



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.*

## Eugene center reaches thousands of crippled children

One of the Health Sciences Center's most vital patient-care components lies halfway down the state from Marquam Hill.

It is the Crippled Children's Division's Regional Services Center in Eugene, whose programs reach out to more than 3,000 youngsters in southern Oregon — almost one-third of CCD's total patient population.

The Eugene center exemplifies CCD's mission, which is to seek out and assure care for Oregon children with crippling conditions. CCD doesn't require parents to bring their children to the main facility in Portland. Instead, it seeks crippled youngsters in outlying areas of Oregon and, through its Regional Services Center in Eugene, a branch office in Medford and regional clinics in Corvallis, Pendleton and Roseburg, prepares programs for them to use in their local communities.

"CCD's southern regional program rep-

resents the Health Sciences Center very well by bringing CCD's specialized medical services to the largely rural southwestern part of Oregon," said Dr. Roland Schmidt, director of the Regional Services Center.

*"With the support and encouragement of Dr. Victor Menashe, a major emphasis now is on early identification, evaluation and treatment for multiply handicapping conditions."*

Located in the Clinical Services Building on the University of Oregon campus, the Eugene center also has administrative responsibility for CCD's clinical facility in Medford and for the regional clinic in Roseburg. The regional program serves a dozen counties: Lane, Douglas, Coos, Curry, Jackson, Josephine, Klamath, Lake,

Harney, Deschutes, Crook and Jefferson.

The thrust of the Regional Services Center has changed since it was established in 1971 with a grant from the U.S. Public Health Service. The initial goal was to regionalize, and that task is mostly accomplished, said Dr. Schmidt.

"With the support and encouragement of Dr. Victor Menashe (director of CCD), a major emphasis now is on early identification, evaluation and treatment for multiply handicapping conditions. Our goal is to have children referred as early as possible, preferably before their first birthday."

The effort is bearing fruit. "We are getting referrals increasingly during the newborn period and early infancy," Dr. Schmidt said. Infants are referred by physicians, but older children are also referred by community health nurses, school personnel, non-CCD therapists and, sometimes, parents who have learned of the CCD program.

Children with cerebral palsy are one of the biggest groups served by the regional program, with over 400 on the active roster. Also claiming much of CCD's attention are youngsters with other developmental abnormalities and children with congenital heart problems.

At the Eugene facility, CCD offers clinics in cranio-facial disorders, developmental problems, feeding, genetics, heart, myelomeningocele, neurology, occupational therapy followup, orthopedic followup, pediatric and developmental screening, pediatric followup, physical therapy followup and scoliosis.

Serving with Dr. Schmidt, a pediatric cardiologist, on the Eugene professional staff are Dr. Jonathan Zonana, pediatrician; Cathy Renken, nurse; Jan Gallenstein and Peggy Donovan, physical therapists;

*Though based in the Eugene office, the staff often is on the go around the southern region.*

Nancy Clogston, occupational therapist; Gregoria Halley, educational psychologist; Jim Merritt, social worker; and Jan Miller, speech pathologist.

Though based in the Eugene office, the staff often is on the go around the region. The pediatrician, physical and occupational therapists, educational psychologist and speech pathologist form an "outreach team" that carries assistance to preschool-age crippled children, their parents and professionals throughout the area.

Regularly scheduled visits are made twice a year to the southern coast (Coos and Curry counties), central Oregon (Crook, Deschutes and Jefferson), and Josephine and Klamath counties in the extreme southern part of the region.

"These visits have been reported highly beneficial by parents and by professionals serving handicapped children in their home communities," said Dr. Schmidt.

CCD's Medford program offers regular clinics in cerebral palsy, genetics, heart and developmental problems. The office is run by Virginia Brookwell, CCD social worker. Dr. Susan Fisher is part-time CCD pediatrician in Medford, and Linda Tittle

*(continued on page 5)*



Photo by Marlys Levin

*The First Annual Annual Plant-In brought numerous HSC people and a new splash of color to the campus on Saturday, July 7. Among those bending to the task of planting annuals was Michele Wiley, acting director of university relations, who got an assist from son Zachary, 4. Story and more photos are on page 6.*





Pictured clockwise from upper left corner are Teresa Matteson, medical technology graduate, with daughter Mikenzie; John Jambura, School of Medicine graduate; HSC president Dr. Leonard Laster, right, and Dr. Louis Perry, president of the State Board of Higher Education; Rose Pickett, nursing graduate; and procession of faculty members.

# Commencement closes school year on proud note

The 1979 commencement of the Health Sciences Center marked the School of Medicine's 92nd commencement, the School of Dentistry's 87th, and the School of Nursing's 35th.

Proud students, family members, friends and faculty converged in Portland's Civic Auditorium for the Health Sciences Center's 1979 commencement.

Some 500 students from the Schools of Medicine, Nursing and Dentistry received degrees or certificates in the June 8 ceremony.

A total of 184 students were awarded bachelor of science degrees in nursing, 121 earned doctor of medicine degrees, and 77 received doctor of dental medicine degrees.

Forty-seven students received bachelor of science degrees in medical technology; 31, bachelor of science degrees in dental hygiene; 18, master of nursing degrees; 14, graduate certificates in dentistry, and one, a master of science degree in dentistry.

In the School of Medicine, 12 students received master of science degrees and nine earned doctor of philosophy degrees.

The ceremony marked the School of Medicine's 92nd commencement, the School of Dentistry's 87th, and the School of Nursing's 35th.

Conferring all degrees and certificates was Dr. Leonard Laster, HSC president, who also delivered the commencement address.

In his address, "Sorrows End," Dr. Laster noted, "I know . . . that you will try to reflect in your care of others a deep appreciation for the oneness of us all."

He said, "Each of you enters a profession with burdens and with rewards. The burdens include the need at times to permit unhappy and suffering individuals to behave unreasonably to you; the need to be available to others when it may be difficult for you; the need to assume an ethical responsibility far above the mean of what society expects of others; and even the need, at times, to be held responsible for societal ills for which you have not been personally responsible and over which you have had no control."

"The reward is the glorious opportunity to become a friend to others as you pass through your days."

At separate ceremonies, the three Schools presented awards to their outstanding graduating students and faculty members.

Recipient of the top honor for School of Medicine students was M.D. graduate Paul Schroeder. He received the coveted Edward S. Hayes Gold Headed Cane Award as the graduate who will "forever epitomize and uphold the traditions of the true physician."

In the School of Dentistry, Morley Smith received the Alpha Omega Scholarship Award, which goes to the senior who attains the best scholastic average in four years of study.

Selected to receive the Stephen P. Peglow Memorial Award, new this year, was Richard Knight. The award is given to a graduating senior chosen by students and faculty as being the most representative of all the desirable qualities of a dentist. It is in memory of Stephen Peglow, a 1977 graduate of the School of Dentistry who died in an accident last September.

Alan Liesinger received the School of Dentistry Alumni Association Award, given for outstanding achievement in human relations, desirable professional attributes and scholastic achievement.

The School of Nursing's top honors, the Dean's Awards, went to Marta Heffner, undergraduate winner, and Maureen Whitman, graduate winner. The awards are given to graduating students who demonstrate exceptional leadership ability, potential for contribution to professional nursing, and dedication to the profession.

Jo Anne Long received the School's Golden Lamp Award, presented in recognition of scholastic achievement, leadership, devoted service, innovative contributions and humanitarian ideals.

*In his commencement address, the president said, "I know . . . that you will try to reflect in your care of others a deep appreciation for the oneness of us all."*

Numerous HSC faculty members also were singled out for honors.

For the 11th year, Dr. Frederick Cowan received an Outstanding Achievement in Teaching Award in the School of Dentistry. Dr. Cowan, professor and chairman of pharmacology, was named best didactic instructor.

Other award winners in dentistry were Dr. Kenneth Cantwell, professor and chairman of operative dentistry, best clinical instructor; Dr. Dennis Holt, assistant professor of endodontology, best new instructor; and Dr. Robert Woolf, assistant professor of periodontology, best part-time instructor.

The School's Most Helpful Staff Person Awards went to Ann Colvin, dental assistant teacher in endodontology, and June Bluemmel, instructor of oral and maxillo-

facial surgery.

In the School of Medicine, the Allan J. Hill Teaching Award, given annually to two members of the full-time faculty, this year was presented to three people. Co-winners in basic science were Dr. Reid Connell, associate professor of anatomy, and Dr. Vaughn Critchlow, professor and chairman of anatomy, who received the award for the second year in a row. Winner in clinical science was Dr. Walter McDonald, associate professor of medical nephrology.

Dr. George Kabacy, assistant clinical professor of obstetrics and gynecology, received the Oliver M. Nisbet Award for outstanding teaching by a volunteer faculty member in the School of Medicine.

The David W.E. Baird Award went to Dr. Stephen Jones, associate professor of medicine. The award recognizes teaching excellence in a junior faculty member who has been with the institution less than five years.

For the second year in a row, Dr. John McNulty, assistant professor of medical cardiology, received the J. David Bristow Award for excellence in teaching.

Winner of the Howard P. Lewis Award, presented to a senior resident for outstanding teaching, was Dr. William Berryman, resident in internal medicine.

A new award, the John S. Miller Award for an outstanding postgraduate staff member, was presented to medical resident Dr. Charles Karaian. The award fund was established in memory of John Miller, a 1974 graduate of the School of Medicine who died in an accident last summer, by his medical school classmates.

Named to receive the School of Nursing's Senior Class Award for Outstanding Member of the Faculty — for the third consecutive year — was Shelley Young, assistant professor of medical-surgical nursing. The award is presented for outstanding competence, leadership, humanitarian qualities, service and innovation.

The School's Graduate Faculty Award went to Dr. May Rawlinson, professor of nursing and associate professor of medical psychology. The award recognizes application of current research to the practice of nursing, skill in the articulation and demonstration of professional nursing practice, contribution to the education of graduate nurses, and exceptional human qualities.

## HEALTH SCIENCES CENTER NEWS

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# UOHSC deans look back on first year out of school

Although the ink has long since dried on their diplomas, the three UOHSC deans' memories of their own first year out of professional school are still fresh.

And, long years and lofty positions notwithstanding, they can still identify with the excitement — and trepidation — that most new graduates are feeling.

It's unlikely that the first year will find any medical graduates fighting a polio epidemic, as the dean of the School of Medicine did. Few nursing grads will have to duplicate the nursing dean's task of managing an entire hospital unit by herself, and not too many dental graduates will be juggling teaching and private practice during the first year, which the School of Dentistry dean tried.

But there undoubtedly will be common experiences.

Back in 1955, Dr. Carol Lindeman, dean of the School of Nursing, had just finished the diploma program at Evangelical Deaconess Hospital in Milwaukee, Wis., when she took a job working nights on the hospital's pediatric unit.

Night work paid better than daytime work, she recalled, and she knew the extra money would come in handy for pursuing a baccalaureate degree.

The neophyte nurse was the only person working the 30-bed unit. "One of the things that made it a little more comforting was that the pediatric unit was on the first floor of the hospital, right next to the office of the nursing supervisor," Dr. Lindeman said, "so I felt that if I did get into any particular trouble, I could get ahold of her and she would give me assistance."

She could have used some help the night a young patient came in for an emergency appendectomy. Dr. Lindeman remembered with a chuckle. There was no recovery room, so the boy was brought directly from surgery to the pediatric unit.

"In preparing the youngster for the pro-

cedure," she said.

It was then, however, that Dr. Lindeman faced the toughest professional challenge of her first year.

"Because I was working private duty," she explained, "I was always assigned to the most critically ill people. It was very

*"At one point, after my patient had died fairly early in the shift, I went home with the feeling that I might never go back to work again. It just took too much out of you . . ."*

difficult to go from one critical case to another and to work extremely hard to keep people alive, and yet to know that a good percentage of them would die.

"At one point, after my patient had died fairly early in the shift, I went home with the feeling that I might never go back to work again. It just took too much out of you to continue to try to support the relatives, to care for the person, and yet to lose one patient after another."

A nurse never really does adjust to caring for dying patients, Dr. Lindeman said.

"I think you learn how to deal with it, though, and how to put it into perspective with your own philosophy about life and people. I don't think it ever ceases to be something of a stress for a nurse. But if you can think of how you can help the patient and family handle it . . . you can still be warm and caring and helpful, but not drain yourself emotionally. The other thing is to have confidence in your own capabilities, confidence that you have done all that could be done to help that person live."

For graduates who are beginning their own first year as nurses, Dr. Lindeman said, "I encourage them to learn to like

needed more experience. Also, I was academically inclined and was married to a girl who was academically inclined, so the idea of teaching interested me a great deal."

Dr. Terkla's decision to teach for a year shocked his father, who failed to comprehend the attraction in an annual salary of \$4,500. Then there was the matter of buying a house and supporting a wife and firstborn baby.

"You might ask, 'How can you support a wife and a child and try to buy a home on \$4,500, even in 1952?' Well, the answer is, I couldn't," quipped Dr. Terkla.

"So what I was doing was teaching all day and at 5 p.m. I would jump in my car, drive home, have a quick dinner, play with my child for half an hour, kiss my wife goodbye, and go to a private practice downtown and practice until 11 o'clock at night. I did that for over a year in order to make enough money to supplement my faculty salary."

The more involved he got in teaching, the more excited he became — "the flame was lit." So, when at the end of the year he was asked to stay on, he said yes. And 27 years later he's still at the same School.

As for the private practice, Dr. Terkla stuck with it for only a year and a half, realizing full well that toiling several hours at night after a day's teaching load was not the ideal way to practice.

"I had the disadvantage of not being able to afford a dental assistant working with me, so I was doing everything alone," he noted. "I was preparing all my instruments, doing all the cleanup, doing the sterilization in between patients, getting ready for the next one. It was just a one-man show. Nevertheless, I developed a very nice clientele."

The practice helped Dr. Terkla learn his limitations, too.

"I think students who graduate from

Haynes Memorial Infectious Disease Hospital.

"The work demands were extremely heavy," he recalled. "In those days one was off only every other night, and usually only part of that night. Frequently when one was on duty it was until three or four in the morning. So the demands on one's stamina were just tremendous."

(Dr. Arthur did have one advantage. Before entering medical school, he had been a Marine and fought in the battle of Okinawa during World War II. He figured the internship would be tough, but not *that* tough.)

During his stint as an intern, he came up against a series of epidemics.

"I saw a thousand cases of measles, and believe me, it can be a very varied, and, in some cases a fatal, disease. We also had a polio epidemic. I treated a case of diphtheria, which was, even in 1951, very rare. So there were some very dramatic cases."

*"I thought it was a very good year, very demanding — and one, of course, that I couldn't go through now. About two days of that and I'd be a patient myself."*

Dr. Arthur emerged from his first year a true believer in the value of an internship.

"I believe that the internship is a critical year in the formation of appropriate approaches to patient care," he said. "What has gone before in medical school lays down the foundations of scientific and clinical knowledge. But the internship, by providing so much responsibility for patient care under supervision, forces one to grow. It forces one to connect the knowledge obtained from medical and other schooling with the constructive aspects of one's character in the development of a skilled and humane approach to the care of other human beings."

If his first year out of medical school was challenging, Dr. Arthur discovered that the second year wasn't to be any easier.

"I was on duty the last night of the (fiscal) year, the 30th of June, at the Mass General. I was due to take up my job as a junior assistant resident at the Children's Hospital in Boston, across the city, the next day.

"But I didn't get off duty until 8 a.m. I packed my meager belongings and went up to the Children's Hospital and reported for duty — where I was chewed out by the resident for being late!" Dr. Arthur said with an incredulous laugh.

"You know, they set a high standard then."

## 'Grandpa' Lee caught Christmas spirit early

It seemed like Christmas in July at the Crippled Children's Division.

Every year at Christmas time, "Grandpa" Lee Canady, benefactor of CCD from Parkdale, puts on a fund-raising apple sale at CCD. But when he arrived July 11, he came bearing special soaps, combs, brushes, novelty bottles and other items, instead of apples.

Helping deliver the four big boxes of gifts for CCD children was Grandpa Lee's friend Murietta Curl of Pendleton. An Avon representative, she had rounded up the gifts from her own extra stock and from fellow salespersons. The two made a special trip from Parkdale, near Hood River.

Mrs. Curl felt generous toward CCD not only because of Mr. Canady's proselytizing, but because some of her own relatives have been helped by CCD, according to Mary Louise Baker, administrative assistant to CCD director Dr. Victor Menashe.

The gifts will be distributed to program directors in the various CCD clinics, who will give them to children as they come in for visits.



**DR. CAROL LINDEMAN**  
dean, School of Nursing



**DR. RANSOM ARTHUR**  
dean, School of Medicine



**DR. LOUIS TERKLA**  
dean, School of Dentistry

cedure, after he had received anesthesia, they had covered the abdomen with a disinfectant that was reddish in color," she said. "When he woke up, the only thing he saw was that half his body was colored red. He started screaming and crying because of what he thought people had done to him.

"It took forever to calm him down and convince him that it would wash off and that, indeed, nobody had changed the coloring of half his body while he had been having his appendix taken out!"

After three months on the job, Dr. Lindeman decided to pack up her old car and set off for Minneapolis in search of a bachelor's degree and new employment.

She wound up attending the University of Minnesota full-time by day and working four or five nights a week as a private-duty nurse. "One of the most exciting things during that period was that the University of Minnesota was just starting to do heart surgery, and I was working private duty in the heart hospital most of the

and respect themselves, and I believe out of that will come warm, caring, professional nurses."

Dr. Louis Terkla of the School of Dentistry is another dean who felt a little apprehension that first year about his chosen life's work.

When he graduated from the University of Oregon Dental School in 1952, Dr. Terkla admits, he didn't really think he was ready to enter private practice.

"My intent originally was to go into an internship in the U.S. Public Health Service or into private practice in Montana. The Public Health Service rejected me because I am color blind," he said.

"But just prior to graduation, I was approached by two faculty members in two different clinical departments (at the U of O Dental School) and they requested that I join the teaching staff in those departments."

"I elected to go half-time in each one because of my feeling of insecurity about my ability to go into private practice. I

dental school today — even though they're much better prepared than I ever was — still realize some deficiencies. And they know where they are," he said.

"I don't know that we can ever correct that because we can't make a dental school curriculum long enough to do so. The only answer is self-motivation in seeking out continuing education opportunities or associating with people who can teach the skills needed."

For Dr. Ransom Arthur, new dean of the School of Medicine, the first year out of medical school was "the single most important year" of his professional education.

"I thought it was a very good year, very demanding — and one, of course, that I couldn't go through now," he said, laughing. "About two days of that and I'd be a patient myself."

A 1951 graduate of Harvard Medical School, Dr. Arthur spent his first year as a pediatric intern at Massachusetts General Hospital in Boston, with a rotation at



# DeWeese, Hodges end distinguished careers at Center

Two School of Medicine faculty members who have long been prominent in their fields, Dr. David D. DeWeese and Dr. Clarence Hodges, retired in June.

Chairman of the department of otolaryngology since 1961, Dr. DeWeese served the UOHSC for more than 35 years. He was instrumental in the founding and building of the Portland Center for Hearing and Speech, the creation of the Kresge Hearing Research Laboratory, and the founding of the Tucker-Maxon Oral School for the Deaf in Portland.

Dr. Hodges, who was head of the division of urology for 31 years, is nationally renowned for his work in both prostatic cancer and kidney transplantation.

*"Drs. DeWeese and Hodges have achieved national and international prominence for their accomplishments while members of the faculty."*

Both professors were honored last month at receptions on the HSC campus. "Drs. DeWeese and Hodges have achieved national and international prominence for their accomplishments while members of the faculty. We are very proud of them and extremely grateful for their many long years of devoted service to the institution," said Dr. M. Roberts Grover, former acting dean of the School of Medicine.

Dr. DeWeese joined the board of directors of the Portland Hearing Society (now the Portland Center for Hearing and Speech) in 1946, serving as board president from 1949 to 1959 and as medical director since 1959.

Today, the privately funded center is located on the HSC campus, thanks in part to the efforts of Dr. DeWeese. He not only directed the initial fund drive which raised

more than \$500,000 to erect the building in 1960, but he also persuaded the state of Oregon to donate HSC land to the project.

In 1966, the center was expanded to house what is now the Kresge Hearing Research Laboratory, nationally recognized as a leading center in the study of tinnitus (ringing in the ear) and ototoxic drugs (those which can damage the ear).

Dr. DeWeese was a founding member of the committee that established Tucker-Maxon Oral School for the Deaf in 1948 and has since served continuously on the school's board of directors.

Nationally regarded as an outstanding guest lecturer, Dr. DeWeese has special interest in dizziness and hearing problems. He is the senior author of "Textbook of Otolaryngology," a standard text for medical students.

Dr. DeWeese, a 1938 graduate of the University of Michigan School of Medicine, completed his internship and residency in otolaryngology at the Ann Arbor campus in 1943. The following year he moved to the Portland area where he entered private practice and joined the volunteer faculty at the School of Medicine. He became a full-time faculty member in 1961.

He is active in many national, state and professional organizations and has been president of several.

After a six-month leave which will include a tour of Europe, Dr. DeWeese will return to the department of otolaryn-

gology for part-time teaching and seeing patients in consultation. He will continue as medical director of the Portland Center for Hearing and Speech.

Meanwhile, for Dr. Hodges, "retirement" will mean taking over as head of the division of urology at the University of Hawaii School of Medicine on Aug. 1.

In 1977, Dr. Hodges was named the first recipient of the American Urological Association's Eugene Fuller Prostate Award. The award is to be presented every three years to encourage research of the prostate gland.

Dr. Hodges has been interested in prostatic cancer, one of the most common forms of cancer among men, since 1940 when he was a medical student and post-graduate research fellow at the University of Chicago. There he worked with Dr. Charles Huggins, who was doing original work on prostatic cancer.

In 1966, Dr. Huggins received the Nobel Prize for Medicine for that work, which marked the beginning of hormonal treatment of prostatic cancer, a treatment still followed today.

Besides his contributions to the study of prostatic cancer, Dr. Hodges has been a pioneer in kidney transplantation. In 1959 he performed a successful kidney transplant on Charlene Hamilton Weeks, Oregon's first transplant recipient and only the 10th transplant recipient in the world.

Today, the HSC is recognized as a leading institution in kidney transplant re-

search.

Dr. Hodges, a 1936 graduate of Iowa State University, received his doctor of medicine degree at the University of Chicago School of Medicine in 1940.

He has authored or co-authored over 100 articles and textbook chapters in the field of urology.

Dr. Hodges has been on the board of directors of the American Board of Urology since 1972, serving as president in 1976-77. He also has been an editorial board member of the Journal of Investigative Urology, a special consultant to the Prostatic and Bladder Cancer Program of the National Cancer Institute, and an advisory council member of the Institute of Arthritis and Metabolic Diseases of the National Institute of Health.

Serving as acting chairman of the department of otolaryngology is Dr. Alex Schleuning, associate professor of otolaryngology. Dr. James Metcalfe, professor of medicine, heads the search committee seeking a new chairman.

Acting head of the division of urology is Dr. John Barry, associate professor of urology. Dr. John Campbell, professor and chief of pediatric surgery, chairs the search committee.

*Retirement receptions honored Drs. David D. DeWeese and Clarence Hodges. In photo at left are Dr. DeWeese and wife Edna. In photo at right, Dr. Hodges tries on the 30-year service pin given to him by Dr. M. Roberts Grover, left.*



## Winnie Tyler retires

Forty years after she first came to the Health Sciences Center, Winnifred Tyler retired in June as associate director of surgical services at University Hospital. She was honored at a retirement party.

Mrs. Tyler spent about 25 of those 40 years as a hospital staff member and faculty member at the HSC. "I kept coming back, you see. It's kind of my first love," she said.

She first came to the HSC in 1939 as an Oregon State University student, taking her nurse's training at Multnomah Hospital and Doernbecher Memorial Hospital for Children. After receiving her bachelor of science degree in 1942, she served in the U.S. Army Nurse Corps during World War II.

In 1947 Mrs. Tyler returned to the Hill and worked as a staff nurse at Multnomah Hospital and as operating room supervisor at Doernbecher Hospital. After a five-year absence to raise her family, she came back in 1955 to be operating room head nurse at the Medical School Hospital.

From 1957 to 1966 and 1969 to 1972, she served on the School of Nursing faculty in medical-surgical nursing. She earned a master of science degree in nursing here in 1963.

Next she worked as patient care coordinator for the operating room and post-anesthesia room at the Medical School Hospital. In 1976, she became associate director of surgical services for University Hospital, with responsibility for patient care, staff performance and development, and student programs.

Now that she's retired, Mrs. Tyler said, "I hope to use those golf clubs that I got last year, and we plan a vacation in the fall. I'm going to enjoy very much being with my family. I have two daughters in town, and a grandson to admire. I'm going to take a turn at being Grandma!"

She added, "I'm still going to keep track of everything that's going on (at the HSC). I've got a lot of wonderful friends up there."

## 'Much beloved' nurse dies on Alaska trip

From way up north, a telegram arrived at the School of Nursing:

"Congratulations for the Class of '79. Best wishes for your personal and professional future. Will be thinking of you all as I climb Mt. McKinley."

It was a gesture typical of 65-year-old Guhli Olson, professor emeritus in the School, who was on her way to a vacation in Alaska. She never made it to Mt. McKinley; she died on June 8, the same day her former students received their diplomas.

The 1979 graduates were the last class that Miss Olson had taught before her retirement two years ago.

During her 34 years as a School of Nursing faculty member, according to her friends and colleagues, she had become one of the most popular nursing educators in Oregon.

From 1955 to 1976 she served the School as pre-nursing coordinator, visiting aspiring nursing students throughout Oregon to explain the career as well as counseling students at the University of Oregon and Oregon State University.

"She did excellent public relations, not only for the School of Nursing but for nursing, wherever she was," recalled Henrietta Doltz Puhaty, director of the School of Nursing from 1940 to 1956.

"Dean (Carol) Lindeman commented that as she has traveled around the state, she has been impressed with the number of graduates of the School of Nursing who always wanted to know how Miss Olson

was," said Mrs. Puhaty. "In other words, she was much beloved by both faculty and students."

As an instructor of nursing arts (the old term for procedures and skills used in the bedside care of a patient), Miss Olson was known to be a stickler for making beds just so. But she also was known as a generous hostess who often opened up her home to students for a real Swedish smorgasbord.

A history buff, she also taught classes on nursing history and gave the School a collection of 42 handmade dolls illustrating the history of nursing.

"A lovely person who was genuinely interested in her students and wanted to see them all reach their potential" was how Mary Norseth remembered Miss Olson. A one-time student of Miss Olson's and former head nurse in the HSC newborn nursery, Mrs. Norseth has a son who is one of Miss Olson's numerous godchildren (another son is one of this year's nursing graduates).

Miss Olson was a charter member of Our Savior's Lutheran Church in Eugene, which was an important part of her life.

The globetrotting nurse had friends in many corners of the world, and traveling was said to be the joy of her retirement years.

Through all her comings and goings, Miss Olson maintained a solid commitment to the School of Nursing. She saw it through many periods of change. "Guhli



**GUHLI OLSON**  
professor emeritus, School of Nursing

was able to move with the School as it evolved," said Donna Schantz, associate dean.

A memorial fund in Miss Olson's honor has been established to set up a permanent display on nursing history in Oregon at the School of Nursing. A scholarship fund also is being considered. Contributions may be made to the UOHSC Foundation, Dean's Nursing Fund, and sent to the UOHSC Development Office, 1027 Baird Hall.





In large photo, occupational therapist Nancy Clogston gives encouragement to a developmentally delayed girl at the Regional Services Center in Eugene. Ms. Clogston is testing the child for integration of reflexes. In photo at right, physical therapist Peggy Donovan tries to get a child to isolate his thumb movements during a screening clinic.



In picture above, Dr. Bert Hoeflich, Eugene pediatrician, examines a patient at CCD's Congenital Heart Clinic at Sacred Heart Hospital in Eugene. A dozen pediatricians in private practice in Eugene-Springfield rotate through the heart clinics each year. At left, Dr. Roland Schmidt, director of the Regional Services Center, consults with the mother of a young patient. Dr. Schmidt, a pediatric cardiologist, travels regularly in the southern region to help at CCD's heart, genetics and developmental clinics.

## CCD's outreach touches children of southern Oregon

(continued from page 1)

serves as CCD physical therapy consultant.

CCD has no official office in Roseburg, so the clinics there are held at Douglas Community Hospital or the Multiple Handicapped Program facility of the Douglas County Educational Service District. The monthly clinics are multidisciplinary and serve mainly patients with cerebral palsy.

Helping run the clinics in both Medford and Roseburg are private physicians and other health professionals, assisted by personnel of the Multiple Handicapped Program. Drs. Schmidt and Zonana regularly make the trip from Eugene to help at the heart, genetics and developmental clinics.

CCD's regional staffing capability is expanded through sharing of professional staff with the University of Oregon and its University Affiliated Facility, noted Dr. Schmidt.

"We have had a very good relationship with the University of Oregon, mutually beneficial in terms of interdisciplinary exchange and the responsibilities we share for handicapped children," he said.

In the Clinical Services Building which houses CCD's Eugene office, the university maintains five classrooms for preschool handicapped children.

Capability in staffing and service also has been bolstered by a special arrange-

ment with Educational Service Districts in the southern region. The region now has school physical therapists in Douglas, Jackson and Lane counties and a part-time therapist in Josephine County, all hired and medically supervised by CCD through funding from those counties' ESDs.

"The contracts between ESDs and CCD have clearly strengthened the programs for handicapped children in those districts," said Dr. Schmidt. All CCD therapists in the region meet every other month for business, inservice programs and informal exchange.

"There are two additional aspects of the regional program I would like to emphasize," Dr. Schmidt continued. "One is our strong cooperation with other agencies in southern Oregon.

"Through Cathy Renken (nurse), CCD has kept in very close touch with community health nurses and county health departments throughout the region. Jim Merritt (social worker) has maintained close ties with the Mental Health Division's services coordinators throughout the region. Other members of our professional staff work very closely with schools and preschools and with fellow professionals in patients' home communities.

"Secondly, I want to point out the extent of our involvement with physicians, particularly pediatricians, within the re-

gion. With his pediatric genetic training and experience, Dr. Jonathan Zonana provides important backup to regional physicians in the evaluation and care of children having developmental abnormalities. Also, regional physicians participate in many of our clinics, in Medford and Roseburg as well as Eugene.

*Four UOHSC pediatric cardiologists travel on a regular schedule to Eugene and Medford. "Their participation provides the greatest contact between the Health Sciences Center and physicians in the southern region."*

"The Congenital Heart Clinics in Eugene and Medford deserve to be singled out," Dr. Schmidt noted.

A dozen pediatricians in private practice in Eugene-Springfield rotate through CCD's Eugene heart clinics each year. In Medford, all four of the cardiologists in private practice take part in the clinics.

And, Drs. Victor Menashe, Martin Lees, Cecille Sunderland and Michael Nichols, pediatric cardiologists at the UOHSC, all travel on a regular schedule to Eugene and Medford. "Their participation provides the greatest contact between the Health Sciences Center and physicians in the southern region," said Dr. Schmidt.

"I'm sure Oregon has one of the best pediatric cardiology programs in the country, and the southern region has become a full partner in that system."

What about the future of CCD's southern regional program?

Although he foresees no major changes, Dr. Schmidt said, "The big remaining need is for greater treatment capability close to home. Children who have cerebral palsy are the largest group that would benefit."

Along those lines, Oregon has been selected as one of six states to develop model programs for interagency cooperation in the care of handicapped children, Dr. Schmidt pointed out. (CCD's Jerry Elder is the director in Oregon.) A project goal is to establish CCD clinics in underserved areas, and Dr. Schmidt hopes for clinics in Coos Bay, Bend and Klamath Falls. Local pediatricians and other professionals would provide most of the staffing, with help from CCD.

"In CCD's experience, local clinics have stimulated increased treatment capability wherever they have been established," said Dr. Schmidt. "So we feel the clinics would add quite a lot to specialized pediatric services in the region and hope they will be desired and supported.

"This would keep Oregon in the vanguard in the care of handicapped children."



# Plant-in brightens campus

Green thumbs and blue jeans were out in force at the Health Sciences Center on Saturday, July 7.

So was a colorful array of petunias, geraniums and dusty miller.

The scene was the HSC's First Annual Annual Plant-In, which brought out 40 volunteers to plant annuals around the campus.

Among those taking trowel in hand was Dr. Leonard Laster, HSC president, who had noted that "the appearance of an institution is a reflection of the pride we all share in it."

By the time the morning's work was done, more than 2,700 new flowers graced the campus.

In recent years, budget cuts have made it possible to maintain campus grounds at only a minimal level. No additional funds are available for extensive efforts at campus beautification; thus the marshaling of volunteers.

Some of the volunteers sported specially made T-shirts with "Annual Annual Plant-In" across the front. Proceeds from the shirt sales will go toward purchasing flowers for next year's plant-in. A picnic on the Outpatient Clinic patio wound up the event.

Volunteers from the department of obstetrics and gynecology went the extra mile, offering to maintain the flowers they had purchased and had planted on the Outpatient Clinic patio.

The plant-in flowers can be seen at nine

locations around campus, including the Alumni Fountain area in front of Mackenzie Hall, the main entries to both hospital units, the School of Dentistry and the Child Development and Rehabilitation Center.

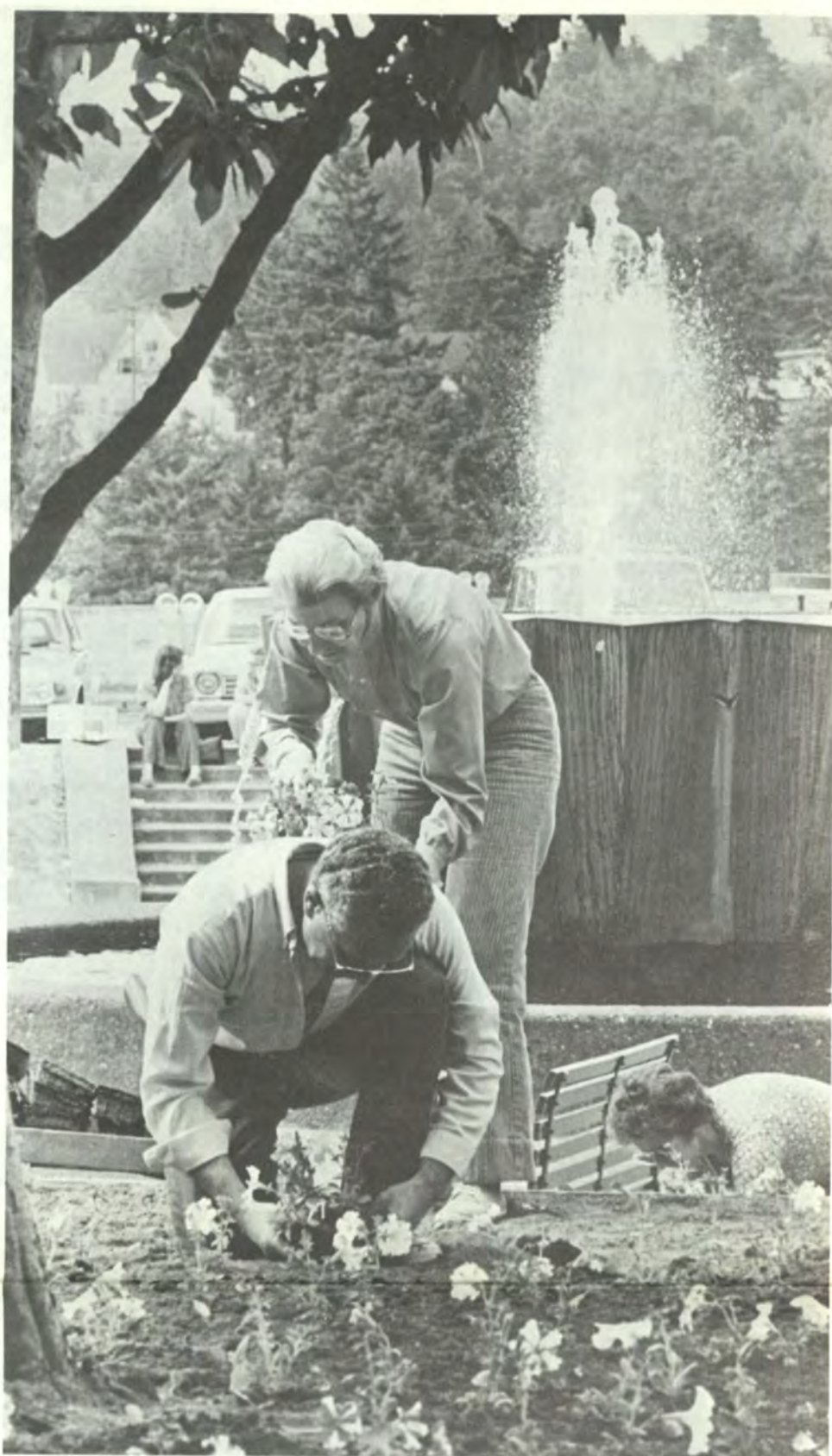
According to Dr. Laster, a fall plant-in is under discussion as is next spring's plant-in which will cover the entire campus. "I think the gratification to be derived from working together to beautify our institution will be more than worth the effort," he said.

In past years as many as 9,000 flowers ranging from asters to zinnias have adorned the campus.

Supervisor of the First Annual Annual Plant-In was Norman Ray, HSC grounds superintendent.



Helping plant flowers near the Alumni Fountain in front of Mackenzie Hall were, in large photo from left to right, HSC president Dr. Leonard Laster, Maxine Reinschmidt, and June Bluemmel, instructor of oral and maxillofacial surgery. At right, Betsy Baptist, educational coordinator in the medical technology program, shows off her new plant-in T-shirt. Dining on a picnic lunch after the morning's work are, from left, Velma Abraham, retired employee of the School of Dentistry; Wyona Avery, RN in the health service; Doris Winters from the Portland Federation of Garden Clubs; and Gordon Davies, research associate in the School of Medicine.



## 'Bionic Woman' gets surgical relief for rheumatoid arthritis

University Hospital has its own "Bionic Woman."

She can't claim any superhuman powers like the popular TV character — she's grateful just to be able to walk.

Joyce Speidel, 62, of Independence, came to University Hospital suffering from one of the most severe cases of rheumatoid arthritis ever seen at the Health Sciences Center, according to doctors in the rheumatology clinic.

In an effort to give her relief from the pain, UOHC orthopedic surgeons have implanted eight artificial joints, and fused the joints of both her wrists and thumbs.

After her first knee surgery, friends began calling her the "Bionic Woman" because of all her "spare parts."

When Mrs. Speidel first entered the hospital in 1970, she was "still walking, but not much," she recalled. Her right leg, twisted by the disease, was bent at a 45-degree angle, and she "could hardly remember what it was like to live without pain."

Mrs. Speidel's rheumatoid arthritis, a crippling disease which destroys the joints, had become progressively worse since the early 1960s. She had seen many doctors and taken many kinds of medication before coming to the HSC, but with little relief.

By 1972, she was confined to a wheel-chair. For a time, she was able to sweep floors from the chair and pull herself up, but soon even those tasks became impossible.

A series of operations began in May 1975 when Mrs. Speidel had both hip joints re-

placed. Although the implants brought welcome relief from pain, she still was unable to walk. "I was pretty despondent when I left, because all my roommates could walk, but I couldn't even get into a 60- or 90-degree angle," she said.

In November 1975, she re-entered the hospital to have both knees replaced. She left again in December — this time, walking.

"When I first stood upright," she said, "I just stood there and cried. The therapist asked if I was hurting, and I said, 'No, I'm standing!'"

In 1976 Mrs. Speidel had both wrists and thumbs fused. At that point, she "took a year off" from surgery. Then she was back again — this time to have four knuckles on her right hand replaced.

Mary Lou Phillip, R.N., who helped care for Mrs. Speidel after her surgeries, said, "She was the kind of person who didn't need much help. She was very self-motivated, and never insisted on someone else doing something that she could do for herself."

Mrs. Speidel isn't one to wallow in self-pity, either. "She was very cheerful and bright," said Ms. Phillip. "She would go around visiting the other patients. She made a point of going in to see others who were not as well off as she was, if you can imagine that! She's really a tremendous person."

Therapy can sometimes help correct deformities caused by arthritis. But, according to Kay Rhoney, former head of the department of occupational therapy, who worked with Mrs. Speidel, this patient's



As part of her treatment at the HSC, Joyce Speidel got a helping hand from occupational therapist Kay Galyen. Therapists concentrated on increasing Mrs. Speidel's independence in caring for herself.

disease was so far advanced that "when we got to her, there wasn't much we could do besides just working on self-care."

Therapists concentrated on increasing Mrs. Speidel's independence in caring for herself. She was given long "dressing sticks" with hooks on the ends for pulling clothing on and off; she learned to use special utensils for eating and an angled sponge for bathing.

The patient still returns occasionally to University Hospital for a checkup.

In spite of therapy, there are still many things Mrs. Speidel cannot do.

"I can't do the things I would like to

do. I'd like to even go in and wash dishes, but I can't. Everything's too high or too far away" for her to reach comfortably, she said.

Mrs. Speidel's husband, "R.T.," does the cooking, dish washing and cleaning. She joked, "I think he retired to take care of me!"

Jean Peters



# Hospital's new materiel manager has big job in store

Try this on your grocery list:  
2,543 cases of plastic bags... 2,839 cases  
of suction catheters... 12,591 cases of IV  
solutions and sets...

That is a small sample of the \$3.25 million worth of supplies that University Hospital's materiel management department bought last year.

The task of managing the purchasing, storing, distribution and inventory control of all those items falls to Richard Mitchell, University Hospital's first director of materiel management.

In the new position, Mr. Mitchell must keep an eye out for supply needs around the hospital, a leg up on inflation — and a hand on the hospital purse strings.

"We touch every area of the hospital and we control a lot of the money," pointed out Mr. Mitchell. "We're in a good position for cost containment for every hospital unit. We have the opportunity because we're procuring supplies.

"If we buy it right and store it properly so that we're not wasting money, the savings can be tremendous."

No wonder, with the acute cost-consciousness of hospitals today, that materiel managers are joining doctors and nurses as hospital mainstays.

Referring to the importance of having a materiel manager at University Hospital, Manuel Berman, assistant hospital administrator, said, "On a scale of one to 10, I would rank it at 100."

He continued, "Look back at what hospitals had 20 years ago; they didn't have near the equipment or specialization of today. Because of that equipment and specialization, the supplies have continued to increase. So you need somebody

who can manage them."

Although Mr. Mitchell's domain will expand eventually, for now he oversees the hospital's general stores (which receives all bulk material), central sterile supply, purchasing, processing and distribution.

He currently is zeroing in on three main goals — to control inventory, to centralize the materiel function, and to standardize products.

"Our whole profession is procuring and distributing materiel to a user, and it's got to be there when he needs it. On the other hand, we can't buy too much and tie up

*"Our whole profession is procuring and distributing materiel to a user, and it's got to be there when he needs it. On the other hand, we can't buy too much and tie up the assets of the hospital in inventory."*

the assets of the hospital in inventory," said Mr. Mitchell.

"It's very expensive to have an excessive inventory. It costs about 33 percent of the total inventory dollars to keep that inventory; that money could be spent somewhere else."

(Supplies sitting too long on shelves gobble up money because of insurance, utility costs, space costs, theft, damage and obsolescence.)

"One of our goals is to get the inventory down and make the inventory turnover high, which means we bring it in, issue it out — and still not run out. That's the trickiest part."

Before Mr. Mitchell arrived last December, the hospital's total supply inventory rang up to \$1.6 million — amounting to twice as much as a hospital of this size should have on hand at any one time, according to Dr. Donald Kassebaum, vice president for hospital affairs. Already Mr.

Mitchell has helped prune that quantity by 25 percent.

One method of keeping inventory under control is the exchange cart system now being developed.

For years, Mr. Mitchell explained, every nursing station around the hospital has been maintaining its own mini-warehouse of supplies. The situation has been less than desirable; not only have inventory losses been high, but nurses have found themselves having to do double duty as materiel managers.

In the exchange cart system, a cart stocked with the supplies that a specific nursing unit usually needs for a given day will be wheeled to the unit, and 24 hours later a freshly stocked cart will take its place. A hot line will be available in case extra supplies are needed.

"Another method of inventory control is a procurement system for buying materiel in an economical manner," said Mr. Mitchell.

"There are many systems available for procuring materiel — manual systems and computerized systems. Here at the hospital we have to start with a manual system, for it will be two years before a computerized system is available to us."

Cards are the key to the manual system. A perpetual inventory card lists how much materiel has been put into and issued out of the storeroom, and gives a running balance of what's on hand. A traveling requisition card contains information necessary for procuring materials, such as the vendor's name, cost of the item, and average monthly usage.

To get the manual perpetual inventory system started, Mr. Mitchell is using the "ABC system." "The basis of the system is that for any given group, a small number of items in the group will account for the bulk of the total value," he said. Storeroom items are divided into three classifications according to their percent-

age of the total inventory cost, with "A" items making up the highest percentage and "C" items the lowest. The most stringent controls, then, are applied to the "A" items.

Another important goal for Mr. Mitchell is centralizing the materiel function.

At present, University Hospital's north and south units each have their own large storeroom. But by the end of this year, the two will be brought together into one storeroom in the basement of the north hospital. The two central supply units also will be combined.

"We're trying to eliminate duplicate functions," noted Mr. Mitchell.

The storeroom will get a facelift, complete with a mechanically equipped receiving dock and a modern, more efficient shelving system.

As for the third major goal of standardization of products, Mr. Mitchell pointed out that standardization saves considerable time, effort and money.

"It's less costly buying one item than buying a dozen items that all do the same thing," he said. "With standardization, we'll say that we will use the one item in place of the other 11 items, and it still

*Standardization saves considerable time, effort and money.*

*"It's less costly buying one item than buying a dozen items that all do the same thing."*

will meet the needs of all hospital and clinic departments.

"In turn, that cuts down our paperwork, the number of items we have to store, and all the space that's used up. And it's easier to procure one item than 12."

The hospital's product evaluation committee is being reorganized to emphasize the urgency of reviewing as many products as possible, said Mr. Mitchell.

Assistant administrator Mr. Berman noted, "Every individual in this institution will be able to have input into all decisions concerning standardization, product utilization and product selection. It's imperative that each individual use this avenue that is open to him."

Before coming to the Health Sciences Center, Mr. Mitchell was director of materiel management at St. Mary's Hospital and Health Center in Tucson, Ariz. He served on the board of directors and is a senior member of the National Association of Hospital Purchasing and Materiel Management. He'll be eligible for certification through the association in November (there are only 10 certified members in the nation).

He helped form a standardized set of practices for materiel managers to be used nationwide.

In the future, Mr. Mitchell's duties at University Hospital will include linen supply and transportation/messenger service.

To be a materiel manager, "You have to be a planner, organizer, scheduler, salesman and teacher," he said. "You cover a lot of territory."



## Newsmakers

Leonora Ingraham, head of public services and coordinator of collection development at the HSC library, has been awarded one of three internships in health sciences library management by the Council on Library Resources, National Library of Medicine, for the 1979-80 academic year. Last year another member of the HSC library staff, Carol Jenkins, received the internship.

Dr. Grover Bagby, assistant professor of medicine at the HSC and research associate at the Veterans Administration Medical Center, has been appointed director of

the HSC's Osgood Memorial Leukemia Center and Laboratory.

Dr. Albert Starr, professor and chief of cardiopulmonary surgery, has been elected to membership on the Council of the American Association for Thoracic Surgery. The association serves in an advisory capacity to the profession on matters relating to thoracic surgery and provides an annual forum for scientific papers. The appointment is for four years.

Dr. Emil Bardana Jr., associate professor of medicine and head of the allergy clinics at the HSC, is a 1979 recipient of the Oregon Lung Association's highest award for volunteers, the Gold Key.

Becky Kruse, supervisor of the Outpa-

tient Clinic section of the department of diagnostic radiology, has been elected to the board of directors of the American Society of Radiologic Technologists. She will serve a three-year term as director of Region II, which includes Oregon, Washington, Idaho, Montana, Utah, Canada and foreign countries.

Dr. Louis Terkla, dean of the School of Dentistry, visited Japan this month to present a series of essays to a large group of Japanese dentists who are honorary alumni of the HSC School of Dentistry. On the two-week trip, Dr. Terkla also lectured at several dental schools in Japan, including the University of Hokkaido School of Dentistry in Sapporo, a sister institution of the HSC school, and spoke to the Hong Kong Dental Society. About 400 Japanese dentists are honorary alumni of the HSC

School of Dentistry, having taken continuing education courses here.

Dr. J. David Bristow, a 1953 graduate of the School of Medicine and professor and chairman of the department of medicine from 1971 to 1975, has been appointed to the National Heart, Lung and Blood Advisory Council of the National Heart, Lung and Blood Institute. Dr. Bristow is professor of medicine and senior staff member, Cardiovascular Research Institute, University of California at San Francisco.

Margaret Hughes, former head librarian at the Health Sciences Center, is serving as clerk on the board of directors of William Temple House in Portland. The center provides counseling and other assistance for persons with emotional, mental, spiritual or physical needs.



# Periodontal research focuses on an intriguing notion

Does the body's immune system, which naturally protects against many diseases, contribute to the most common chronic infectious disease in man?

UOHSC researchers are trying to determine exactly what role the immune system plays in the development of periodontal disease, culprit in the vast majority of tooth loss in adults.

Funded by the National Institute of Dental Research, the study has been attempting to help solve the mystery by evaluating patients with deficiencies of the immune system. Principal investigator is Dr. Howard Creamer, professor and chairman of the School of Dentistry's department of microbiology.

"In chronic inflammatory periodontal disease," Dr. Creamer explained, "inflammatory responses are generated in the periodontium — the gums and bone that support the teeth — and the tissues are slowly destroyed. Nothing at all is necessarily wrong with the tooth, but the supporting structures are destroyed, so that the tooth loosens in the socket and eventually is lost."

He continued, "It is well known today that the primary cause of this is the bacteria of dental plaque that builds around the tooth at this gingival (gum) margin. The question then is, what mechanism leads to this destruction? What does the immune response do in terms of chronic inflammatory periodontal disease?"

Theoretically, Dr. Creamer said, the immune system could play either of two

contrasting roles in periodontal disease — protector or destroyer.

For the past decade, researchers have been concerned with an intriguing notion. This is the possibility that the tissue destruction is mediated via immunologic reactions — that periodontal damage is the result of a state of hypersensitivity or allergy.

In other words, Dr. Creamer said, the inflammation that destroys the teeth's supporting structures may be "essentially an allergy that we have developed toward our own dental plaque."

This would mean that the immune system, in its very efforts to fight the bacteria of dental plaque, may cause the destructive inflammation.

*The inflammation that destroys the teeth's supporting structures may be "essentially an allergy that we have developed toward our own dental plaque."*

(Such a paradoxical effect is called "the double-edged sword," said Dr. Creamer. "Very often, local damage occurs in a response that is designed to defend the entire system. So you can think of it as sacrificing local tissue for the good of the whole.")

On the other hand, it is possible that the immune system's response is predominantly protective, neutralizing certain plaque activities that are themselves directly damaging to the periodontium.

The immune system consists of antibody-mediated and cell-mediated responses, Dr. Creamer noted. His study focuses on the function of antibodies.

To obtain evidence on the role of the immune response in chronic inflammatory periodontal disease, Dr. Creamer and Dr. Emil Bardana Jr., co-investigator and associate professor of medicine, chose to evaluate selected people who suffer from certain antibody deficiencies.

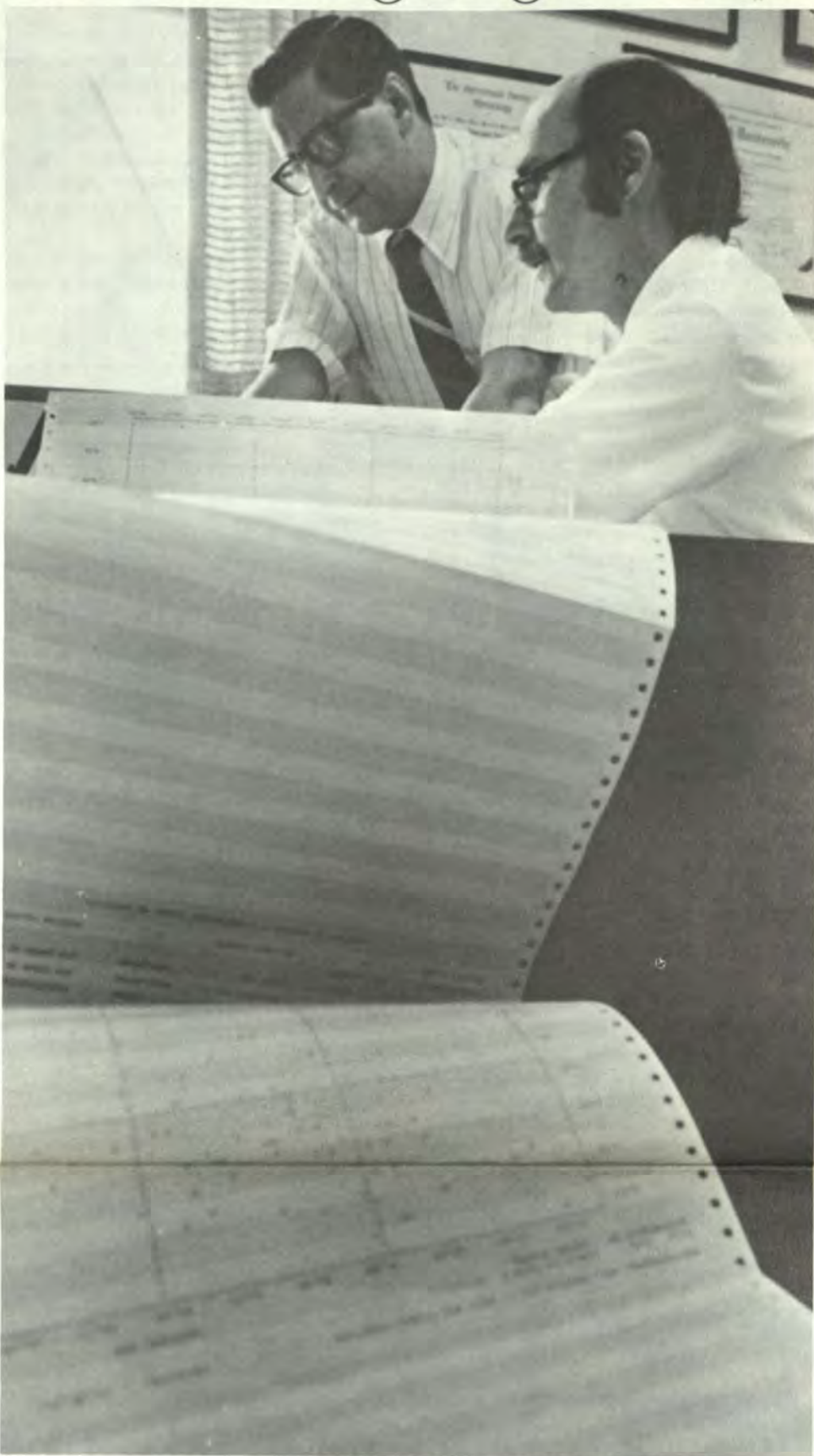
"If it is postulated," explained Dr. Bardana, "that a particular immunologic capability is essential for a particular response — either an allergic response or a protective response — then an evaluation of patients unable to mount that particular immunologic response should generate data that is either highly supportive of, or damaging to, the hypothesis."

Twenty-seven immunodeficient patients as well as 56 medically normal people were chosen for the study.

Three years of clinical and laboratory tests have been completed, and the research is now in the stage of statistical evaluation.

"One basic question has been answered now in the sense that the immunodeficient people who were examined do have chronic inflammatory periodontal disease," said Dr. Creamer. "We don't know yet whether it is more or less severe than expected, but they do have significant levels of periodontal disease."

"This would imply that antibody-mediated mechanisms are not a requirement for the generation of chronic inflam-



Drs. Emil Bardana Jr., left, and Howard Creamer look over a computer printout of their research data.

matory periodontal disease. It is unclear as yet whether the lack of these immunologic capabilities is harmful with respect to the disease."

In an unusual aspect of the research, each patient was evaluated not once, but three times over the three-year period. A subgroup of the immunodeficient patients was examined both before and after treatment for periodontal disease to determine whether the treatment had any effect on the immunologic function.

The study has been a true cooperative effort, involving four School of Dentistry

departments — periodontology, microbiology, biochemistry and biostatistics — as well as the School of Medicine's division of immunology, allergy and rheumatology.

"A practical reason for the research," Dr. Creamer summarized, "is to develop more effective preventive procedures, the concept being that if you understand the mechanism of disease generation, then you should understand potential methods of prevention."



Photo by Chris Normandin

Kaiser representatives visited the UOHSC after the announcement about the library grant. From left are Dr. Louis Terkla, dean of the School of Dentistry and administrative liaison to the president for the library; Daniel Wagster, regional manager of Kaiser Foundation Hospital and Health Plan; James Morgan (seated), library director; Dr. Leonard Laster, HSC president; and Dr. Marvin Goldberg, medical director of Northwest Permanente.

## Kaiser grant keeps library books coming

The University of Oregon Health Sciences Center has received a "helpful and welcome gift" of \$15,000 from the Kaiser Foundation Hospitals, according to HSC president Dr. Leonard Laster.

The money is being used to purchase books for the library.

"Early in the 1978-79 academic year," the president said, "the library staff confronted a very difficult decision. In working with a severely limited materials budget and in meeting rapidly increasing costs, they literally had to choose between buying journals or books. They decided to protect the acquisition of periodicals, but the consequence — inability to buy new books — was, obviously, detrimental to the future of the library."

"This generous contribution from the Kaiser Foundation Hospitals, along with other gift funds and with salary savings in the executive office, has enabled the library to make a useful start in the critical process of adding current books to the collection. We are grateful for the concern of the Kaiser organization."

In making the award, James A. Vohs, president of the Kaiser Foundation Hospitals, recognized the importance of the library as a resource for providers of health care and expressed the hope that it will be maintained at a high level of quality.

## HEALTH SCIENCES CENTER NEWS

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