



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.

Dream of hospital dental service has become reality

It's been a long time coming, but University Hospital now can claim a full-fledged dental service.

The hospital dental service has burst the confines of its old, cramped quarters in the Outpatient Clinic and burgeoned into a modern, multi-room facility on the third floor of University Hospital (north).

"It's very gratifying to have a dental service right smack in the middle of the hospital, because it rounds out the health care that the hospital can provide," said Dr. Donald Kassebaum, vice president for hospital affairs.

"Hospitals tend to neglect the oral health of patients, and this now provides much better the dimension of oral and dental care. We really can offer comprehensive service to our patients."

Dr. Louis Terkla, dean of the School of Dentistry, is equally pleased with the new hospital dental service. It has been a long-time dream of his.

"From the School of Dentistry's point of view," he said, "the primary purpose of the hospital dental service is to provide educational opportunities for postdoctoral students (residents) and, to a limited extent, for predoctoral students. From the hospital's point of view, a major purpose is to provide patient care services. Both objectives, of course, are interdependent and will be met."

"If our University Hospital is to provide comprehensive health care, then dentistry has a specific responsibility and must be included," Dr. Terkla said.

The hospital dental service comprises three units with residency training programs — general dentistry, oral surgery and pedodontics. Each now has its own clinic space. The service carries its own patient load as well as providing consultation and services to other hospital departments.

Fourteen years in the making, the ex-

panded dental service was slow to develop partly because "we had to carve a location for it out of our precious-little space for which there was lots of competition," Dr. Kassebaum said.

The service formerly consisted of a two-chair facility crammed into a tiny room next to the ear, nose and throat clinic, plus a small pedodontic clinic in Doernbecher Memorial Hospital for Children which is still part of the program.

"Over several years," Dr. Kassebaum continued, "a broader appreciation has developed for the role of a dental service operating within a teaching hospital."

One who shares that appreciation is the

hospital dental service's new director, Dr. J. Theodore Jastak. He is a professor of oral and maxillofacial surgery in the School of Dentistry and is head of the division of dentistry in the School of Medicine's surgery department.

"Besides being used as a training ground for residents in several dental specialties," Dr. Jastak said, "the hospital dental service is able to provide both general and specialized dental care to people who have complex dental needs or complex medical problems that an outside practitioner would have great difficulty dealing with."

For some hospital patients, untreated
(continued on page 6)

CAPD nurtures children

Molly, Matthew, Joshua, Channa, Kerry, Doug, Andy, Cam and Greg are a very special group of youngsters to Doernbecher Memorial Hospital for Children at University Hospital.

They are patients with end-stage kidney failure who are being carefully nurtured for the day they can receive a kidney transplant. A revolutionary new system of dialysis is making it all possible.

University Hospital through its pediatric nephrology program was the first in the country to adapt the system — continuous ambulatory peritoneal dialysis — for the treatment of infants and children, according to Dr. Steven Alexander, assistant professor of pediatrics, School of Medicine, and director of University Hospital's CAPD program.

Now, other hospitals around the United States are turning to Oregon's University Hospital to learn how they can apply the life-saving procedure to their own young patients with chronic kidney failure.

"CAPD has filled an important gap in existing maintenance dialysis therapy by providing a method by which infants and small children may be maintained at home," said the assistant professor of pediatrics.

To receive CAPD treatment, the child first has a soft, silastic catheter permanently implanted into the abdominal cavity. Through this tube, a sterile sugar and salt solution is infused into the abdominal cavity, where it remains for four to eight hours.

Waste products in the blood, normally removed by the kidneys, are drawn into the fluid. Four or five times a day, the child's parent or another adult drains the impurity-laden fluid and replaces it with the contents of a new sealed plastic bag containing fresh solution.

The empty but still attached plastic bag and tubing are rolled into a small, lightweight bundle to be slipped into a pocket or carried, by the smaller children, in a kind of knapsack concealed in their clothing. "The entire exchange process is painless," Dr. Alexander said, "and the continuous presence of dialysis fluid inside the peritoneal cavity goes unnoticed by these active youngsters."

This new dialysis method offers children vital advantages over the standard systems of dialysis, said Dr. Alexander.

First, it is a continuous system that allows the maintenance of stable biochemical conditions in the body.

Second, it's completely portable, allowing the child to engage in almost any activity — even swimming and vigorous non-contact athletics.

"Another important factor," Dr. Alexander continued, "is the opportunity to live at home with their families in a psychological and social environment which is near normal." One major problem for children with kidney disease has been the deleterious effects on emotional and mental development resulting from long periods of hospitalization and separation from their families, he said.

Finally, Dr. Alexander said, many infants in renal failure who previously would not have survived simply because they were too small to be maintained by usual dialysis methods can now be maintained on CAPD.

"Children on CAPD seem to be growing
(continued on page 8)

Little Molly Ward is one of the young kidney patients benefiting from the Health Sciences Center's pediatric CAPD program. Here she's receiving a blood transfusion during a visit to University Hospital.



Training program stresses oneness of body and mind

The internal medicine resident is baffled by his newest patient. She came in complaining of headaches, stomach pains, weight loss and sleep disturbance, but a series of tests has failed to uncover the cause.

As part of the evaluation, the resident calls in a resident in psychiatry — who diagnoses a depression underlying the patient's symptoms. With the aid of an antidepressant and supportive psychotherapy, she soon is on the way to recovery.

The scene is typical for the School of Medicine's psychiatry consultation liaison service.

Funded by a renewed, five-year training grant of nearly \$190,000 from the National Institute of Mental Health, the psychiatry liaison service seeks to help both non-psychiatric and psychiatric residents understand the interaction among the biological, psychological and social aspects of physical illness.

The program helps non-psychiatric physicians perceive the mental and emotional problems that may affect a patient with a physical illness.

At the same time, it trains the psychiatric resident to be a better consultant with physicians outside his specialty on the psychological aspects of physical illness.

"Psychiatrists have recognized that they have done too much of their teaching on psychiatric wards," said Dr. Robert Sack, associate professor of psychiatry and director of the psychiatry consultation liaison service.

"In a sense, this emphasis on consultation psychiatry is a part of a larger movement within psychiatry to relate more strongly to medicine."

Their teaching is equally relevant, he said, if done in a hospital setting where both psychiatric and non-psychiatric residents and students can observe how psychiatric principles are applied to patients with medical problems. These patients, he said, are the kind they will see most often in their practices.

Dr. Sack continued, "In a sense, this emphasis on consultation psychiatry is a part of a larger movement within psychiatry to relate more strongly to medicine."

"Some people feel that psychiatry has gotten out on a limb, becoming too isolated from the rest of the medical profession. Our effort is to draw our profession closer to medicine and to establish our identity and our expertise in matters pertaining to physical as well as emotional illness."

In the psychiatry liaison service, residents in primary care and other areas can call the psychiatry department for consultation about a patient. The psychiatric resident on consultation then takes information about the patient, sees him and reports his findings to the other caretakers. The consultant makes recommendations for treatment, explaining how he reached his conclusions.

When might a non-psychiatric resident call on his colleague in psychiatry? Among the more common cases, Dr. Sack said, are those involving patients suffering emotional problems because of chronic pain, persons who have to readjust their life styles after a heart attack or stroke, new mothers with postpartum depression, and patients who have become confused or delirious after surgery.

The psychiatry department gives psychiatric training to residents in internal medicine, family practice, pediatrics, emergency medicine, obstetrics and gynecology, and neurology.

Each psychiatric resident is assigned to the consultation liaison setting for six months, and is responsible for answering five to eight consultation requests per week.

The psychiatry consultation liaison service reflects the psychiatry department's

interaction with other School of Medicine departments. Psychiatric faculty members work with faculty in other departments, who then can pass on their knowledge to students and residents.

One of the department's main liaisons is with the department of medicine's new program for training primary care residents.

According to Dr. Sack, psychiatric training for non-psychiatric physicians is much more than a frill.

"Most mental health care is delivered by general physicians, not psychiatrists," he pointed out.

"There are not enough psychiatrists. Another reason is that many people prefer to relate to their general physician about such issues and would rather not go see a psychiatrist. Or they may interpret their mental distress as a physical disorder and go to a physician with complaints suggesting a physical illness which, in fact, may be related to stress, depression or other emotional problems."

"So general physicians are doing most of the treatment," Dr. Sack said, "and they may or may not have had much training. This is the kind of thing we're trying to help with. Many studies have indicated a high incidence of emotional problems among medically ill patients."

Country living is great for your mental health ... or is it?

Ah, country living! Clean-air breezes rustling through the willows, hospitality bigger than the hay fields, and a style of life as comfortable as Gandmother's feather bed ... the perfect place to find peace of mind.

That last part isn't necessarily so, according to Dr. Florence Hardesty, associate professor and chairman of psychiatric/mental health nursing in the School of Nursing.

In searching literature for her research project called "A Comparative Study of the Mental Health of Rural and Urban Residents," Dr. Hardesty finds that rural resi-

dents actually suffer more mental illness than their city counterparts.

"It's a popular belief in the United States that urban life is stressful and rural life is peaceful and pastoral," Dr. Hardesty said. "But most research seems to indicate that there is much more mental illness in rural areas; more psychosis and neurosis."

She continued, "It's been my impression that many people in mental health share this view of rural health as being idyllic and somewhat like 'The Waltons.'"

Born and reared in the country, employed there for 10 years and now married to a farmer, Dr. Hardesty has long been interested in the mental health of rural residents. She can sing the praises of country living but emphasizes that providers of mental health care need to be realistic about what to expect in rural and urban areas.

"This information (from the study) would be useful for planning mental health programs to meet the needs of the various populations," she said. "It also would be helpful to have more information about rural/urban mental health needs in order to plan curriculum for mental health workers, including psychiatric nurses."

Few studies have attempted to compare the mental health of rural and urban residents, Dr. Hardesty said. Those that have done so have found that such mental-illness indicators as alcoholism and suicide are more frequent in the country than

in the city.

Why?

"Nobody knows," Dr. Hardesty said. "There is lots of speculation. One idea is the economics — that there is more poverty in the rural areas. Another is that there is a lack of opportunities for jobs, education, social interaction, recreation, culture."

"It's a popular belief in the United States that urban life is stressful and rural life is peaceful and pastoral. But most research seems to indicate that there is much more mental illness in rural areas; more psychosis and neurosis."

By its very nature, a small rural community tends to place stronger restraints on its inhabitants, Dr. Hardesty noted. Anyone whose behavior deviates from the norm, such as a homosexual, will find less anonymity and fewer people like him than in a city.

There is less privacy in a country community than in a city, the nursing professor said. At the same time, "If you're lonely in the rural area, you're really lonely."

Besides, Dr. Hardesty said, city living isn't necessarily any faster-paced or more stressful than country living. "If your crop fails and the weather doesn't cooperate, think of that kind of stress."

Compounding the problem is that there aren't enough mental health specialists in

rural areas to help the people who may need treatment, Dr. Hardesty pointed out. She hopes her study will help clear the way.

With the aid of three graduate students in psychiatric/mental health nursing, Dr. Hardesty has been surveying selected residents of urban and rural areas in the Willamette Valley. The study defines rural as a town of fewer than 1,000 residents or open countryside, and urban as a city of over 15,000. The study also is looking at towns of 1,000 to 15,000 population.

She is doing her research in cooperation with the Oregon Mental Health Division and using the division's Oregon Quality of Life Questionnaire. From information gathered in in-depth interviews, the survey seeks to measure the individual's adjustment in personal, interpersonal, productive and civic areas.

Dr. Hardesty's research project, funded by the School of Nursing, is part of a cluster of School-related studies on mental health that use the data from the questionnaire results. (The other studies are for graduate students' theses.)

The professor is now tabulating some data and will begin next fall to analyze the rest of the data as she tries to compare the mental health of rural and urban residents.

As for herself, living in the country and working in the city, Dr. Hardesty said with a satisfied smile, "Right now, I guess I have the best of both worlds."

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Residency matchmaking turned out well for 1980 class

Barely had some of this year's medical graduates shed their graduation gowns than they were putting on their old clothes, ready to pack their things and head out. The residency programs awaited.

For the Class of 1980, the residency programs — some of which started only a week after commencement — look particularly good, according to Dr. Michael Miller, associate dean for student affairs in the School of Medicine.

"I was pleased with this year's match (of new M.D.s to residencies)," Dr. Miller said. "The students did well, and I think the School can look at this with pride that our students are competitive for many premier training programs around the country."

Of the 121 medical students in this

year's class, 104 were successfully matched with residency programs through the National Residency Matching Program. Others entered medical service in the military, sought residencies independently, or obtained a program after the matching results were announced.

Almost half of the matched students landed their first choice of residency programs, Dr. Miller pointed out, and 82 percent got one of their top four choices.

"They were reaching for high goals," Dr. Miller noted, "and many of the programs obtained are considered among the best in the country."

Perhaps one reason the 1980 graduates did so well is that they were willing to "spread themselves out geographically" more than in past years rather than concentrating on programs in the Western re-

gion, Dr. Miller said.

Fifteen of the graduates are staying at the UOHC for their residencies. Another 53 will enter training programs elsewhere in the Western region of the United States; 31 in the Midwest; 12 in the South; and 10 in the Northeast.

Eighty-four are taking part in university-associated residency programs.

As to the fields of medicine they're going into, Dr. Miller said, "The majority of our students continue to enter primary care specialties." Forty-two have selected internal medicine; 31, family practice; six, pediatrics; five, obstetrics/gynecology.

Other types of residencies represented are as follows: flexible, 17; surgery, eight; anesthesiology, four; psychiatry, three; pathology, two; and neurosurgery, acute care and orthopedics, one each.



Commencement brought out the smiles for UOHSC graduates, family members, friends and faculty. Pictured clockwise from large photo at upper right are Patricia Leong, School of Dentistry graduate; Mark O'Hollaren, School of Medicine; Dr. Phillip Handler (left), commencement speaker, and Dr. Ransom Arthur, dean of the School of Medicine; dental graduate Hal Oien; President Leonard Laster conferring degree to dental hygiene student Paloma Palmer; and School of Nursing graduates (from left) Rebecca Hayhurst, Deborah Bork and Karen Samper.

447 receive diplomas in 'favorite rite of passage'

Confessing to "gooseflesh and a lump in my throat" at again attending "our nation's favorite rite of passage," Dr. Philip Handler, president of the National Academy of Sciences, greeted the crowd at the University of Oregon Health Sciences Center's 1980 commencement.

A total of 447 students from the Schools of Dentistry, Medicine and Nursing received degrees or certificates in the June 8 ceremony at the Civic Auditorium.

One hundred twenty-three students were awarded bachelor of science degrees in nursing, 121 earned doctor of medicine degrees, and 76 received doctor of dental medicine degrees.

Thirty-six students received bachelor of science degrees in medical technology; 27, bachelor of science degrees in dental hygiene; 35, master of nursing degrees; and

15, graduate certificates in dentistry.

In the School of Medicine, three students received master of science degrees and 11 earned doctor of philosophy degrees.

The traditional Center-wide ceremony also featured the awarding of five presidential Citations for Distinguished Achievement. HSC president Dr. Leonard Laster presented the citations, which are to become a tradition, as a "reaffirmation of the basic principles and disciplines which underlie the Health Sciences Center."

Receiving the awards were former Congresswoman Edith Green; Dr. Louis Terkla, dean of the School of Dentistry; Dr. Howard P. Lewis, emeritus professor of medicine in the School of Medicine; Sister Marilyn R. Schwab, a nurse in the Order

of St. Benedict; and Dr. Handler, the commencement speaker.

In his address, "Science and the American Future," Dr. Handler said that "the principal tool available to us to shape the future, to improve the condition, to secure America's place in an unfriendly, fiercely competitive world is science and the diverse technologies that it makes possible."

Unfortunately, the speaker emphasized, this nation's quest for scientific knowledge faces serious curtailment.

Unfortunately, the speaker emphasized, this nation's quest for scientific knowledge faces serious curtailment. This is largely because, he said, the federal gov-

ernment places increasingly difficult restrictions on researchers who must depend on federal funding.

"... our nation absolutely must find it imperative to assure an adequate level of support of science itself, must find it imperative to look to the health of the institutions in which research is performed," Dr. Handler said.

The National Academy of Sciences president concluded, "I see no alternative but to address as vigorously as possible the principal questions of science itself and to use our ever-widening understanding, our increasingly sophisticated technology, with grace and charity and wisdom."

Also offering remarks at the commencement was Jonathan Ater, a member of the Oregon State Board of Higher Education.

Pointing to the "very real needs in higher education," and at the UOHSC specifically, Mr. Ater said that in light of the economic crunch, "Higher education is going to have to fight hard to make our needs known and to come even close to meeting them."

He said, "I think we're moving toward an era in which alumni and friends of public institutions will necessarily be called upon to provide energy, leadership, and funds in the way of private development if we are to meet the many tasks which are ahead of us."

President Laster conferred all degrees and certificates at the 1980 commencement. He told the graduates, "The opportunity open to the graduates in careers in the health professions offers the potential for the highest form of human gratification imaginable."

Three Schools' top students finish year with awards

Some new graduates of the Health Sciences Center have awards to accompany their diplomas.

At separate ceremonies, the three Schools presented awards to their outstanding graduating students. Winners of the highest honors are as follows:

The coveted Edward S. Hayes Gold Headed Cane Award, the top honor for School of Medicine students, went to M.D. graduate James Munly. The award recognizes the graduate who will "forever epitomize and uphold the traditions of the true physician."

The School of Nursing's top honors, the

Dean's Awards, went to Christine Yoakam, undergraduate winner, and Margaret McComb, 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.

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

In the School of Dentistry, Steven Beadnell received the Alpha Omega Scholarship Award, presented to the senior who

attains the best scholastic average in four years of study.

Selected to receive the Stephen P. Peglow Memorial Award was Robert Morrow. 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.

Clifford Brock and dental hygiene student Rori Ann Bumgarner received the School of Dentistry Alumni Association Awards, given for outstanding achievement in human relations, desirable professional attributes and scholastic achievement.

Outstanding teachers earn high marks from new graduates

"He is truly a great role model, a real gem on the faculty."

"He always has time for students."

"Most of all, her unbounding humor and patience make her a special person."

"His organization of his lectures is phenomenal."

"He is not afraid to be human and allow differences among students."

If the tables were turned and students had to pass out grades for their teachers, it appears that certain professors at the Health Sciences Center would earn an A plus.

The above comments from students describe some of the professors who recently received awards for outstanding teaching. The awards are presented each year by graduating students in the Schools of Dentistry, Medicine and Nursing at separate ceremonies.

Students have their opinions of what makes a good teacher, but what do the award-winning teachers themselves say?

"I have a great deal of trust in students," commented Dr. Fred Cowan, professor and chairman of pharmacology in the School of Dentistry — who was voted the School's best didactic instructor for the 12th year.

"I learned from my own student days that a teacher who trusts you as a fellow human being gets much further; you learn a lot better, and learning doesn't have to be such a painful process," Dr. Cowan said.

"Whatever method that let me say, 'Aha, is that what that means?' is the one I've passed on," he continued. "I figure if it made me understand it, with my thick skull, it would be a good method for anyone!" In his lectures he strives to pinpoint the information that his students should know.

One method that Dr. Cowan uses is to learn the names and even birthdates of his students as soon as possible. "It takes a little work, but I think it pays off. They really feel that I think of them as individuals — and I really do."

In the opinion of Dr. Walter McDonald, who won his second Allan J. Hill Teaching Award for best clinical instructor on the School of Medicine's full-time faculty, "The teacher should go in with the idea that he or she is going to learn something, as well as the students."

"The other thing," continued the chief of medicine at the Veterans Administration Medical Center and vice chairman of the School of Medicine department of medicine, "is that the best teaching probably comes from the students. The students have to understand that they're going to participate in the learning process and the teaching process as well. If they under-

stand that, they contribute heavily and the teacher really just acts as a facilitator to put their knowledge into perspective."

Rick Duffield, who received the School of Nursing's Senior Class Award for Outstanding Member of the Faculty, said, "I try to apply the Golden Rule in my teaching and treat my students the way I would like to have a teacher treat me if I were a student."

"One of the best ways I know how to teach is to be a role model to my students," said the assistant professor of psychiatric/mental health nursing. "When I treat them with dignity and respect, they in turn treat their patients with dignity and respect."

According to Marie Berger, associate professor and chairman of graduate studies in the School of Nursing, a co-recipient of the School's Graduate Faculty Award: "Learning is exciting to me and I believe that students also find learning exciting. It is my responsibility as a teacher to provide a climate where learning can take place. A teacher is a facilitator and a partner in the learning process. I learn a great deal from my students and I love it."

Dr. Robert Kimbrough is a firm believer in the Socratic method of teaching, which involves question-and-answer dialogue between teacher and student. The acting

chief of medicine at Good Samaritan Hospital and Medical Center received the Oliver M. Nisbet Award for outstanding teaching by a volunteer faculty member in the School of Medicine.

"What students respect and at times hunger for is someone to sit down with them and spend the time to talk to them, rather than just lecture to them or give them a list of references to read," Dr. Kimbrough said. He added, "I really get a great deal of joy out of my dialogues with students and house staff. To me, it's fun."

Among the other teaching award winners was Dr. John Holt, associate professor of removable prosthodontics, who was named the best clinical instructor in the School of Dentistry. "He takes a personal responsibility for all the students. He's kind of the father image," a student said of him.

The Allan J. Hill Teaching Award for best instructor in basic sciences went — for the fifth time — to Dr. Robert Bacon, professor of anatomy in the School of Medicine. "He's a super teacher and super friend of the students," said one student. "He reminds me of the fabled wise man, and his comments are well thought out and are

good advice for students."

Described as a "very devoted teacher," Dr. Peter Watson, assistant professor of obstetrics/gynecology, won the School of Medicine's David W.E. Baird Award for teaching excellence in a junior faculty member (one who has been with the institution less than five years). "He is very pleasant to work with and has a tremendous base of knowledge that he imparts with ease to students," a student commented.

For the third year in a row, Dr. John McNulty, associate professor of medical cardiology, received the School of Medicine's J. David Bristow Award for excellence in teaching. Said one student, "He's a tremendous teacher, a tremendous individual and a great role model ... somebody whom a lot of students look up to and say, 'I want to be like him.'"

Dr. Julia Brown, professor of sociology in the School of Nursing, was a co-recipient (with Marie Berger) of the School's Graduate Faculty Award. One student praised her for being "generous, knowledgeable and enthusiastic, easily accessible," and so devoted that she "showed up for class in the ice storm!"

Among the professors honored were (clockwise from upper left) Marie Berger, School of Nursing; Dr. Fred Cowan, School of Dentistry; and Dr. Walter McDonald, School of Medicine, pictured at left after the School's 1980 hooding ceremony with graduating senior Raj Narasimhan. Other award-winning teachers were Dr. John Holt, School of Dentistry; Drs. Robert Bacon, Peter Watson, John McNulty and Robert Kimbrough, School of Medicine; and Rick Duffield and Dr. Julia Brown, School of Nursing.



Newsmakers

Dr. Victor Menashe, director of the Crippled Children's Division, has left for a sabbatical in London, England. He will be studying echocardiography and neurodevelopment in infants as well as looking at the medical care systems for handicapped children in a national health insurance program. Dr. David Macfarlane will be acting director of CCD until Dr. Menashe's return in November.

Dr. Albert Starr, professor of surgery and head of the division of cardiopulmonary surgery in the School of Medicine, received a Distinguished Service Award from Portland State University at its commencement June 8. The pioneering surgeon's citation reads in part, "Thousands throughout the world and countless yet unborn owe their health and their very lives to the skilled hands, inventive mind and teaching talents of Dr. Albert Starr."

Donna Schantz, associate dean for administration in the School of Nursing and

director of nursing outreach programs, has been named to the Governor's Committee on Public Health Services in Oregon.

Honored as Recreator of the Year by the Pacific Northwest Regional Council of the National Recreation and Park Association was Phyllis Coyne, a recreational therapist at the Crippled Children's Division.

Dr. Donald Kassebaum, vice president for hospital affairs at the UOHSC, has been re-elected to the board of directors of the Northwest Oregon Health Systems. The health planning agency serves Oregon's six northwest counties.

UOHSC president Dr. Leonard Laster has been elected to the board of directors of Tektronix, Inc., a Beaverton company.

Dr. Dale Hoskins, a scientist in the division of reproductive physiology at the Oregon Regional Primate Research Center, has been awarded a Senior International Fellowship of the Fogarty International Center, National Institutes of Health. The award will allow him to spend one year in Sydney, Australia, studying the

biology of the male reproductive tract. Dr. Hoskins has a joint appointment as a professor of biochemistry in the School of Medicine.

Dr. Frederick Fraunfelder, chairman of the department of ophthalmology in the School of Medicine, has been asked to serve on the American Medical Association's Residency Review Committee on Ophthalmology.

Peggy Quan, a staff nurse for student and house staff health service at the UOHSC, has been re-elected secretary of the American Nurses Association.

Dr. Stephen Jones, associate professor of medicine in the School of Medicine, has been appointed to the Nurse Practitioner Advisory Council of the Oregon Medical Association Executive Committee.

Dr. Richard McLean of Reedsport, a 1948 graduate of the School of Medicine, has been appointed by Gov. Victor Atiyeh to the new state Rural Medical Education Committee. Committee duties include assisting and advising the state Scholarship

Commission in funding scholarship money to help Oregonians studying medicine and then practicing in Oregon rural areas with medical shortages. Dr. McLean will serve a four-year term.

Lynda Owen, third-year nursing student, has been elected as chairman of the Committee on Nominations of the National Student Nurses Association.

Serving as a medical missionary in Garoua Boulai, Cameroon, Africa, is Dr. Virginia M. Scholl of Seattle, Wash., a 1951 graduate of the School of Medicine. She began her three-year mission in June under auspices of the American Lutheran Church.

Clarethel Kahananui has been appointed as acting vice chancellor of academic affairs for the Oregon State System of Higher Education. She will help guide State System developments in such areas as curricular planning, instruction, research, academic personnel policies, teacher education, high school relations and teaching research. Ms. Kahananui had been assistant to the vice chancellor of academic affairs.

Mice help researcher explore genetics of alcoholism

Normally, the little white mouse would have no trouble scampering across the horizontal screen of chicken wire. But today the going wasn't so easy and its paws kept popping clumsily through the half-inch grid.

One would almost think the rodent was drunk; and it was.

A few moments earlier, the mouse had been injected with ethanol as part of a research study on alcoholism being conducted at the Veterans Administration Medical Center.

The goal of the research project is to better understand the genetic basis for various responses to alcohol, according to Dr. John Crabbe, principal investigator. The VA research psychologist holds a joint appointment in pharmacology and medical psychology in the HSC School of Medicine.

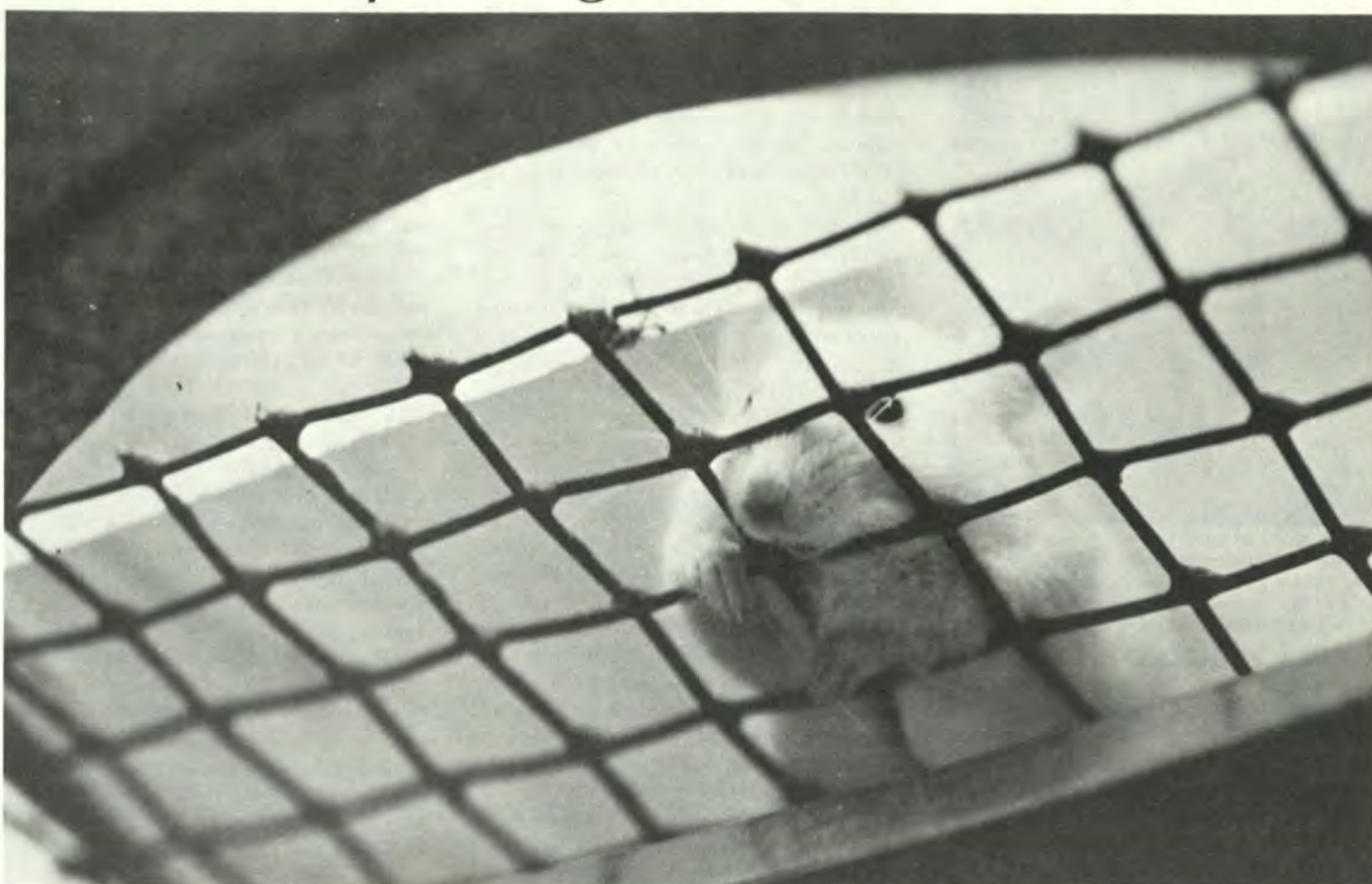
Ultimately, he hopes, his research results will be able to help predict a person's chances of becoming an alcoholic.

Dr. Crabbe is attempting to breed selectively a line of mice that is highly susceptible to becoming physically dependent on alcohol, and, at the same time, another line that is highly resistant to alcoholism.

Concerned with the prevalence of alcoholism, the Veterans Administration has selected the etiology (cause) of the disease as one of its top-priority research topics, Dr. Crabbe said. He was one of the first 13 researchers across the country to be awarded VA funding for such research, receiving a three-year, \$238,000 grant in 1979.

"Traditionally," Dr. Crabbe said, "alcoholism research, in the Veterans Administration and elsewhere, has concentrated heavily on treatment. Although the VA is certainly continuing to actively explore different kinds of treatment, this (grant program) represents a significant commitment on their part to basic research designed to explore the etiology of alcoholism."

Using mice as subjects allows Dr. Crabbe to precisely control the genetic and environmental factors involved in responses to alcohol. He is working with 22 strains of mice.



"We do know that there's a genetic component to pretty much any responses to alcohol you care to look at, in mice or in people," he said. "But we have virtually no information about the genetic basis for the relationships among various responses."

He said, "We don't have any idea what is inherited. Is it that you can't stop drinking once you start? Is it that you start every four hours? Is it that you drink at a tremendous rate, putting away three while everyone else drinks one? Is it that you drink one and it knocks you on your ear? ... There are lots of possibilities for what is inherited in people related to alcohol."

For Dr. Crabbe, a key question is how dependence on alcohol is related to other responses to alcohol.

Could a mouse be highly susceptible to

becoming dependent on alcohol and yet not be susceptible to becoming ataxic (lacking voluntary muscular coordination)? If this were the case, Dr. Crabbe noted, the genes that make it dependent on alcohol are clearly different from those that determine the ataxic response.

Further, this same ataxia-resistant mouse may be far less resistant to hypothermia, a drop in body temperature, associated with administration of alcohol.

"Alcohol, like any drug, exerts lots and lots of different effects. Susceptibility to one effect of alcohol may be genetically related or unrelated to other effects," the researcher said.

"The bottom line," Dr. Crabbe emphasized, "is that if we can find a genetic relationship between dependence and something that is much more easily measured,

An intoxicated participant in one of Dr. Crabbe's tests finds that it just doesn't have its normal faculties. The grid test measures the mouse's ataxic response to alcohol.

like ataxia, then perhaps we'll be able to look at the easily measured responses and predict a person's risk for alcoholism."

In the early stages of his research, he has been trying to learn how sensitivity to the hypothermic effect of alcohol, hypothermic tolerance, and dependence on alcohol are related. So far he sees a high correlation between how sensitive a strain is to that effect and how much tolerance it develops. This would suggest, Dr. Crabbe said, that hypothermic sensitivity and tolerance are determined by the same genes.

One phase of the study involves putting mice through a state resembling the DT's (delirium tremens).

To make the mice dependent on alcohol, Dr. Crabbe explained, he and his assistants place the rodents in a chamber filled with ethanol vapor. ("It's an easy way to keep them chronically loaded.") The mice have been injected with a drug that prevents their systems from disposing of the alcohol.

After three days, the intoxicated mice
(continued on page 8)

New associate dean to join School of Dentistry ranks



JOSEPH W. CONSANI
associate dean, School of Dentistry

Bauer, who retired from the HSC June 30.

The new associate dean for administrative affairs will advise and assist Dean Louis Terkla in budget preparation, budget supervision, the development and direction of management information systems, policy analyses, academic personnel administration, and the administration and fiscal aspects of faculty practice plans.

He also will help with safety and health policies, affirmative action and capital construction programs, equipment maintenance and custodial departments, administrative policy, some personnel grievances, and other areas assigned by the dean. As well, he will be a liaison for the School of Dentistry with other units of the Health Sciences Center.

"The School of Dentistry is most fortunate in having attracted Mr. Consani to its administrative staff," said Dean Terkla. "He is widely known and respected throughout dental education in the United States for his knowledge and insights in the areas of dental school financing and business management, and he is a major consultant to the Commission on Dental Accreditation and the Council on Dental Education of the American Dental Association."

"However," Dr. Terkla continued, "we do not intend to restrict his contributions to these areas because he possesses other talents that will contribute significantly to the future growth and development of the entire School of Dentistry and, we believe, to the University as a whole."

Active in the American Association of Dental Schools, Mr. Consani was graduat-

ed from the University of Michigan in 1958 with a bachelor of arts in education degree in political science and history. He also earned a secondary teaching certificate and has done graduate work toward a master of science degree in guidance and counseling.

Mr. Consani's interest in business administration led him from a teaching career to various positions in business management at the University of Michigan, including his most recent post with the University's dental school.

"The prospects of obtaining funds for higher education, particularly for the near future, may appear disheartening," Mr. Consani said. "At the very least, the job will be challenging. The current problems in our economy and the pressing needs of other sectors of publicly funded programs place serious and immediate strains on organized education. In addition, there is discontent with continually rising taxes."

He continued, "There are no simple solutions to funding problems, but there are intellectual alternatives. I look forward to the opportunity of assisting the School of Dentistry and the Health Sciences Center in identifying the best of the alternatives, both to maintain the high quality of existing programs and to help plan for a future that will insure continuance of the excellence for which the School and the Health Sciences Center have always been known."

Mr. Consani and his wife, Donna, have six children, and "none of them is intimidated by the volcano," Dr. Terkla noted.

Swiss Alps, anyone?

A two-week adventure in the Swiss Alps and/or other scenic spots in Europe is being offered this fall by the UOHSC School of Medicine Alumni Association.

Set for Sept. 25 to Oct. 9, the "Europe on a Budget" trip is open to alumni, faculty, staff, students and friends of the Health Sciences Center.

The tour allows participants to select a structured and guided plan, or an unstructured travel plan.

Included in the price of \$1,099 for Plan A is round-trip fare to Geneva, Switzerland, via Scandinavian Airlines from Seattle, plus 13 nights at the deluxe resort of Thyon 2000 near the Swiss city of Sion.

Or, participants may elect to use a rental car (Plan B, \$1,099) or a Eurail Pass (Plan C, \$1,199) and enjoy an unstructured trip anywhere in Europe. Also available is a tour through Switzerland, Germany and Holland including a Rhine River Cruise (Plan D, \$1,699).

Reservations are being taken through July 30 at the School of Medicine Alumni Association office, University of Oregon Health Sciences Center, Portland, Ore. 97201, 225-8231.

Retirements



William A. Zimmerman (left) and Eugene Bauer share memories during retirement party held in Mr. Zimmerman's honor at the Multnomah Athletic Club.

William A. Zimmerman

Almost an institution himself, William A. Zimmerman, who helped guide the institution through the period of its greatest growth, retired from the UOHSC on June 30.

He served as the Center's chief business officer for most of his 40 years on the Hill.

Mr. Zimmerman was honored at a retirement reception June 20 at the Multnomah Athletic Club and a luncheon June 30 at the HSC.

"He's one of the last longtime administrative ties to the institution's history," commented M. Ronald Parelius, HSC assistant vice president for management services.

"He was the institution's chief fiscal officer during the years it was the University of Oregon Medical School and through its transition into a Health Sciences Center."

"Mr. Z," as he is affectionately known, is nationally recognized in the field of business administration, said Mr. Parelius.

A 1939 graduate of the University of Oregon, Mr. Zimmerman came to the Hill in 1940 as assistant business manager for the medical school. He stepped into the job of business manager in 1946, later becoming assistant dean for business affairs in 1962 and associate dean for business affairs in 1965.

With the formation of the Health Sciences Center in 1974, he was named vice president for administration and later became special assistant to the president. In 1976 he took an 18-month leave of absence to be a consultant for a medical college in Saudi Arabia. On his return to the HSC he served as a consultant to the vice president for administration before taking his most recent post as acting director of development.

Mr. Zimmerman has watched, with some pride and a sense of fun, the building of most of the HSC's structures and the burgeoning of its faculty. "When I came, the entire staff in the business office consisted of six people, for everything," he recalled with a chuckle.

At his retirement party, Mr. Zimmerman received an engraved silver tray and a briefcase as well as some less conven-

tional gifts — such as a parking meter (a souvenir of his supervision over the parking office); rusty old pipes from University Hospital affixed to a walnut board (in recognition of his role in capital construction); and an old squash racquet.

Squash, tennis and golf are some of the activities Mr. Zimmerman will continue to enjoy during his retirement. He and his wife, Dottie, also plan to make time for traveling.

"I don't look forward to being completely inactive professionally, either," Mr. Zimmerman said. "There may be an opportunity or two coming along for some part-time consulting. I haven't discarded the opportunity of getting back overseas on a short-term basis (for consulting work).

Eugene Bauer

Although he retired June 30 as business chief of the School of Dentistry, Eugene Bauer will continue to put his business sense to good use.

He'll have more time now for his own enterprise, a wood processing plant in Clackamas which grew out of his hobby of woodworking. His plant does wood sanding, planing and resawing; makes cabinets and fixtures, and retails domestic and imported woods for hobbyists.

"That's my new activity," summed up Mr. Bauer, who saw plenty of activity during his 27 years with the School of Dentistry. For the past eight years he was associate dean for administrative affairs, overseeing the School's budget and doing administrative work.

The Lewis and Clark College graduate came to the dental school in 1947 and served as assistant business manager until 1956. After several years with the Oregon State System of Higher Education's Office of the Comptroller, he returned to the Hill in 1962 as assistant to the dean for business affairs. Ten years later he was named associate dean for administrative affairs.

"His contributions to fiscal, personnel and building management at the School of Dentistry ... have been legion," said Dr. Louis Terkla, dean. "He has been a loyal friend and colleague to faculty, supporting staff and students."

For Mr. Bauer, a highlight of his dental school years was the renovation of all the dental clinics and of the third-floor dental technique laboratory. He helped supervise those projects.

Mr. Bauer, along with fellow retiree Dr. Arnol Neely, was feted at a reception and a party.

Dr. John Van Bruggen

The retirement party for Dr. John Van Bruggen on June 25 was hardly a farewell party, for the longtime School of Medicine faculty member will be staying around awhile.

Named a professor emeritus of biochemistry, Dr. Van Bruggen will set aside his teaching duties but will continue "on very much a part-time basis," he said, as director of the teaching laboratory service in the Basic Science Building. He'll also have office space for working on scientific papers.

The 1939 master's degree graduate of the School of Medicine joined the

School's faculty in 1945 and became a full professor of biochemistry in 1961. Ten years later he was appointed director of the new teaching lab service, working half-time to coordinate activities supporting the lab teaching of first- and second-year medical students and, more recently, of nursing students.

Dr. Van Bruggen filled in as acting chairman of the biochemistry department while the chairman, Dr. Richard T. Jones, was acting president of the UOHSC in 1977-78.

"He has always been a strong and loyal supporter of the medical school and of the department ... someone I certainly relied on as chairman to do much of the behind-the-scenes work," Dr. Jones said.

Dr. Van Bruggen was the first to bring radioisotope techniques to the School and was internationally recognized for his work in membrane transport.

"It has always been my wish," Dr. Van Bruggen said, "to remain at the medical school and grow with it. So much has happened in the way of scientific and academic growth in that period of time; it's been fun to be able to be a part of it."

During his semi-retirement, Dr. Van Bruggen will indulge his passion for woodworking and furniture making, pursue business interests and enjoy the new grandchild who's on the way. He and his wife, Ruth, also will keep busy with remodeling their beach house.

Dr. Arnol Neely

"I think he's glad to see me go now!" laughed Dr. Arnol Neely. "I was always teasing him about the early years."

The newly retired Dr. Neely was referring to the man who used to be his student and later became his boss, Dr. Louis Terkla, dean of the School of Dentistry. "He was number one in his class," Dr. Neely assured.

During his 30 years with the School of Dentistry, Dr. Neely saw many of the current dental faculty members come through his classes. He retired July 1 as professor of dentistry in the department of oral diagnosis.

"I enjoyed the contact with students and seeing them progress through school. It was very rewarding to watch them enter practice over the years and progress in their profession," he said.

Dr. Neely was graduated from the dental school in 1938 and joined the faculty in 1950 as a part-time teacher in the dental radiology department. Ten years later he became a full-time teacher in the department of oral diagnosis.

For 15 of his years at the HSC, Dr. Neely also served as a consultant in radiology and diagnosis at the veterans' hospitals in Portland and Vancouver.

He and Eugene Bauer were honored at

It was a proud dad, HSC employee Richard Marks, who accompanied his daughter, Rose Festival Queen Robin Marks, during the Rose Court's annual visit to University Hospital June 10. Mr. Marks works for the patient escort service. The Rose Court crowned a Doernbecher Rose Queen, 10-year-old Patricia McClure, and distributed roses and good cheer to patients.

a retirement reception and a party.

Dr. Neely is spending his retirement time "going out into the sunshine," playing golf, traveling and enjoying the social life around his mobile home park in Tigard with his wife, Jean. Soon he'll be off to Idaho to visit an old crony, Dr. Arthur Fry, retired chairman of the oral diagnosis department.

Dr. Roland Schmidt

Dr. Roland Schmidt's place of work has changed from the Crippled Children's Division's Regional Services Center in Eugene to a little "work cabin" in the Black Hills of South Dakota.

Director of the Regional Services Center since 1976, Dr. Schmidt, associate professor of CCD and pediatrics, retired July 1. From now on he and his wife, Ellen, will be spending their summers in South Dakota and the rest of the year in Chapel Hill, N.C.

"We'll miss our friends and my co-workers and we'll miss the heart-stopping physical beauty of western Oregon," Dr. Schmidt admitted.

The pediatric cardiologist played a vital role in the growth of CCD's service to more than 3,000 children in southern Oregon. "One of the strongest features has been the buildup of therapy, consultation and services and of working with school systems on providing therapy to physically handicapped children," he said.

Before becoming director, Dr. Schmidt was the Regional Services Center's pediatrician from 1973 to 1976.

Filling one window of Dr. Schmidt's work cabin for personal projects will be a gift from his former staff, a stained glass window depicting a leaping trout. "May the fish always bite," reads the plaque underneath.

In North Carolina, where he took several years of medical training and made many friendships, Dr. Schmidt may keep a hand in his profession. He's contemplating spending a day a week in clinic with two fellow pediatric cardiologists at the University of North Carolina at Chapel Hill.



Hospital dental service can prevent dangerous complications

(continued from page 1)

oral problems can literally be life-threatening.

Persons receiving drugs that suppress their immune system — such as cancer patients on chemotherapy or kidney transplant patients on immunotherapy — are vulnerable to oral infection. Untreated, the infection can cause serious complications.

Expert dental treatment also is vital to patients with artificial heart valves and other internal prosthetic devices. Under certain conditions, bacteria from an oral site can enter the bloodstream and collect on the repair site, causing poor function

or rejection of the device.

Outpatients, too, can benefit from the hospital dental service, said Dr. Kassebaum. "We have identified that there probably are at least 30,000 of our outpatient clients going begging for dental care because it hasn't been convenient or available." The expanded dental service will now be able to handle far more of these people.

In the past when University Hospital patients have needed dental treatment, Dr. Kassebaum said, the options have been to fit them into the "very dinky" hospital dental program or to transfer them, usually at some inconvenience, to the School

of Dentistry clinics.

Things will be different now. The metamorphosed hospital dental service includes a general dentistry and pedodontic clinic with four chairs, an oral surgery clinic with two chairs, and the pre-existing pedodontic clinic at Doernbecher.

Also part of the service are a radiology area, laboratory space, sterilization and supply rooms, a darkroom and a reception area. Dr. Jastak's division of dentistry office also is on the premises.

Oral surgery patients, previously treated in the dental school clinics, now will be seen in the hospital dental service's specialty clinic. "There's an overlap of interest

in orofacial disease between oral surgery and general dentistry on the one hand and otolaryngology on the other," Dr. Kassebaum said. "The presence of this dental service in the hospital now will facilitate the teamwork between these two important hospital services."

Commented Dean Terkla, "At this juncture, we are gratified by the reception and cooperation given by many departments, services and individuals in the hospital and the School of Medicine, and we are optimistic that these relationships will strengthen as the hospital dental service demonstrates its value in contributing to patient health care."

Generous donors find variety of ways to help HSC

Dental alums open wide their wallets for clinic

Like the teen-agers it sends on their way with straightened teeth, the orthodontic clinic in the School of Dentistry has a cheerful, new look.

The clinic on the School's first floor recently went through \$69,000 worth of renovation — paid for almost entirely by dental alumni.

Dedicated on June 4, the 932-square-foot orthodontic clinic is both fetching and functional with its lime green color scheme, mirrored walls, sunlit interior and modern equipment including nine dental chairs. The old, obstructive sinks were removed to make sit-down dentistry much easier, noted Dr. Douglas Buck, chairman of the department of orthodontics.

"The clinic is bright and cheerful and it's a delight to come to work. It's a battery charge, a pleasant change," Dr. Buck said. A room adjacent to the clinic has been transformed into a conference room.

What got the remodeling project going

was \$20,000 of a bequest from the late Dr. Oliver C. Garrett, a 1918 alumnus of the School of Dentistry.

Said Dr. Louis Terkla, dean of the School, "We conceived the idea that we might be able to challenge the graduates of the orthodontic program (a postgraduate program) to match that amount. This would give us \$40,000."

Although only some of the orthodontic training program's 69 alumni are actually School of Dentistry graduates, "within the first three months they just about matched it, and within six months they more than matched it," said Dr. Terkla.

Meanwhile, however, inflation had sent the project's estimated costs soaring. The School turned to its Alumni Association for \$18,000 in new equipment, and the alums came through.

Dr. Terkla delved into the School's unrestricted gift funds for the rest of the remodeling expenses.

Group fights cancer

Cancer researchers at the Health Sciences Center continue to receive generous support from Oregon's Order of the Eastern Star.

For the 10th year in a row, the organization has presented a check for cancer research, this time for \$40,200.

"There are two exciting leads which I would like to pursue with this year's contributions," said Dr. William Fletcher, professor of surgery and head of the School of Medicine division of surgical oncology.

"One is the use of heat in the treatment of cancer. I anticipate using some of this year's contributions for personnel involved in studying the use of heat with chemotherapy and radiotherapy in the treatment of cancers which have hitherto not responded well to treatment," Dr. Fletcher said.

The second subject he wants to explore with the donation is "cancer families," those that have a very high proportion of cancer among their members.

"It is my intent to start a clinic for the systematic screening of such families," Dr. Fletcher said, "in an effort to prevent the development of cancer when possible or to diagnose it at the earliest possible time if it is not possible to prevent it."

They ran up \$18,000

A throng of southeast Portland youngsters jogged their way to \$18,036 for the UOHSC's Osgood Foundation Laboratory for Leukemia Research.

"Three times beyond my wildest dreams" was how Dr. Grover Bagby, director of the Osgood Laboratory, described the donation, which was raised from pledges for a jogging marathon in May at

Floyd Light Middle School. Seventh and eighth graders presented the check to Dr. Bagby at a school assembly.

About 450 runners jogged 10,500 laps in honor of Floyd Light, the first superintendent of the David Douglas School District, who died of leukemia last February. He originally had been a patient of Dr. Edwin E. Osgood, for whom the laboratory was named.

Dr. Bagby said the donation will be used to support the five major ongoing research projects in the Osgood Laboratory.

Donation eases pinch

The pinch of inflation won't be quite as uncomfortable for some medical students, thanks to a gift from the School of Medicine Alumni Association.

The association recently donated \$10,000 to the UOHSC Foundation for scholarship assistance for medical students.

This year the association also contributed \$8,000 to the Laurence Selling Chair of Medicine Foundation, \$6,500 to the HSC library, and \$5,200 for refurbishing of seats in the library auditorium.

Ailing chairs aided

Two more unhealthy-looking chairs in the library auditorium will be undergoing major surgery because of a \$200 gift from the UOHSC Management Association.

The association was responding to a call for help from the School of Medicine Alumni Association, which has been conducting a drive to raise money for brightly refurbished auditorium seats. Nearly \$10,000 has been contributed so far.

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

Any interested persons may send donations, which are tax deductible, to the Alumni Office, School of Medicine, University of Oregon Health Sciences Center, Portland, Ore. 97201.

Dr. Zonana to head CCD Eugene Center

New director of the Crippled Children's Division's Regional Services Center in Eugene is Dr. Jonathan Zonana, assistant professor of CCD, genetics and pediatrics.

He replaces Dr. Roland Schmidt, who retired as director July 1.

Dr. Zonana came to the Regional Services Center in January 1979, serving as a geneticist and pediatrician. He previously had been assistant professor of pediatrics and assistant director of ambulatory pediatrics at the Harbor-UCLA Medical Center, Torrance, Calif.

The new director received his M.D. degree in 1972 from the University of Pennsylvania, Philadelphia, and is a member of the American Society of Human Genetics and the Ambulatory Pediatric Association.

The CCD Regional Services Center provides care for more than 3,000 children in southern Oregon, almost one-third of CCD's total patient population.

Nursing director chosen

Dayle Wedeking has joined University Hospital as associate director of nursing responsible for outpatient nursing.

Ms. Wedeking, who began her new position July 14, had been supervisor of ambulatory care nursing at the Portland Veterans Administration Medical Center.

HSC News wins awards

In its annual awards competition, the Oregon Communicator's Association granted the HSC News two awards of excellence for a one-person newspaper and for overall excellence.

"The several stories on this page concerning gifts to the Health Sciences Center reflect an interesting diversity of sources that bodes well for the future," said HSC President Leonard Laster.

"In two instances, alumni came to the aid of their respective schools. In another instance, school children of Portland amassed a surprising sum of money for a biomedical research project. In another instance, an organization of employees of this institution expressed their devotion to it by assisting in the rehabilitation of the Library auditorium. The money to support cancer research from the Order of the Eastern Star represents faith in our programs on the part of a private statewide organization.

"In the days ahead," the president said, "this trickle will swell into a tide. The private sector will join the state government in a vigorous commitment to the development of increasing numbers of areas of superlative quality that will enable this university better to serve its educational, patient care and research missions. We have only just begun — the future looms bright and promising."

Focus on people: Cashier's register ringing

While most departments yearn for a few more dollars, there's at least one office on campus that gets as much money as it can handle.

"All payments that come into the institution come through this office at some point," said Paula Cranor, manager of the main cashier's office in Baird Hall.

"There are tuitions, student loans, all the miscellaneous things like printing

bills, bills from the dental school, payments for the residence hall, library fines — any kind of incoming money."

The job of the cashier's office is to collect and record payments. Also, as a service to those who come up short of funds at break or lunchtime, the office cashes personal checks for up to \$25. It supplies change for various offices, too.

Although some may think the cashier's office is the moneybags of the institution, "It's really more like a transferring area,

because we take the money in and we have to see that it gets to the right place," Mrs. Cranor said. "It doesn't ever stay here."

All payments coming to the UOHSC — whether the money itself or records of the money — must funnel through the cashier's office before going to the bank.

For each payment it receives, the office fills out a cash receipt card, which it sends to the business office for input to the computer.

Every day office employees also ring up the totals sent from the patient accounts office, record receipts for checks received by other departments, and take in deposits delivered in locked bags from other cashiers on campus (those at the Outpatient Clinic, School of Dentistry, Crippled Children's Division, and hospital cafeterias).

"Our adventure comes at the end of the day," Mrs. Cranor said. That's when everything is added up and sent to the bank.

The office's arithmeticians also have to be part detective, according to Mrs. Cranor. "We get a lot of mystery money. You'd be amazed at the people who will write a check for \$300 and put it in the mail with nothing to identify what it's for."

Besides its revenue role, the cashier's office is a Grand Central Station because of its location in the busy lobby of the administration building, Baird Hall.

So, cashier's office employees find themselves giving directions, handing out maps, selling bus passes and even calling taxicabs for people. It's all in a day's work.

Management Association selects new officers

The UOHSC Management Association has selected its new co-chairmen.

They are Jim Joyce, instrument and safety officer; Michele Wiley, acting director and media relations officer in university relations; and J. Robert Williams, manager ancillary of Outpatient Clinic Services.



Clockwise from left are office manager Paula Cranor, Donna Feathers and Mary Marquis.

UOHSC President Leonard Laster (standing) enjoys an informal exchange during lunch with Poland's minister of health and social welfare, Dr. Marian Sliwinski (at Dr. Laster's left).

The delegation observed heart surgery performed by Dr. Albert Starr (far left), head of the School of Medicine division of cardiovascular surgery. Members also met with Dr. Roy Swank, professor emeritus of neurology, inventor of several different blood filters now used worldwide in surgery, and visited University Hospital. The UOHSC and the Oregon Medical Association were co-hosts for the June 2-3 visit, arranged through the Office for Europe of the Office for International Health, U.S. Public Health Service. Director of the Office for Europe is Dr. Samuel Lin, a 1975 graduate of the School of Medicine, who accompanied the Polish visitors to Portland. Pictured at far right is Dr. Jerzy Szczerban, rector (dean) of the Medical Academy of Warsaw; pictured to the left of Dr. Sliwinski is Lidia Retkowska-Mika, senior counselor, department of international relations, Ministry of Health and Social Welfare.



HSC first to treat young kidney patients with new system

(continued from page 1)

better than on hemodialysis, although it is too soon to be sure these growth rates will be sustained," the doctor noted. Children on hemodialysis are strictly limited in the amount and type of food they can eat, and most simply stop growing. But on CAPD, they are encouraged to indulge in a hearty diet with very few restrictions.

"With CAPD there is not only the opportunity to live a pretty good life, but our early results indicate these children can grow at rates greater than the rates seen with other forms of dialysis," he said. "The real goal is to achieve transplantable size and weight (30 pounds) by the optimum age for transplantation (3 years). In other words, we have the opportunity to choose when to do the transplant as opposed to being forced to do a transplant in desperation."

Besides all that, CAPD is less expensive than standard dialysis methods. For exam-

ple, a year on CAPD now costs about half as much as a year on hemodialysis.

In the case of the Health Sciences Center's pediatric CAPD program, necessity was definitely the mother of invention.

The pediatric nephrology team began to study the use of CAPD in small children in the fall of 1978 when confronted by the plight of a 5-year-old renal patient. The girl was doing poorly on the only form of dialysis she could tolerate (intermittent peritoneal dialysis); she had rejected a kidney transplant, and the prospects for a transplant in the near future were bleak.

Although CAPD (originated in 1976 in Texas) was still in its infancy as a treatment for adults, Dr. Y.B. Talwalkar, associate professor of pediatric nephrology, recognized its potential and felt a trial of CAPD for the little girl was warranted. He, Dr. Alexander and senior nephrology fellow Dr. Clevert Tseng, aided by a \$4,000 grant

from the Medical Research Foundation of Oregon, worked to adapt the procedure so it would be safe for children.

A major hurdle was to develop fluid bags small enough to be tailored to a child's small abdominal cavity.

The pediatric CAPD program was born in February 1979, when a 17-month-old baby from Grants Pass, Matthew Poulsen, became the first child in the country to be fitted with the modified pediatric CAPD system. The girl whose problem had inspired the development was able to begin CAPD a few months later.

The HSC's pediatric CAPD program is still one of only a few such programs in the country.

The staff for the second program, at Children's Hospital in Birmingham, Ala., was trained by the UOHSC. The hospital's chief pediatric nephrologist came to Portland to evaluate CAPD, and his hospital arranged to have the pediatric nurse nephrologist, Kristine Maksym, travel to Birmingham to train nurse specialists in CAPD techniques.

"We have something that you won't find in any books," Dr. Alexander said. "We're encouraging other pediatric nephrologists to do CAPD, but only if they can invest the time and staff required to learn the technique."

Dr. Alexander stressed that it's the nurse who needs firsthand training, for she is the one who must implement the procedure and train the tiny patients' parents.

Training of parents is integral to the success of this do-it-at-home form of dialysis. That task falls to Ms. Maksym, nurse coordinator for the CAPD program.

"The home CAPD training program has as its major goals," Ms. Maksym explained, "education in the basic concepts of end stage renal disease and its management; providing patients with sufficient instruc-

tion and supervised practical experience in CAPD so that techniques can be performed with confidence and skill; and training parents to monitor their child's progress on CAPD, by recognizing and responding correctly to problems that may occur at home."

In pre-training sessions, the child's family meets with Ms. Maksym and other members of the medical support team (social worker Cindy McKittrick, renal dieticians Jessie Pavlinac and Sally Fleming, and child life therapist Bob Conover). The child engages in play therapy with actual catheters, tubing and bags.

An intensive 10-day training course in the hospital begins the day after the child's peritoneal catheter is placed.

Following up on the child's home CAPD program, Ms. Maksym and/or Dr. Alexander use home visits, regular telephone contact with the family, reports from the child's local physician, and monthly clinic visits to the pediatric CAPD center. An important role of follow-up is to stave off "parent fatigue" that can result from the rigorous daily schedule of care.

The social worker and child life therapist play a big part in the home program's success, Dr. Alexander noted. "They're a tremendous help. They pick up on family tensions long before I do and are able to allow us to intervene before the psychological spills over into the medical."

There still are some minor "plumbing" problems to be worked out, and some important studies to be done on CAPD patients' nutritional and metabolic needs.

"Most instrumental in CAPD's development have been the children and the parents. They are determined that it is going to work," Dr. Alexander said, smiling, "and have really been able to boost our spirits — more than the other way around on a number of occasions!"

Rodents aid alcoholism research

(continued from page 5)

are removed from the chamber "cold turkey" and then are observed periodically as they go through withdrawal. The more severe the reaction, Dr. Crabbe said, the greater the dependence.

He plans to breed an alcohol-dependent strain from the mice that show the severest reaction to withdrawal. Conversely, those that have the mildest reaction will be used to spawn future generations of alcohol-resistant mice.

Other responses being tested include the following:

- Hypothermia. In one test, the drunken mouse is turned into a "little cricket" — implanted with a tiny radio transmitter that beeps more slowly as the body temperature drops.

- Preference for alcohol. The mouse is offered a choice between plain tap water and tap water containing alcohol. "Some of them drink like fish," Dr. Crabbe said, "and some won't touch it. Some would literally rather dehydrate than touch an alcoholic solution."

- Ataxia (lack of coordination). The inebriated rodent is placed on a wire grid above a device that electronically counts how many times its paws slip through the spaces.

- Loss of righting reflex. Injected with a high dose of alcohol, the torpid mouse is laid on its back in a small plastic trough, and the researchers measure how soon it is able to right itself.

- Activity. The alcohol-influenced mouse is allowed to run around in an automated arena that measures its activity level. Low doses of alcohol tend to stimulate activity, Dr. Crabbe said, while high doses act as a retardant.

Once he has created an alcohol-dependent line of mice and an alcohol-resistant line, Dr. Crabbe plans to study how those strains differ in their other responses to alcohol.

"In selecting for dependence, I'm moving around only the genes involved in dependence," he said. "If I find that I have, at the same time, created differences between the two lines in the ataxic effect of alcohol, then I will know that some of the genes involved in dependence are also involved in producing ataxia."

It will take several years of breeding to develop the genetically selected lines, and Dr. Crabbe plans to begin the process in three or four months. The lines should prove invaluable in future research.

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