation.

Both cardiac catheterization and echocardiography allow physicians to detect cardiac abnormalities and to observe the workings of the heart.

"Echocardiography has become actively used during the last five years and is being increasingly applied to all types of heart disease, congenital and acquired," said Dr. Sunderland.

An echocardiogram is a chart-like picture of the moving structures in the heart that is obtained with high-frequency ultrasound. The ultrasound is sent into the heart and then reflected back from the moving structures to a transducer, which converts the sound reflections to a picture.

Echocardiography is completely harmless and painless, said Dr. Sunderland—important considerations when one is treating infants.

"It's a similar type of tool as is used in diagnosing pregnancy. That shows you how harmless it is."

Cardiac catheterization, on the other hand, does carry some risks, she said. The method involves passing a catheter into the heart chambers by way of a leg vein and other blood vessels leading into the heart.

Tetralogy of Fallot is one of several heart defects that the pediatric cardiology group is studying with echocardiography and with

exercise research.

Using a bicycle ergometer, an apparatus for measuring muscular working capacity, Dr. Lees has been studying the cardiopulmonary function of half a dozen tetralogy patients. All underwent total correction at age 6 or older.

Soon Dr. Lees will begin testing children who had total correction during the first year of life—and he hopes to show that these youngsters have better cardiopulmonary function than those who had surgery later in life.

"Children corrected during the teenage years have tended to show exercise capacities that are about 75 to 80 percent those of normal children of the same age," he said.

Dr. Lees theorizes that the children who had total correction in infancy will show better results because their left ventricles have a greater capacity to grow following surgery. In tetralogy, he explained, the left ventricle receives a subnormal supply of oxygenated blood from the lungs. So the ventricle tends to be underdeveloped.

He noted, "'Catch-up' multiplication of

heart muscle cells may be possible in the first months after birth. Later in life, individual muscle cells can enlarge, but their number cannot increase."

While subjects exercise on the ergometer, Dr. Lees and his co-workers measure the exercising heart rate, electrocardiogram morphology, blood pressure, velocity of air flow at the mouth, amount of oxygen consumed, and amount of carbon dioxide eliminated. After the exercise they continue to measure all of these variables to see how quickly the functions return to normal. The results are analyzed by computer in collaboration with Dr. James Metcalfe and Marcia Dunham of the heart research lab.

A subtle finding of the test is the patient's "anaerobic threshold." This is the level at which normal, oxygenic metabolism becomes supplemented by anaerobic metabolism, which does not require oxygen and which produces harmful metabolic products. The higher the threshold, the better.

Dr. Lees believes that the anaerobic threshold will be an important measure of cardiovascular health.

Project welcomes handicapped to realm of recreation

In a lively footrace on the lawn, 19-year-old Alysa was again first in the pack to reach the finish line. Before, she would have shunned such an activity. Alysa has Down's syndrome and, until now, nobody had really encouraged her to take part in organized recreation.

Twenty-two-year-old Keary struggled to throw a small rubber ball against the suspended target. His cerebral palsied muscles refused to respond, even though his wheelchair was pushed right up to the target, and the ball dropped helplessly to his feet. Just the same, his companions praised his efforts—and Keary outgrinned the smiling face painted on the target.

Both Alysa and Keary are participants in Project Recreate, a three-year program conducted by the Crippled Children's Division of the Child Development and Rehabilitation Center.

The project seeks to expand the recreational skills and opportunities of developmentally disabled adolescents and young adults. An important objective is to develop a train-

"One of the things we notice with the developmentally disabled population is that they do not have any recreational life."

ing model for teaching health/helping professionals and parents to assist the handicapped in their leisure activities.

For physically or mentally handicapped young people, leisure time is too often empty time. Lack of preparation in recreational skills deprives them of the social, emotional, mental and physical benefits inherent in recreation, noted CCD's Carol Leitschuh, therapeutic recreation specialist and co-coordinator of Project Recreate.

And recreation is much more than just volleyball or table tennis, she said. "It's anything that you enjoy doing in your leisure time. Some people would go so far as to say it's that which improves the quality of your life."

Funded by a grant from the Developmental Disabilities Office, Region X, Project Recreate includes in its demonstration model selected young people with Down's syndrome, cerebral palsy, and myelomeningocele (spina bifida). Moderately mentally retarded young people who are obese have been added to the demonstration model.

Dr. John Keiter, research associate in special education at CCD and director of Project Recreate, explained why he applied for the grant:

"One of the things we notice with the developmentally disabled population is that they do not have any recreational life. We see them in the clinics and ask them, 'What do you do in your leisure time?' And they say, 'I go home and eat popcorn and watch TV.' Or we see a 17-year-old who is extremely obese. They have no exercise, no muscle tone . . . And so we became concerned."

Dr. Keiter also became concerned about the lack of community resources and supportive services to encourage recreation among developmentally disabled adolescents and young adults.

Project Recreate is trying to fill the void in several ways.

It's teaching recreational and social skills to developmentally disabled young people so they can initiate their own leisure-time activities.

It's providing parents of the handicapped with information on how they can help their children participate in recreation.

It's consulting with schools and with community agencies, such as the United Cerebral Palsy Association and Portland Bureau of Parks and Recreation, to open up more recreational opportunities for the handicapped.

It's showing health/helping professionals some of the techniques and benefits of recreation for the developmentally disabled.

It's providing models or training packages (complete with manuals and written guidelines) for other professionals to use in practice and research.

An interdisciplinary program, Project Recreate involves trainees and faculty from numerous fields such as nutrition, social/sexual education and nursing.

Most of the young people being served by Project Recreate were born when the trend was to institutionalize many developmentally disabled children. Programs for them were lacking and, feels Ms. Leitschuh, most never had the chance to learn and practice recreational skills.

So, for six weeks last summer at CCD, Project Recreate helped a group of young people with Down's syndrome discover the exhilaration of running a relay race, tossing a Frisbee or kicking a soccer ball. The objective was more than just momentary fun; they were learning basic skills on which to build a lifetime of recreation.

Because people with Down's syndrome tend to be obese, Ms. Leitschuh said, physical activity and good nutrition are especially important for them. The informal classes introduced them to the "Basic Four" food groups, while their parents got in-depth advice on nutrition.

Some of the basics of socialization also were featured. The young people practiced social skills like answering a phone and meeting a stranger. Slides of people in various social situations invited them to decide whether the pictured behavior was appropriate ("OK") or inappropriate ("not OK").

The program for the Down's syndrome youths was designed after interviews with them and their parents at CCD clinics. In following up, Project Recreate is making re-

commendations to the participants' schools for continued activities and asking the youths to join obese moderately retarded young people in a program this spring.

"People who have physical limitations can do pretty much the same activities you and I can do, with some adaptation and modification of the activity."

Welcoming young adults with cerebral palsy into the realm of recreation is another current task of Project Recreate.

Phyllis Coyne, CCD therapeutic recreation specialist and co-coordinator of Project Recreate, has been working with the Portland Bureau of Parks and Recreation and the United Cerebral Palsy (UCP) Association to develop recreational activities for cerebral palsied young adults. She and representatives from those agencies have been assessing the subjects' recreational skills.

"That's really exciting for me for a number of reasons," said Ms. Coyne. "This will be Portland Parks and Recreation's first attempt to do any individualized prescriptive programs. It also will be UCP's first attempt to do that, plus they're adding a whole new dimension to their program, that of recreation."

With the idea of carrying on the kind of program they started with the Down's syndrome people, the Project Recreate personnel are interviewing cerebral palsied young adults in the CCD clinics. They'll then design informal classes featuring recreation and discussions about social matters.

"People who have physical limitations can do pretty much the same activities you and I can do, with some adaptation and modification of the activity," Ms. Coyne pointed out.

Dancing is one recreational activity that seems to strike the fancy of many develop-

mentally disabled young people, even those in wheelchairs. As one result of Project Recreate's efforts, Down's syndrome adolescents will be trying out disco dance steps in their physical education classes. Project Recreate is working with the adaptive P.E. consultant in the Multnomah Educational Service District.

"There's a strong push for us to be working in the community, not just to stay on the Hill," emphasized Ms. Leitschuh.

Project Recreate is doing clinical consultations with young people who have myelomeningocele, with the hope of launching a full program in recreation next fall.

Started in December 1977, Project Recreate is attempting to reach far beyond the developmentally disabled young adults who participate in the demonstration model.

"We're just going to touch a few people, ultimately, in terms of who's out there," explained Ms. Coyne. "The real focus is to develop the awareness of professionals in a number of disciplines about the need and to develop those services out there."

"So the end-all of this is the training aspect, in that the demonstration model is a way to show, 'Yes, this can be done and this is how it can be done.'"



In large photo, Keary, who has cerebral palsy, gets some praise for his efforts to hit the target with a rubber ball. He was among several cerebral palsied young adults whose recreational skills were being assessed at a facility in southeast Portland by Phyllis Coyne (left), co-coordinator of Project Recreate, and others. In photo below, John Butts, HSC physical therapy student, encourages Alysa in a race on the lawn by CCD during Project Recreate's program for young people with Down's syndrome last summer. In photo at upper right, George, who has Down's syndrome, gets a lesson in how to meet a stranger from Penny Mock, CCD coordinator for sex education and family planning, and Larry Fils, graduate student in special education.





An animated speaker, Dr. Buist answers a question about birth defects for his teenage audience in photo at left. In above photo, a slide of a baby whose mother took thalidomide during pregnancy helps Dr. Buist make his point.



Verna Nugent said farewell to 27 years as an employee in the HSC medical record services department at a retirement party Feb. 27. Mrs. Nugent headed the department in 1966-69. Friends and colleagues honored the long-time employee with a cake and gifts.

His task is alerting teens to birth defects

Dr. Neil Buist uses a strong approach to reach a tough audience, a group that desperately needs more information about birth defects.

To get their attention, the HSC professor of pediatrics and medical genetics uses forceful, graphic teaching methods to hammer home his message: "What you do has a direct bearing on the health of your children."

Dr. Buist's special challenge is to alert teenagers — a million of whom became pregnant last year — to assume greater responsibility for their unborn children's future. It is not an easy task, as legions of frustrated teachers can attest. So Dr. Buist pulls out all the stops.

"A sick baby is a telling argument," he explained. On occasion, he is able to bring an infant to the teaching sessions. Most of the time, sobering color slides present the message.

Dr. Buist points out to the young people that chances of abnormality, stillbirth, and low birth weight increase when the mother is not yet herself "a good host" for new life. A young mother has a greater likelihood that her child will die before its first birthday.

The enthusiastic speaker stresses in his talks that young people have control over preventable environmental birth defects. It is a fascinated audience that hears how infection, drugs, alcohol, smoking, poor nutrition, and lack of prenatal care can compromise an unborn baby's health.

As to genetic defects, Dr. Buist warns, "Even though you look perfectly normal, you may have a birth defect or carry a trait that can be passed on. The clues are subtle," he adds, "but can be detected."

The physician has been educating adolescent audiences about birth defects since

1966, with the aid of a March of Dimes grant.

Although it's more convenient to bring young people to the CCD or other UOHSC facilities, Dr. Buist does his share of travel. He has made presentations to teen health symposiums in Salem, where 300 heard his message, and to a gathering of 650 Medford students. He estimated that he talks to 2,000 students a year.

Dr. Buist finds that his most receptive students are those who have volunteered to help March of Dimes programs.

After Dr. Buist speaks, young people crowd around to ask questions. "I have diabetes. Will insulin affect my children before they are born?" "Is my cystic fibrosis a hereditary disease?" "How about birthmarks — are mine the kind that run in families?"

Suddenly, they are concerned about the future.

Newsmakers

Charles J. Carter has been appointed assistant director for administration at the Crippled Children's Division. Previously he served as manager of systems implementation, Hospital Information Systems Division for University Hospital.

Phyllis Coyne, co-coordinator of Project Recreate at the Crippled Children's Division, has been named Pacific Northwest director of the National Therapeutic Recreation Society. It is a professional branch of the 18,000-member National Recreation and Park Association.

New president-elect of the Oregon Diabetes Association is Dr. Charles Howard, a scientist at the Oregon Regional Primate Research Center. Active in diabetes research for many years, he has a colony of diabetic monkeys — the only such colony in the world — which he uses as a model to study a type of diabetes that occurs in aging human beings.

Alums, speakers coming to campus for annual meeting

Three distinguished medical experts will come to the UOHSC campus as Sommer Memorial Lecturers at the 64th annual scientific meeting of the School of Medicine Alumni Association April 4-6.

According to Dr. Ernest Livingstone, '51, chairman of the Sommer committee, the speakers will be Dr. Stanley Falkow, professor of microbiology and medicine at the University of Washington School of Medicine, Seattle; Dr. Roy Y. Calne, professor of surgery at the University of Cambridge, England; and Dr. J. Wayne Streilein, professor of medicine and professor and associate director, depart-

ment of cell biology, University of Texas Health Science Center, Dallas.

All students, interns, residents, faculty, School of Medicine alumni and Northwest physicians are invited to attend the lectures, said Dr. J. Gordon Grout, '54, alumni president. Scientific sessions will be held in the library auditorium at no charge.

A feature of the annual meeting is the alumni luncheon, which is scheduled April 5 in the Student Activities Building. Speaker will be HSC president Dr. Leonard Laster.

A faculty member in the University of Washington School of Medicine since 1972,

Dr. Stanley Falkow is deeply interested in genetic engineering and recombinant DNA techniques. He was a member of, and is now a consultant to, the Recombinant DNA Advisory Committee, which established current guidelines for recombinant DNA research and advises the Secretary of Health, Education and Welfare.

Dr. Falkow became involved with genetic engineering in the course of his more than 20 years' work on antibiotic-resistant bacteria. He holds a Ph.D. in biology from Brown University.

Transplantation and vascular surgery are of

special interest to Dr. Roy Y. Calne. He runs a busy general surgical department and has an active experimental and clinical program in kidney and liver transplant; the Cambridge/King's College Hospital series of liver transplants is the second largest in the world.

A graduate of the Guys Hospital Medical School in London, Dr. Calne took surgical training in London-area hospitals. He is an honorary consultant surgeon with Addenbrooke's Hospital in Cambridge and is a fellow of Trinity Hall, Cambridge.

An immunologist who works on tolerance to major transplantation antigens, Dr. J. Wayne Streilein has been described by a colleague as "unique in his grand synthesis of immunology."

His areas of research and contributions include graft vs. host reactions in transplantation, immunology of the eye, and controlling as well as initiating an immunologic reaction.

Dr. Streilein was graduated from the University of Pennsylvania School of Medicine, where he did his internship and residency.

Alumni speakers at the annual scientific meeting will include Dr. Robert Koler, '47, head, division of medical genetics at the UOHSC; Dr. C. Joe Anderson, fellow, division of immunology, allergy and rheumatology; Dr. Jules Hallum, chairman, department of microbiology and immunology; and Dr. John Bissonnette, associate professor of obstetrics and gynecology.

Other alumni speakers will be Dr. Denis Burger, associate professor of surgery and microbiology; Dr. Edward Tank, associate professor of urology; Dr. Robert Neerhout, chairman, department of pediatrics; and Dr. John R. Campbell, head, division of pediatric surgery.

Health fair will get people 'Feelin' Good'

"Feelin' Good" is the theme of a health fair for the Portland-Vancouver area which will draw upon the knowledge of HSC faculty members.

Set for April 4 and 5 at Portland's Memorial Coliseum, the event will offer participants a healthy dose of health help through screening and education. Sponsors are KGW TV and KGW Radio, Portland area hospitals and the Portland YWCA.

Featured at the fair, which is from 9 a.m. to 9 p.m. each day, will be screening tests such as blood pressure, lung capacity, vision, hearing and oral cancer. Also on the agenda are fitness workshops, exhibits, information from health care organizations, and discussions on topics like nutrition, smoking, stress, stroke and heart attack.

Dr. Beatrice K. Rose, associate professor of

public health and preventive medicine at the HSC, is serving as chairman of the fair's health advisory committee. She has prepared a special questionnaire designed to teach fair-goers about their health habits.

Coordinating round-table discussions for the fair is Dr. C. Conrad Carter, HSC professor of neurology. Both he and Dr. Rose will provide information on the HSC's Comprehensive Stroke Center Program. Several other faculty members also are participating in the event.

The health fair is the culmination of a public-service and programming campaign on health education that KGW has launched.

"We hope the campaign can help raise the consciousness of individuals to the importance of good health behavior, and provide them with information on the kinds of health

services that are available in the community," said Joan Biggs, KGW public affairs director.

For one TV program in the campaign, Dr. William Connor, professor of medicine, and Dr. Steven Fey, assistant professor of medical psychology, were interviewed about the HSC's Family Heart Study. TV cameras also captured on film a lecture by Dr. Harold Osterter, chairman, department of public health and preventive medicine.

More than 1,000 volunteers are needed to help with the fair, according to Lois Miller, coordinator of volunteers.

Interested students, faculty, organizations and others are asked to contact Ms. Miller soon at 227-7510. Or, nursing students may contact Karen Mischke of the School of Nursing faculty, and dental students may call Cathey Crain, Oregon Dental Association.

Nursing baccalaureate program reaches out into state

New frontiers are being reached by the HSC School of Nursing's baccalaureate program.

Spurred on by the conviction that every Oregon citizen has the right to equal access to quality health care, the School has reached eastward with a baccalaureate nursing program at Eastern Oregon State College. And it has headed southward with the creation of an outreach nursing education program for registered nurses at both the University of Oregon and Oregon State University.

The seeds of the program were sown more than two years ago when Dr. Carol Lindeman, School of Nursing dean, and Donna Schantz, assistant dean, toured the state to determine educational needs in nursing.

They discovered a desire—and a need—for more baccalaureate-trained nurses. According to the latest figures available, only 2,460 of the 10,717 registered nurses in Oregon have the bachelor's degree.

Here is a rundown on the new nursing offerings:

Eastern Oregon State College

Bolstering the supply of baccalaureate-trained nurses in an underserved area is the aim of the new, four-year bachelor's degree program in nursing at Eastern Oregon State College in La Grande.

The HSC School of Nursing was awarded a federal grant of \$124,458 for the first year of the three-year start-up project. The program is a joint effort of the HSC and EOSC. Doors will open to the first class of nursing students this summer or fall.

Coordinating the nursing program at EOSC during the initial phase is Evelyn Schindler, associate professor of nursing at the HSC. Since last June she has spent most of her time east of the Cascades, traveling between La Grande, Pendleton and Baker to line up potential students and places for their practicums; meeting with interested groups and individuals; organizing a nursing library, and generally serving as the HSC's expert-in-residence.

"People (in eastern Oregon) are very anxious to have this," Ms. Schindler said. "They want the nursing program very much, in the college and the community. So they've been very helpful to me."

Accepting up to 20 students per class, the program is open to students enrolled in pre-nursing at all state institutions as well as registered nurses who wish to pursue a bachelor's degree.

Generic (pre-nursing) students will be able to enter the program next fall; a class of registered nurses may start as early as summer.

The HSC School of Nursing will provide the nursing major and diploma, while EOSC will offer the supporting course work in liberal arts and sciences necessary for the baccalaureate degree. Nursing faculty will hold regular appointments in the HSC School of Nursing along with adjunct appointments at EOSC.

On their fact-finding exploration of the state, Dr. Lindeman and Ms. Schantz found eastern Oregon "particularly persuasive in showing us needs for education of nurses in



Photo by Mark Claesgens

that area," said Dr. Lindeman. "And the support from EOSC president Dr. Rodney A. Briggs and EOSC's Health Education Advisory Council encouraged us to proceed with planning."

She continued, "Our surveys and studies showed that the specific health care needs identified by the eastern Oregon region require not only more nurses, but nurses skilled in clinical decision-making and able to assume leadership roles."

In 1972 the recommended number of registered nurses per 100,000 population was 400. Although Oregon is at about that level now, studies have shown that the eight-county rural area of eastern Oregon is 74 below this recommendation, with a ratio of 326 per 100,000.

The educational mix of R.N.'s in eastern Oregon is also below the level recommended in 1975 by the American Nursing Association. The ANA indicated a mix of 60 percent diploma prepared, 28 percent baccalaureate prepared, and 12 percent master's level or above.

School of Nursing studies have revealed that the current educational mix in eastern Oregon is 80 percent diploma prepared, 18 percent baccalaureate prepared, 1 percent baccalaureate prepared in another field, and 1 percent prepared at the master's level or above.

Besides increasing the number of baccala-

Strolling with students across the Eastern Oregon State College campus is Evelyn Schindler (left), coordinator of the nursing program at EOSC in the initial phase. In the photo at right, the HSC's Susan Gaucher (center), R.N., family nurse practitioner, shows R.N.'s in her physical assessment class at the University of Oregon how to do a neck exam.

laureate-trained nurses in eastern Oregon, it's hoped that the EOSC program can develop a cadre of bilingual and Native American nurses to work with that minority population.

Funding for the program came from the division of nursing, Public Health Service, Department of Health, Education and Welfare.

Students will gain clinical experience in the area's community hospitals, nursing homes, public health departments and mental health clinics.

According to the coordinator, Ms. Schindler, many of the R.N.'s entering the program are employed full-time. "Most are graduates of two-year programs or three-year hospital diploma programs," she said. "What we have to do is make adjustments so that we can plan their practicums around their work time and within the distances they can travel."

University of Oregon and Oregon State University

Nurses in the Eugene, Corvallis and Albany areas will now be able to complete their baccalaureate degree without leaving their home communities and families.

The new outreach program in nursing edu-



cation will allow registered nurses to complete courses for a bachelor's degree either at the University of Oregon in Eugene or Oregon State University in Corvallis. The degree will be awarded by the HSC School of Nursing.

The program has been developed by Dr. Lindeman in consultation with the UO and OSU presidents. It is being financed, in part, with a \$35,000 grant from the Oregon Board of Nursing's continuing education fund.

Open to students on a part-time or full-time basis, the program began winter term at the UO and starts at OSU this summer term with registration June 18. Initial courses are scheduled in the late afternoon and the evening.

Those enrolled are required to complete two transition courses, and then the junior year courses may be taken or challenged by exam. Upon successful completion of the challenge exams or courses, the R.N. enters the senior level.

Non-nursing courses will be taken at the local university, while nursing courses will be taught by faculty from the HSC School of Nursing.

The new program, Dr. Lindeman said, is in response to requests from the state nursing profession and nurses in the communities, who previously would have had to relocate to finish up their bachelor's degrees.

Supplies would be godsend for little jungle hospital

Know of an old microscope that hasn't seen a slide in years? Or a dusty stethoscope curled up in some corner? Or some syringes that have gone into retirement?

Even used equipment like those would be a godsend to Dr. Victor Vadney and Dr. Dan Harper, who are trying to outfit a small hospital in the jungles of southeast Nigeria.

"We need all types of surgical instruments, all kinds of laboratory equipment; basically, we can use anything that's reusable," said Dr. Harper, a resident in family practice at the Health Sciences Center.

Next November, Dr. Harper will be joining Dr. Vadney at the 75-bed mission hospital with mud brick sides, tin roof and concrete floor. Dr. Vadney finished his family practice residency at the UOHSC last July and is working as the sole physician at the Nigerian hospital.

Built in 1963 by the Church of Christ, the

general hospital serves 150,000 members of the Ibo tribe. Since it's staffed by one physician and 20 native nurses, that puts the doctor-patient ratio at one to 150,000.

"Later this year there'll be two doctors and we'll cut that doctor-patient ratio in half. So we're making some progress," Dr. Harper said with a chuckle.

The hospital has no running water and has electricity only from 8 a.m. to 6 p.m. Staff members depend on water bearers.

And, with patient fees the only source of support, Drs. Vadney and Harper are depending on donations of money and supplies to keep the hospital going. In his free time Dr. Harper works in a community hospital emergency room to earn money for the mission hospital.

X-ray equipment, intubation tubes, medicines, needles, old Bovie surgical units, and even sutures are just some of the items

that the two doctors would welcome. The materials will be packed into 55-gallon metal drums and taken to Nigeria in November on a freighter.

Anyone wishing to donate may contact Dr. Harper at the Family Practice Clinic, Emma Jones Hall, first floor, Ext. 8573.

Already, the physicians have received numerous supplies from UOHSC people and free medications from drug companies. "By and large it's been a very pleasant response," said Dr. Harper. "It's not been overwhelming, but it's been enough to keep a barrel going over every few months."

Drs. Vadney and Harper, who met at Abilene (Tex.) Christian College, plan to serve in Nigeria for two to five years and then continue supporting medical missions. Joining Dr. Harper in the African venture will be his wife, Dixie, and the baby they are expecting in May.

'Retired' ophthalmology chairman still as busy as ever

Fortunately for the Health Sciences Center, Dr. Kenneth Swan doesn't know the meaning of the word "retired."

"Tired again?" he interprets it. "I'm not tired yet of what I've been doing!"

Since stepping down last September after 33 years as chairman of the department of ophthalmology, Dr. Swan has gone to working there on a "part-time" basis. He comes to the office around 7 a.m. and leaves around 6 p.m. — volunteering over 70 percent of his time.

He's just happy to have more hours now for the teaching and research he loves.

It was in 1945 that Dr. Swan was named chairman of the ophthalmology department, becoming the first full-time head of a clinical department at the U of O Medical School. His facilities were a room 12 feet square.

Since then he has helped build the ophthalmology department into one of the best-known in the country, thanks in part to his fund-raising prowess. He has collected numerous personal honors along the way.

The modest, gentle-mannered physician professed a bit of embarrassment at all the post-retirement praise he's been getting. He was feted at a departmental party, received an inscribed silver bowl at a campuswide program in his honor, and rated a sizable writeup in the *Oregonian*.

He received an award March 6 from Lewis

and Clark College, Portland, for his pioneering efforts in his field. "If you survive long enough, then they start giving you these things," he chuckled.

A believer that "we don't win today's game on points scored yesterday," Dr. Swan continues teaching medical students and residents and serves as a consultant in patient care programs. He maintains a keen interest

"He was generous with his time—almost to a fault—because he loved to teach," a colleague said.

in the Elks Children's Eye Clinic, which he directed, and the John E. Weeks Ophthalmology Research Laboratory. His research, involving both lab and clinical investigations, includes a 20-year-long study on wound healing in the eye.

"I enjoy working with students and residents," said Dr. Swan. "One of the most satisfying things has been to see our 70-some residents go out and do well, some in practice and some in academic work."

"It's especially satisfying to have one of the people who have gone into academic training, Dr. (Frederick) Fraunfelder, return here to be my successor."

One professor of ophthalmology, Dr. Leonard Christensen—who came here as a

resident a few years after Dr. Swan joined the medical faculty and who has been a faculty colleague since 1950—had this to say about Dr. Swan's attributes as a teacher and department head:

"We were never forced to teach the 'party line.' Opinions could differ if the methodology stood up to scrutiny. The latitude and flexibility he allowed the teaching staff strengthened the teaching program and exposed residents to many viewpoints."

Dr. Christensen continued, "No department head, at this institution or in the nation, was ever more available to residents and medical students. It was evidenced by the time he spent with students in his office. He was generous with his time—almost to a fault—because he loved to teach. He only asked that residents give a sincere performance."

As a researcher, Dr. Swan won international recognition for directing the development in 1957 of a special lens, knife and technique for treating glaucoma. He was lauded for his studies of the process by which drugs penetrate the cornea and of the synthesis of new drugs.

In 1949 Dr. Swan introduced a method of surgery using a microscope. Staff and some

Dr. Swan checks up on a 14-year-old patient, while the boy's mother looks on.

residents resisted the development because the equipment was so cumbersome. But a decade or so later, microsurgery was introduced to this country from Europe—now a standard method in many fields of surgery, it had first seen use at this institution.

Another near-miss marked Dr. Swan's career. In the late '40s and early '50s he pioneered a glaucoma surgery using diathermy (the therapeutic use of a high-frequency current to generate heat within a body part). An explosive surge of electrical power through the hospital system during one surgery caused such adverse effects that Dr. Swan dropped the process.

But it appeared several years later and is now a standard operating procedure for glaucoma surgery. If it hadn't been for the power surge, Dr. Christensen noted, scleral cautery with iridectomy would be known as the Swan procedure today.

Nor do many people know what an active fund-raiser Dr. Swan was, said Dr. Christensen. "Nobody appreciates the enormous amount of financial input and time Dr. Swan spent to secure grants for ophthalmology research at this institution," he said.

Dr. Swan often donated his surgical services and asked that the patient give the money instead to research. Many donations credited to other donors were actually a direct result of his unpaid services, which amounted to many thousands of dollars, according to Dr. Christensen.

Among the ophthalmology department's biggest backers (with over a million dollars in contributions) have been the Elks, whom Dr. Swan calls "a wonderful group to work with." He convinced them that children's eyesight was a worthy project.

A 1936 graduate of the School of Medicine, Dr. Swan himself became intrigued with ophthalmology while doing a student research assistantship in pharmacology under

"A modern ophthalmologist is not interested in the eye alone; he or she is interested in the whole visual system and how it affects life."

the late Dr. Harold B. Myers. One of his projects involved the use of drugs to reverse the effects of atropine on the human eye. That experiment worked on rabbits but not on humans—yet Dr. Swan was hooked.

"It was evident to me that this was going to be a very rapidly progressing field, and it has been," he said. "It's been exciting and interesting and right now there's a technological revolution going on. A lot is happening—lasers and ultrasonography and B scans and fluorescein angiography, plus many exciting things in research and pharmacology."

"The field offers an opportunity to work with people and really help them. We do more than make diagnoses; we can treat many conditions specifically and effectively."

Dr. Swan continued, "A modern ophthalmologist is not interested in the eye alone; he or she is interested in the whole visual system and how it affects life. And now, when we know that so many of our disease processes, like diabetes, affect vision, we're increasingly concerned with general medical disease, too."

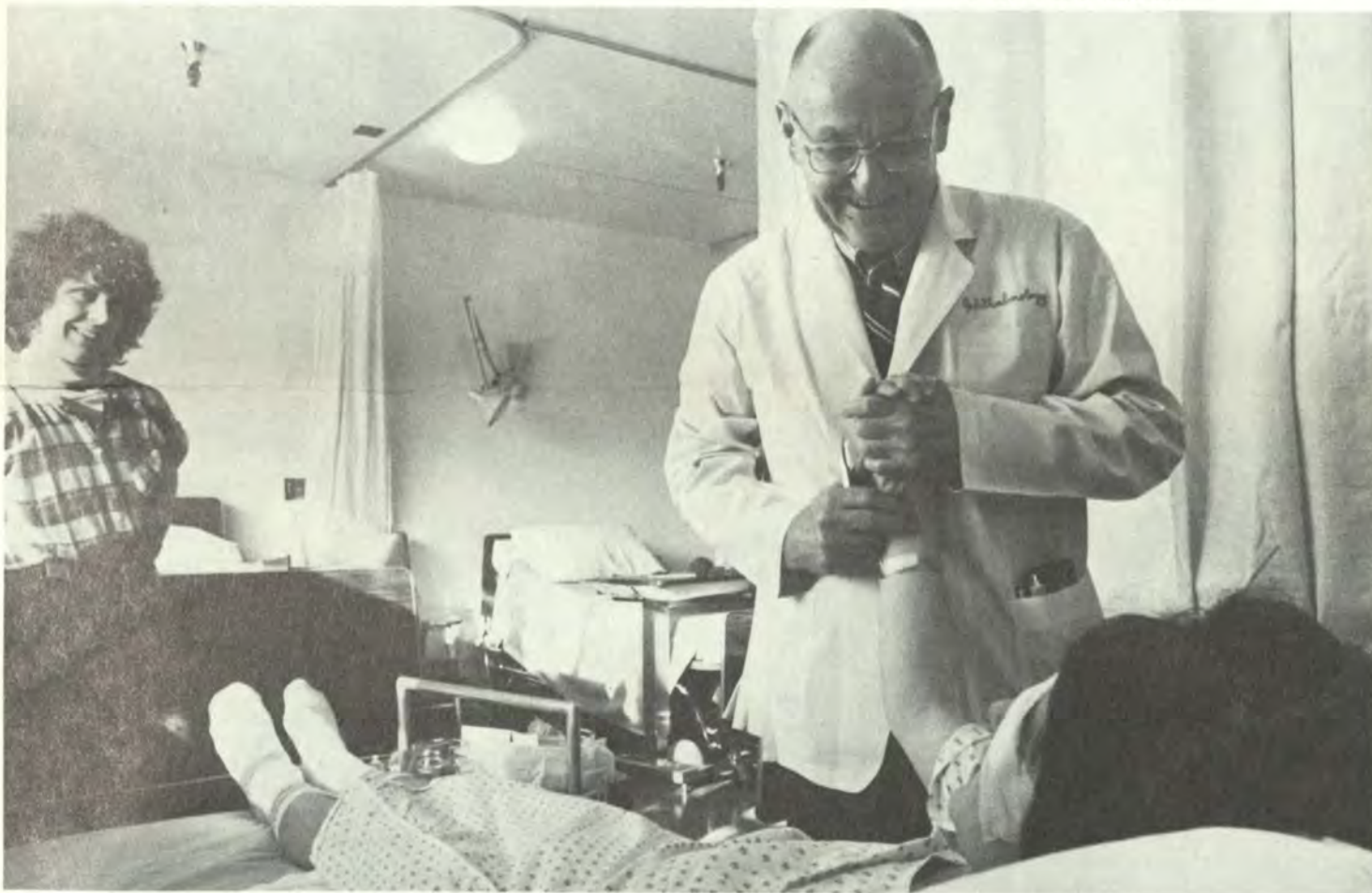
"And we're also concerned with the effects of visual disability on people and their lives and their families."

That last concern has made Dr. Swan an active member of the Oregon Commission for the Blind. "Yes, I served on that from 1949 to 1978. Holy smoke!" he exclaimed, then chuckled. "That's a long time."

For many years, too, Dr. Swan had an eye on the ongoing events that transformed this institution from a small, undergraduate school with little or no research into a major health center. He praised the late Drs. D.W. E. Baird and Charles Holman, medical school deans, for their contributions.

Favorite non-ophthalmological pursuits include fly fishing and tennis. Dr. Swan and his wife, Virginia, count one physician among their three children.

As busy as ever since he "retired," Dr. Swan reflected, "I feel good about being part of the advances, and yet I realize that a great deal is yet to be done."



Poison Center puts spotlight on children

"Children act fast; so do poisons." Poison centers across the country are hoping people will keep this message in mind as the public observes National Poison Prevention Week, March 18-24.

The emphasis on children is important. According to figures just released on the Oregon Poison Control and Drug Information Center's first year of operation, close to 70 percent of poisoning victims in Oregon are children under 5 years of age.

With this in mind, the physicians, nurses and pharmacists who man the Poison Center, located at the HSC, are keying their Poison Week activities this year toward getting the word out to households throughout the state: "Poison-proof your home!"

The Poison Center's statistics indicate that the No. 1 poison problem continues to be household drugs, especially analgesics such as aspirin and Tylenol. Children's vitamins with iron have lately caused a rash of emergency cases at the Poison Center.

"The problem is that the manufacturers use cartoon characters and candy coating to make these multivitamins attractive to chil-

dren," said Dr. Marc Bayer, Poison Center director. "We're not talking about candy; we're talking about a medicine. Fifteen or 16 of these things can make a small child very ill, and a larger ingestion could kill him."

House plants generate the next largest number of calls to the Center. Common offenders are philodendrons, azaleas and dieffenbachia. According to the Poison Center's Dr. Emily Tufts, children often will have a reaction, such as a burning in the mouth, after nibbling on one of these, though small doses generally prove to be non-toxic.

A third major source of poisonings is personal products, such as cosmetics, perfumes, deodorants, bath soap, dental products, cigarettes and matches.

Dr. Bayer cautioned that, with spring around the corner, many substances will soon be coming out that pose a grave potential danger to children and parents as well.

These are insecticides, rodenticides, herbicides, and other garden and pest products with which people traditionally greet the growing season. Household cleaners, disinfectants, solvents and bleaches also can be

potent spring hazards.

"You can help determine if your house is poison-proof with three simple questions," said Dr. Bayer. "Where do you keep your medicines? Where do you keep your Drano? Where do you keep your insecticides? These types of products should be locked up or kept out of the reach of children." (Mr. Yuk stickers for warning youngsters are available at the Poison Center.)

Even the best poison prevention efforts are sometimes not enough. Nearly 17,000 Oregonians called the Poison Center in 1978, three-fourths of them after someone had already ingested a poisonous substance. Over 85 percent of these cases were handled successfully over the phone by Poison Center staff.

Dr. Bayer believes that the availability of management from a poison center via home telephone will reduce dramatically the number of deaths and hospitalizations due to poisoning in Oregon, where poisoning now accounts for 10 percent of all emergency department visits and 10 percent of all ambulance calls.



An overflow crowd had plenty to clap, cheer and guffaw about at the third annual All-Hill Talent Show on March 2 in the library auditorium. Among the 20 acts taking the stage were a barbershop quartet (large photo) made up of first-year medical students Bob Johnson, Dave Irvine, Robin Downey and Brad Hindman; the Vermillion Borders (upper left photo), an unusual foursome comprising fourth-year med students Jeff Arnold, Jim Randall, Jeff Brodie and Mike Barrett, who's shown playing "The William Tell Overture" on his cheeks; and Margie Kircher, an occupational therapy student, who performed dances from India. The talent show was sponsored by the All-Hill Student Council.

Dental school gleams in accreditation report

Full, seven-year accreditation has been awarded the School of Dentistry's dental education and dental hygiene programs by the Commission on Accreditation of the American Dental Association.

In the January report of the commission, the postdoctoral programs in endodontics, orthodontics, pedodontics and periodontics also received full approval while the specialty program in oral and maxillofacial surgery was advanced from "provisional" to "conditional" approval.

Dr. Leonard Laster, president of the Health Sciences Center, said, "It comes as no surprise that the School of Dentistry received a clean bill of health. It is a strong School with able leadership and a long history of enjoying a highly respected position in dental education in this country. The challenge to all of us is to enable this School and its two partners to

build on existing strengths and to rise to an even greater destiny."

In describing the assessment of the site team, Dr. Louis Terkla, dean of the School, pointed out that the report contains 35 specific recommendations and a number of suggestions relating to the enhancement of the School's programs.

The report comments favorably on the School's administration and management, physical facilities, clinical equipment improvements, current renovation projects, the continuing education facility built by alumni, instruction and quality of the faculty, as well as the patient charting and record system and quality of radiographs.

"The report addresses our funding, calling it 'marginal' for what we are accomplishing," Dr. Terkla said, "and I would agree with that. The consultant pointed out that we are 23rd

among the 32 U.S. public dental schools in terms of state appropriation per dental student, and said, 'That has to be considered low.'"

Other specific recommendations of the site team include reduction of faculty teaching loads, addition of five full-time faculty members, addition of classified staff, encouragement of greater interaction between the School of Dentistry and the School of Medicine, broadening of student experience in a number of curricular areas, continuation of efforts to provide a satisfactory hospital dental service, improvements in specialty clinics, and intensification of applicant recruitment.

In addition, Dr. Terkla noted, eight recommendations were made for the oral and maxillofacial surgery program which was given conditional approval.

He said, "Our progress in implementing these recommendations—which address records keeping, the sharing of orofacial trauma in the hospital, relationships with the School of Medicine departments, development of the hospital dental service, adequacy of facilities for outpatient general anesthesia, establishing the hospital dentistry outpatient clinic, and broadening clinical opportunities for residents—will be assessed in a progress report to be filed with the commission in October."

Dr. Terkla added that the specialty program in oral and maxillofacial surgery has made progress from the "provisional" approval received last year. "Assuming that all or most of the cited deficiencies can be corrected by October," he said, "full approval could be anticipated at the December 1979 meeting of the commission."



"Risk factor reduction" is the theme for a weekly series of lectures at the Portland YMCA Metro Fitness Center sponsored by the UOHC's Oregon Comprehensive Stroke Project. The two-year project is designed, in part, to increase public awareness about preventive steps people can take to decrease their chances of having a stroke. Shown speaking at the first session is Dr. C. Conrad Carter, professor of neurology and co-chairman of the education program.

New dean for School of Medicine

(continued from page 1)

after Harvard Medical School. He served a pediatric residency at Children's Medical Center, Boston, and psychiatric residencies at Queen's Hospital in Honolulu and the U.S. Naval Hospital, Bethesda, Md.

His teaching career has covered Harvard Medical School, the University of California at San Francisco and San Diego, the University of Oklahoma, and the Hawaii Integrated Psychiatric Training Program, as well as UCLA.

Dr. Arthur retired from the U.S. Navy as a captain in 1974 and was appointed a consultant to the Surgeon General of the Navy in 1977.

He's the author of more than 100 scientific articles and a book on social psychiatry. He holds 30 society memberships and fellowships.

A swimming enthusiast, Dr. Arthur has served as chairman of the International Masters Aquatic Association since 1975. He has been chairman of the American Swimming Coaches Association committees on military swimming programs, swimming in older age groups, and the medical, physiological and psychological aspects of swimming.

Health careers run in Dr. Arthur's family. His wife, Fran, has a background in nursing, and their two daughters are nurses.

Does the new dean think his extensive background in psychiatry will help him in his role as a medical school dean?

"It doesn't help you at all in terms of gues-

sing what's on people's minds, unfortunately," he said with a laugh. "The way it does help is that if you do psychotherapy (as he has), you learn a few things."

Among those things are patience ("The results are very slow in coming," he said, "but if you stay with it, they'll come"); an ability to work through other people ("You help the patient to help himself; similarly, in an administrative post, you have to motivate people to get the best out of themselves"); and a large dose of tolerance.

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