



THE
OREGON HEALTH
SCIENCES UNIVERSITY

NEWS

The Oregon Health Sciences University News is published to inform students, employees, faculty, and friends of the institution's programs, activities and events.

'This is something I never expected to happen'

"I'll tell you the same thing I've told everyone else who's asked: I want to be a truck driver."

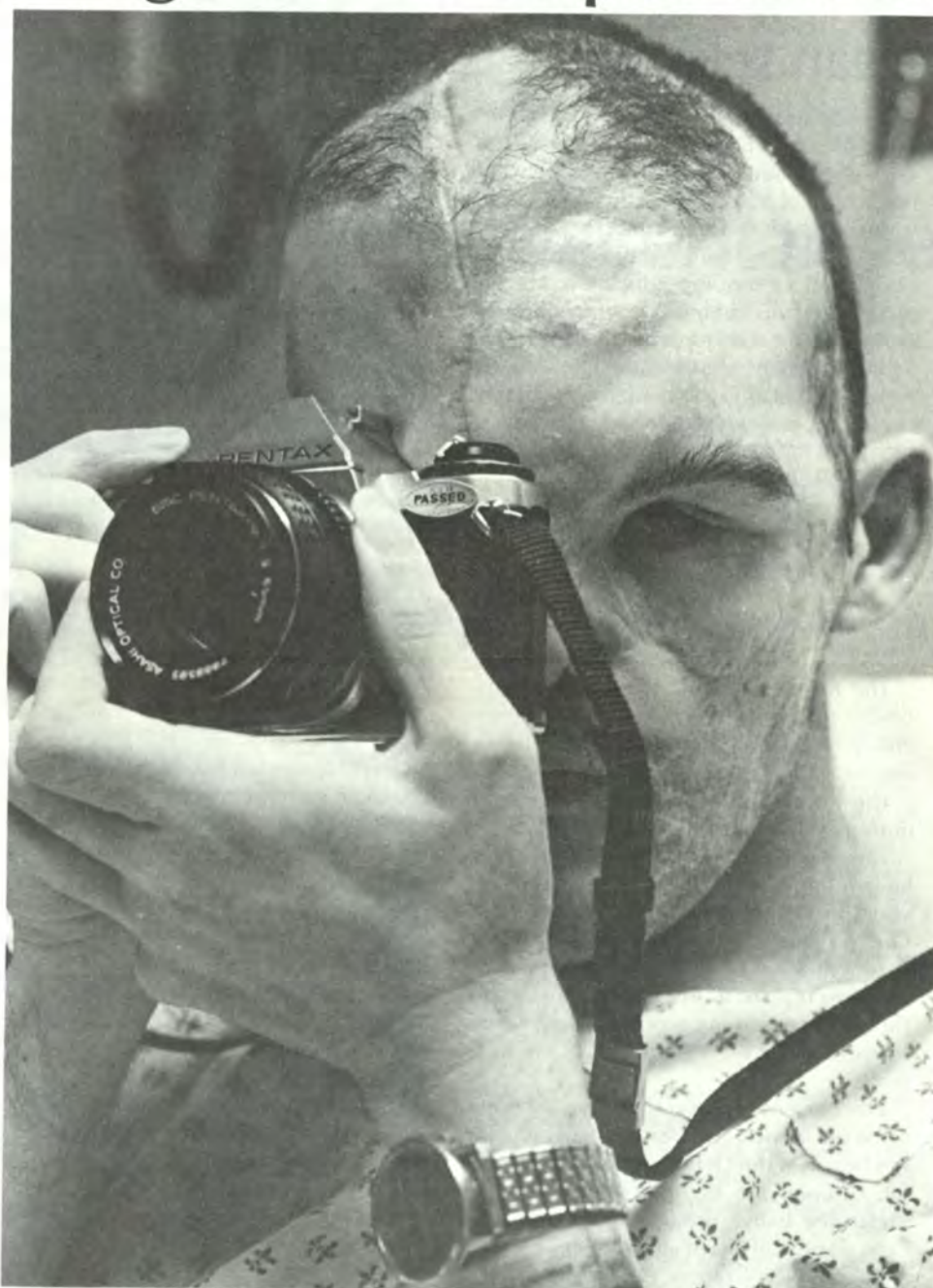
Maybe Jimmie Reynolds would have wound up a hero, anyway. Nowhere does it say those with deformities cannot be heroes. And Jimmie Reynolds has the stuff heroes are made of. He's involved and he's caring. He'd give you the shirt off his back; he'd throw it over a puddle and let you walk on it.

Jimmie has grown up liking school and sports and girls and Star Trek and chocolate cake. That he has grown up with a huge bulge on his forehead — but no chip on his shoulder — is his ultimate heroic quality.

Jimmie never asked to be a hero; he wanted a new face, and he wanted to be a truck driver. The events that have transpired over the last 10 months and culminated at University Hospital one long day in December have made Jimmie the hero he never asked to be. But they also gave him a new face. They may yet turn him into a truck driver.

"I used to ask this girl out a lot, and she kept saying 'No.' So finally I just asked her straight out: 'Why is it you won't give me the time of day? Is it my face?' She hesitates for a minute, then says . . . 'Yes.' I'll tell you something . . . that hurts."

Jimmie Reynolds was born with a gaping hole in his skull Christmas Eve 1961. His condition is so rare that chief neurosurgeon for the 15-member University Hospital team that 21 years later would work to repair Jimmie's resulting facial deformity could only venture a guess as to the frequency of its occurrence. "Maybe one in every 500,000 live births," said Dr. Anthony Gallo, professor and chief of pediatric neurosurgery at the Oregon Health Sciences University. "But I don't know if a



Facial surgery performed at the OHSU has given Jimmie Reynolds' life a new focus.

number exists. This condition is usually incompatible with life."

But as a result of what Dr. Gallo termed "some really heroic surgery early on," Jimmie survived. Some 15 surgeries were attempted to cover the cleft in his skull. Both metal and plastic plates had been implemented but were rejected by Jimmie's body. Ten years ago, the gap was closed using grafts from Jimmie's ribs.

The deformity included a large, protruding bulge on Jimmie's forehead, eyes separated by nearly three inches so that he could not see an object with both of them at the same time, and a misshapen nose. He also had a seizure disorder that had been controlled by anti-convulsive medicine.

But he still liked school and sports and girls and Star Trek and chocolate cake.

"I like sports. I would have liked to have gone to the games. But I was afraid that when the kids started cheering they'd get carried away and hit my nose. I had to be extra careful of my nose."

Veneta, Ore., is an eye-blink of a town (pop. 2,600) a few miles west of Eugene. It is the home of Elmira High School, which presented Jimmie with a small plastic diploma in 1980. He carries it in his wallet and shows it proudly to the new friends he meets.

Jimmie grew up in Veneta. When he was four, his mother packed up his younger brother and sister and moved out of the state. She left Jimmie with his grandmother, Eula. He worked at odd jobs through high school; he cleaned up after hours in a restaurant; he worked as a stockboy in a grocery store (where he was told to stay in the backroom); he worked as a counselor at Camp Easter School, where he said he saw people with handicaps "four times worse" than his.

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Hatfield calls for increased research funding at university's convocation

Describing biomedical research as vital to national security, Senator Mark O. Hatfield called for heftier research funding during a speech in November at the OHSU Research Convocation.

"I view expenditures in the biomedical research area as investments not only in America's future, but as fundamental to our national security," said Hatfield, addressing an audience of more than 500.

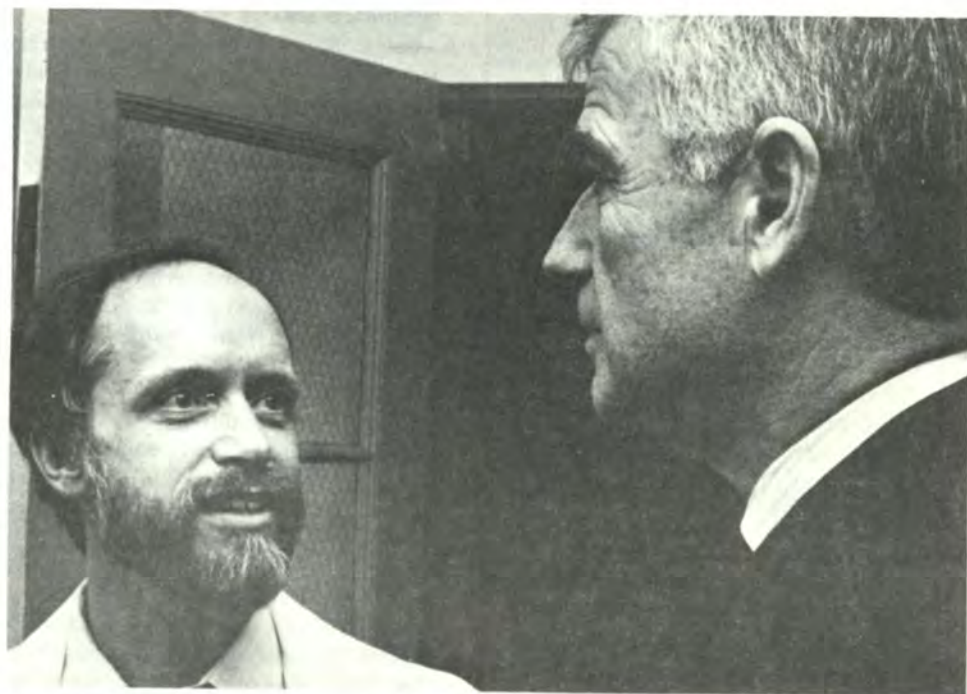
Armed with statistics about world defense spending, Hatfield noted that one half a day's expenditure in world defense could pay to totally eradicate malaria, and the cost of one modern aircraft fighter could build 40,000 pharmacies in the Third World to provide basic health care.

To a round of applause, Hatfield concluded that "we are out of balance, and we have a myopic view of what constitutes the nation's security."

Equating the nation's physical health to its economic fitness, Hatfield noted that medical advances in rubella vaccines, which have reduced congenital defects caused when pregnant women contract measles, are expected to save about \$500 million per year. The hepatitis B vaccine is anticipated to save \$4.3 million each week in hospital costs, and the eradication of polio has resulted in a savings of \$2 billion per year.

The impact of biomedical research "cannot be overestimated," Hatfield added. "We must have the foresight to realize that not everything pays off in a simple lifetime. The foundations that we build now in support of our research and in training our investigators will cultivate a new crop of experts, though some of us may not be here for the harvest and return of our

(continued on page 5)



Sen. Mark Hatfield discusses the work of Dr. Kent Thornburg at OHSU Research Convocation (see related story on Page 3).

Storrs, Fraunfelder to close society lecture series



Dr. F. Storrs



Dr. F. Fraunfelder

The Marquam Hill Society lecture in October in which the OHSU's Dr. Jack Vernon spoke of hearing loss came along at just the right time for Ione Briegleb, a resident of southwest Portland.

"I had begun to have a hearing problem," she said. "It wasn't really bad; it was just beginning to fade in certain situations.

I went to Dr. Vernon's lecture so I could find out more about hearing."

Not only did Briegleb learn more about her hearing problem from Dr. Vernon, who is a professor of otolaryngology in the School of Medicine and director of the Kresge Hearing Research Laboratory at the Portland Center for Hearing and Speech, but she was given the name of a physician who has since helped her remedy that problem.

Briegleb is one of an ever-increasing number of persons who are coming to the OHSU to hear respected faculty members discuss modern health problems and methods being used to combat them.

The lectures, sponsored by the Marquam Hill Society citizen support group, are in their second year. Five lectures in the series already have been delivered by Dr. Alfred Lewy, assistant professor of psy-

chiatry, pharmacology and ophthalmology; Dr. Robert Bennett, professor of medicine and chief of rheumatology; Dr. Charles Dotter, professor and chairman of diagnostic radiology; Dr. Vernon; and a special panel presentation by Dr. Daniel Labby, professor of psychiatry and internal medicine; Dr. Gerda Benda, associate director of pediatrics; and Patricia Short Tomlinson, associate professor of mental health nursing.

Dr. Frances Storrs, professor of dermatology in the School of Medicine, will present the next lecture March 31. Dr. Storrs has done extensive work in the field of contact dermatitis, an area that relates to the rashes and itching people encounter through contact with items such as preservatives, fabrics, plants and creams. Dr.

Storrs directs the OHSU Contact Dermatitis Clinic. The topic of her lecture is "Environmental Factors in Itches and Rashes."

Dr. Storrs will be followed April 28 by Dr. Frederick Fraunfelder, professor and chairman of ophthalmology in the School of Medicine. Dr. Fraunfelder will discuss "Oregon's Internationally-Recognized Contributions to Eye Research."

He is a world authority on the treatment of eye malignancies by cryosurgery — the use of intense cold to remove or destroy diseased tissue. Dr. Fraunfelder will discuss what Oregon ophthalmologists' major contributions to eye research mean to patients with eye disease.

Both lectures begin at 8 p.m. in the OHSU's Library Auditorium and are free to the public.



Acting associate dean selected

Dr. J.S. Reinschmidt, director of Continuing Medical Education at OHSU, has been appointed acting associate dean of the School of Medicine.

Reinschmidt will combine the new role as associate dean with his current responsibilities in continuing education. He replaces Dr. M. Roberts Grover, who resigned to join the Department of Psychiatry in the School of Medicine.

Patricia Iverson will assume new duties as assistant director of CME.

Dr. J.S. Reinschmidt
acting associate dean, SM



New officers selected for the OHSU Board of Overseers are Robert Mitchell, chairman; and Betty Gray, vice chairwoman. Mitchell is president of the U.S. National Bank of Oregon. Gray is a civic leader in Portland and chairwoman of the Marquam Hill Society Steering Committee.

University Hospital starts 1st NW in-vitro fertilization program

Chris and Phil Kortens have tried everything else. Nothing is working. After 11 years of marriage and 11 years of trying, the Kortens have not been able to conceive the baby they so desperately want.

Nothing should be easier and more natural than having a baby. That is what all species are expected to do. But for the Kortens, and for as many as 3.5 million American couples (about one in five), it just isn't that easy.

The Kortens are infertile; she has antibodies that fight off her husband's sperm. Phil has the same problem to a lesser degree.

The Kortens want to have a baby, and nothing is working.

They have adopted a boy and a girl. "We have a family we are really happy with," said Chris, a medical technologist in the Oregon Health Sciences University's Department of Clinical Pathology. "We're not trying to replace it. But I wasn't able to go through the birthing process. I wasn't able to experience a pregnancy with my husband."

The Kortens consider their one last hope to be the in-vitro fertilization program that has begun at the OHSU's University Hospital. Couples are being screened for the "test-tube baby" program now, and embryo transplants have already begun.

In-vitro fertilization is the process in which sperm and egg are united outside of the body in a laboratory dish and the resulting fertilized egg placed in the mother's uterus.

Some 100 babies have already been born around the world by the in-vitro fertilization technique since the arrival of Louise Brown of England in 1978. Another 100 pregnancies are in progress, estimated Dr. Ken Burry, director of the Oregon Reproductive Research and Fertility Program in the School of Medicine's Department of Obstetrics and Gynecology. The procedure is now offered at about six other medical centers in the country; University Hospital's program is one of only two on the West Coast.

In-vitro fertilization is expensive. The OHSU program will have to pay for itself; no state or federal funds are available for in-vitro fertilization in humans. Couples accepted into the OHSU program will pay approximately \$3,900 for the entire procedure. And, the odds of conception are not good. "We've been quoting a 20 percent chance of conception," Dr. Burry said. "But that's based on a small, select sampling. Realistically, it's probably more like 10 percent."

It is a treatment of last resort. But for the Kortens and for the other couples who have signed up for the procedure, it represents one last hope. And they're willing to go with the odds.

"Twenty percent is a horrible figure," Chris said. "But, compared to zero percent, it looks pretty good."

The Kortens consider their one last hope to be the in-vitro fertilization program that has begun at University Hospital.

The best candidates for in-vitro fertilization, according to Dr. Burry, are women with blocked, or no, fallopian tubes (which move eggs from the ovaries to the uterus where fertilization occurs).

"There are some male problems that may be gotten around by this procedure, such as low sperm count or sperm antibodies," Dr. Burry added.

In the initial stage of in-vitro fertilization, the woman is given a fertility drug which "hyper-stimulates" the ovary to release several mature eggs during that month. A laparoscopy will then be performed to retrieve the mature eggs. The eggs will then be incubated in a growth medium and fertilized with the male's sperm.

After two days, the woman will return to the hospital where the fertilized eggs that appear viable (begin dividing) will be introduced into her uterus.

While it is possible for the woman to develop a multiple pregnancy, the odds are very low. Most fertilized eggs do not grow into a fetus. And, the rate for spontaneous abortions is about 25 percent.

A special community committee has been formed by Dr. Burry and Dr. Maureen McGaire, director of the Oregon Program for Sexual Health at the OHSU, to explore the ethical issues involved in in-vi-

tro fertilization. Members include a clergyman, psychiatrist, sexual health counselor, grief counselor, attorney, philosopher and two members of RESOLVE, a national self-help group (the Portland chapter co-founded by Chris Kortens) for infertile couples.

"This is a unique group," Dr. Burry added. "I don't know of a similar group associated with an in-vitro program. They'll serve in an advisory capacity to us. We'll use them as checks and balances."

University Hospital is able to offer the procedure because several key personnel and laboratory procedures already are available. The Infertility Laboratory, headed by Dr. Nancy Alexander, has an established procedure to show the ability of sperm to fertilize eggs. Dr. Ann Kiessling, associate professor of anatomy in the School of Medicine, is experienced in the technology of embryo transfer in animals.

"There are certain aspects of this procedure that require a lot of technical expertise," Dr. Burry said. "We're fortunate to have Drs. Alexander and Kiessling. We didn't need to recruit anyone into the program. The people here were interested and strongly committed to the program."

The OHSU's program will invite other obstetricians and gynecologists in the Portland area to treat their patients at University Hospital. "In fact," Dr. Burry said, "the program is getting off the ground because specialists in the community expressed an interest in having it here."

Because of environmental factors and because many couples are delaying child-rearing, there has been an increase in the number of infertility cases. (A couple is usually considered infertile if they do not achieve pregnancy after a year of trying.) Last year the fertility program at the OHSU treated 600 patients. Now, there is one more possible method of treatment.

"Before in-vitro fertilization, there was absolutely nothing that could be done for us," Chris Kortens said. "Even if we go through this program and it doesn't work either, at least we can say we've done everything possible and it just didn't work."

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Neerhout named acting dean of OHSU School of Medicine

Calling him "someone with whom we all can work in a productive and collegial manner," OHSU President Leonard Laster appointed Dr. Robert Neerhout acting dean of the School of Medicine Nov. 1.

Dr. Neerhout has been professor and chairman of pediatrics in the School of Medicine since 1975. He came to the OHSU from the University of California at Los Angeles where he was professor of pediatrics in the School of Medicine. He served his internship and residency at Johns Hopkins Hospital in Baltimore.

A specialist in the treatment of children's cancer, Dr. Neerhout directs the pediatric hematology-oncology program at Doernbecher Memorial Hospital for Children at the OHSU. He is a member of the National Child Cancer study group.

"Dr. Neerhout is generally recognized for his commitment to the values in academic life that we all hold high," Dr. Laster said. "He is a man of integrity and someone with whom we all can work in a productive and collegial manner to foster the best

interests of the School of Medicine and the university."

Dr. Laster also has announced the appointment of a search committee to fill the vacant position of dean of the School of Medicine.

Chair of the committee is Dr. J. David Bristow, professor of medicine; vice chair is Dr. Lesley Hallick, assistant professor of microbiology and immunology. Other members of the committee are: Dr. Gerda Benda, associate professor of pediatrics; Dr. Joseph Bloom, professor of psychiatry; Dr. John Branford, professor of anesthesiology; Dr. Sonia Buist, professor of physiology and medicine; Barbar Handelin, Graduate Student Organization; Dr. Curtis Holzgang, School of Medicine Alumni Association; Dr. Richard Jones, chairman, Department of Biochemistry; Dr. Frank Parker, chairman, Department of Dermatology; Mark Schleiss, medical student, II; Dr. Peter Stenzel assistant professor of pathology; Dr. R. Mark Vetto, professor of surgery.



Dr. Robert Neerhout
acting dean, SM

Grant will establish Lipkin professorship

The Oregon Health Sciences University's Family Practice Department has received a grant of \$25,000 from the Sergei Zlinkoff Foundation, New York, to establish and provide funding support for an annual Mack Lipkin Visiting Professorship.

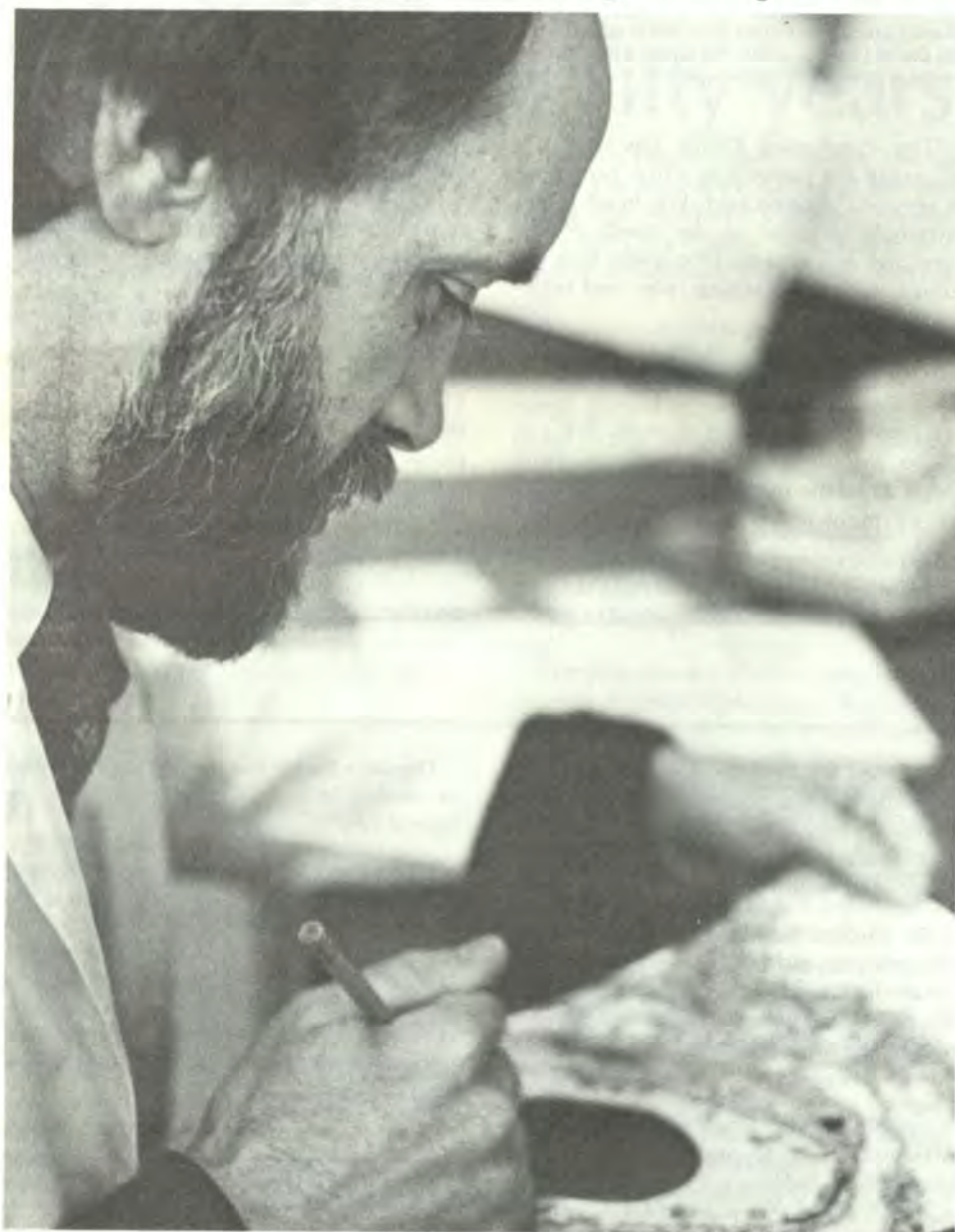
Dr. Lipkin is an emeritus professor of family practice in the School of Medicine. He practiced internal medicine in New York City and held teaching appointments in several New York hospitals, including Cornell University Medical College, New York Hospital. He retired in 1972 and joined the Psychiatry Department at the OHSU School of Medicine.

"He later became interested in the newly-developing Family Practice residency," said Dr. Laurel Case, professor and chairman of family practice at the OHSU. "He made a major contribution to the department over the next five years though his wise counsel and expert teaching skills."

Dr. Lipkin is now teaching at the University of North Carolina Medical School.

A committee will soon be convened to identify potential speakers and plan the first program, Dr. Case said.

Thornburg study explores placental permeability



The extent to which many drugs taken by pregnant women enter the fetus is an important medical question. Now, researchers at the Oregon Health Sciences University are embarking on a five-year study that could provide a solid answer.

Supported by a grant of more than \$300,000 from the National Institute of Child Health and Development, Dr. Kent Thornburg, associate professor of physiology, will attempt to determine the permeability of the human placenta. The study, according to Dr. Thornburg, "should make it possible to understand how rapidly most drugs taken by pregnant women enter the fetus. At present, we are playing in the dark."

"The human placenta is not well understood in comparison to the placentas of, say, sheep and guinea pigs," Dr. Thornburg said. "We know very little about the mechanisms in humans which allow the adequate transfer of oxygen, carbon dioxide, water and nutrients from a mother to her fetus. Therefore, it is often difficult to predict the overall importance of such a research effort before the project is completed. Our hope is that from this study we will gain basic knowledge regarding placental function in people."

Dr. Thornburg and his associates, Drs. Patrick O'Grady, assistant professor and chief of maternal/fetal medicine, and Job Faber, professor of physiology, will inject one of four harmless substances of known molecular size into the women participating in the study. The drugs represent a

wide range of molecular size which will encompass most of the drugs given pregnant women, Dr. Thornburg said. The study group will be drawn from women volunteers scheduled for repeat cesarean section.

"It would also be possible to study women having vaginal deliveries," Dr. Thornburg said, "but during labor, the placenta is subject to very high internal pressures often causing it to be broken. In such cases a permeability measure would be less accurate."

The women will be given small amounts of either Vitamin B12, insulin, thiosulfate or mannitol. As soon as the baby is born, a blood sample will be taken from the umbilical cord before it is discarded. "From the blood sample and its known distribution, we can calculate how much of the drug is in the baby at the time of birth," Dr. Thornburg said.

Urine will be collected from the baby during the first 24 to 48 hours. "Then we'll be able to calculate backwards as a second estimate of the amount of drug that actually crossed the placenta," Dr. Thornburg said.

Permeability, Dr. Thornburg explained, is the amount of drug that crosses the placenta, and enters the blood stream of the fetus over the time period of the measurement.

"Once we know the human placental permeability to these drugs of known size," he said, "we will know how readily the drugs get into the fetus for a given maternal concentration."

The OHSU research team has begun its study working with guinea pigs. Tests will begin with women subjects this fall. "I believe, based on ultrastructure, that the guinea pig placenta is similar to a woman's placenta," Dr. Thornburg said. "If that turns out to be so, then future drug testing can be done with pigs."

Dr. Thornburg hopes to study 10 cases in each of the four drug groups. Benefits to those participating include a thorough physical examination, a careful look at the baby by ultrasound "and the satisfaction of being part of an important study which may benefit others," Dr. Thornburg said.

"As far as we know, there are no similar studies ongoing," he added. "Even if we assume that all drugs on the market that are taken by pregnant women are harmless when taken as prescribed by their doctors, the amount of the drug reaching the fetus can be more closely predicted if the placental permeability is known. For example, if it is known that a drug crosses the placenta very slowly, then we won't worry about a large accumulation of the drug in the fetus."

New tours bringing community to university

Groups of people as close as downtown Portland and as distant as Hawaii are showing their interest in learning more about Oregon's only academic health institution by taking advantage of a new tour program at the Oregon Health Sciences University.

Thirty groups totalling nearly 800 persons have already scheduled tours of the OHSU.

The new program, established under the auspices of the Marquam Hill Society with support from the Junior League and the Faculty Wives Clubs of the schools of Dentistry and Medicine, offers four different tour options. A general tour will provide an overview of the university's educational, clinical and research activities; an edu-

cational tour will focus on career information and will explore laboratories and classrooms with faculty from the schools of Dentistry, Medicine and Nursing; a clinical care tour will take people through University Hospital and its clinics; and a research tour will highlight basic and clinical research activities at the Health Sciences University.

"One of the continuing commitments of the Marquam Hill Society is to provide information about the OHSU to a broad spectrum of Oregon's citizens, and this facet of its activities is a major contribution toward that goal," said Mary Ann Lockwood, executive assistant to the president and director of University Relations.

"Meeting the requests for tours is a need we have not been able to fill for five years, and the interest generated since the announcement of the program in December certainly justifies the efforts of the Society Steering Committee and the enthusiasm of the guides."

Tours, which will be led by members of the Junior League, the Faculty Wives Clubs and the Society Steering Committee, will be available to groups of people high school aged or older.

In two hours, the tour will give a glimpse of what makes the OHSU one of the state's unique resources.

Tours can be scheduled by calling the Office of University Relations, 225-8231.

Revamped Purchasing just what the buyer ordered

Ever hear the line, "Have I got a deal for you"? Don't buy it.

The OHSU's Central Purchasing Office will buy it for you.

Consider that since the Purchasing Office reorganized in November:

- There have been greater than 25 percent savings in the purchase of computer equipment at the OHSU (in one instance, a user saved 80 percent on the purchase of computer supplies);

- There has been close to a 25 percent decrease in the total amount OHSU users are paying for laboratory supplies;

- More and more users are discovering they can spend less time on purchasing items because of the services now offered by the reorganized office.

'Purchasing is a lot more than just putting a purchase order into the hands of a vendor.'

"The Purchasing Office has gone through a transition," said Joyce Stockinger, director of University Materiel Management. "It is now a group that can identify sources, obtain quotations and bids, analyze offerings, place orders and track vendor performance. We're now organized to perform the entire procurement job."

The scope of Central Purchasing has changed with the creation of six purchasing analyst positions. Each person is a specialist in a particular commodity area ranging from medical/dental and hospital equipment and supplies to data processing and office equipment to maintenance supplies.

"We have a unique blend of talent and close to 80 years worth of professional purchasing experience," said Burt Rooke, who joined the OHSU in October as new manager of the Purchasing Office. "These people are trained to examine all the aspects of procurement rather than just



The scope of Central Purchasing is changing. Six purchasing analyst positions have been added. Among the employees in the office are (clockwise from far left) David Lapidus, Linda Bachman, Linda Bielenberg, Kate Lanman and Manager Burt Rooke, and Walter Schubert (left) and Duane Fuller.

cost of the procurement."

Buyers have a thorough knowledge of their commodity market and are able to rapidly locate the best vendors to meet the needs identified by the users. To expedite the process, Rooke is installing a teletype machine so that orders can be placed directly with vendors. And, he said, "If the vendor doesn't have the item in stock our user needs, we'll know immediately and place the order with someone else."

Besides their knowledge of the markets, buyers also offer an understanding of the OHSU and state purchasing regulations.

"The Purchasing Office has to do a balancing act sometimes when providing its service," Rooke said. We need to be extremely sensitive to the needs of the users and at the same time make sure we comply with the existing rules and regulations.

"Purchasing is a lot more than just putting a purchase order into the hands of a vendor. We can assist in writing specifications and in finding sources. We can assure the paperwork process is done correctly so the user can avoid processing and payment delays. The bottom line is, I

think we can save the users on this campus time and money."

In the first month of operation for the reorganized office, more than \$20,000 was saved by users going through Purchasing, Rooke added.

The immediate goal of the Purchasing Office, Stockinger said, "is to be a resource that exists to provide services to all of the departments on campus, not just a select few. We want to provide the best possible service to the institution in a timely, efficient and cost-effective manner."

Newsmakers

Dr. Bart Cross, a 1957 graduate of the OHSU School of Dentistry, has been named Oregon Dentist of the Year by the Academy of General Dentistry. The award is presented to recognize outstanding members of the dental profession who have excelled in dentistry and have contributed to their community.

Dr. Cross is a resident of Lebanon.

Dr. C.H. "Larry" Hagmeier, a Portland anesthesiologist, has been named 1982 Doctor-Citizen of the Year by the Oregon Medical Association. Dr. Hagmeier was recognized for service to his community and profession. He completed specialty training in anesthesiology at the School of Medicine in 1953.

Dr. Stephen Miller, chief of Plastic and Reconstructive Surgery, has been elected treasurer of the National Plastic Surgery Educational Foundation and a member of its board of directors. **Dr. Robert Demuth**, associate chief of Plastic and Reconstructive Surgery, was elected a fellow of the American Association of Plastic Surgeons. He is only the third member from Oregon (including Dr. Miller) to be so honored.

Dr. Sheila Eyberg, associate professor of medical psychology, has been elected to the national boards of two organizations affiliated with the American Psychological Association. She was named president of the Society of Pediatric Psychology and secretary of the section of Clinical Child Psychology.

Dr. Daniel Lowe, assistant professor of surgery and head of the Trauma Section at

the OHSU, has been elected president of the Oregon Division of the American Trauma Society.

Dr. John V. McDonald has received the 1982 Charles Varge Memorial Award from Kaiser-Permanente. The award is given annually to the best all-around pediatric resident at Kaiser-Permanente. Recipients are selected from pediatric residents at the OHSU.

Dr. Ann Garner, professor of medical psychology and CCD, as been chosen as the recipient of the 1982 Distinguished Contribution Award in Clinical Child Psychology. The award is presented by the Clinical Child Psychology Section of the American Psychological Association (Division of Clinical Psychology).

Dr. John Hanlon, a 1974 graduate of the School of Medicine, has been elected to fellowship in the 54,000-member American College of Physicians. Election to fellowship in the ACP signifies a physician has been recognized by his colleagues as having attained a level of medical scholarship and achievement in internal medicine. Dr. Hanlon, a resident of Bend, is a specialist in cardiovascular diseases.

Manny Berman, associate hospital director for Professional Services, was elected president of the Board of Janis Youth Programs, Inc., which operates five treatment homes, a temporary shelter and an alternative high school in Multnomah County.

The National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases has

appointed **Dr. William Bennett**, professor of medicine and pharmacology and head of nephrology at the OHSU, to the National Planning Committee for Analgesic-Associated Nephropathy.

Dr. Sarojini Budden, assistant professor of pediatrics and CCD and program director of the Cerebral Palsy Program at CCD, was presented with an Award of Appreciation by the Occupational Therapy Association of Oregon.

Appointed to a four-year term to the Arteriosclerosis, Hypertension and Lipid Metabolism Advisory Committee of the National Heart, Lung and Blood Institute of the National Institutes of Health was **Dr. William Connor**, professor and director of the Lipid Research Laboratory.

Dr. Roger Illingworth, assistant professor of medicine, has been appointed to a four-year term on the Nutrition Study Section of the National Institutes of Health.

Mary McBride, R.N., M.S., has been appointed associate director of Maternal-Child Nursing. McBride is an assistant professor in the School of Nursing's Family Nursing Department. She also is director of University Hospital's Child Life Therapy Program.

RETIREMENTS

Betsy Baptist, educational coordinator of the Medical Technology Program at the OHSU, has retired. Baptist worked on the Hill for 37 years.

Dorothy Taylor has retired after 14 years of service in the Division of Continuing Dental Education.

Colin Scott, an employee of the Physical Plant, retired after 21 years of service at the OHSU.

After more than 34 years at the OHSU, **Bernice Setere**, head nurse on 8A of University Hospital, has retired. Setere began her professional career in Multnomah Hospital.

OBITUARIES

Virginia Merges Kletzer, the volunteer known at the OHSU as "Mrs. Doernbecher," died in November at age 95.

Kletzer worked as a volunteer at Doernbecher Children's Hospital for nearly 20 years. She was instrumental in making Doernbecher one of the Portland Federation of Women's Organizations' annual fundraising projects.

In January 1981 Kletzer was named Woman of the Year by the Portland Women's Forum.

Kathryn W. Bray, retired registrar of the School of Medicine, died in December. She was 88.

Bray worked in the School of Medicine for 25 years.

Bertha Hallam, OHSU librarian emerita, died in November. Hallam was the first librarian for the School of Medicine. She worked at the medical school from 1919 through 1965.

Arthur Miller, the playwright, once published a short story entitled, as I recall, "Children Are the Meaning of this Life." And so they are. They symbolize different aspects of life for each of us — for some, the renewal of the species; for some, a new chance to bring good to the world; for some, a sense of wonder at the beauty of the universe. Because of the special role of the child, illness of a child takes on a profound meaning. To those who expect fairness from the universe, a child's illness is the unfairest event of all.

Accordingly, a medical facility devoted to the care of sick children deserves great attention and unlimited support. The Doernbecher Memorial Hospital for Children, an Oregon tradition for more than half a century and an integral component of the Oregon Health Sciences University, is a proud and invaluable heritage. It boasts outstanding talent in all of the health-related professions — nurses, physicians, dentists, technologists and medical researchers. The descriptions below of the care given to children with leukemia, chronic kidney failure, cystic fibrosis, birth defects, medical emergencies and potential susceptibility to the Sudden Infant Death Syndrome, tell only a part of the Doernbecher story.

I urge you to acquaint yourself with this statewide resource. Visit the hospital (we can arrange for tour guides to show you through Doernbecher, the rest of University Hospital and, indeed, the entire Health Sciences University), get to know it and to value it. Use it — it's there for you and your families. Then, join us in the unending task of working to make it even better.

We mean it when we say, "The Oregon Health Sciences University cares for you."

Leonard Laster, M.D., President



FOCUS ON
THE UNIVERSITY HOSPITAL
THE OREGON HEALTH SCIENCES UNIVERSITY

NEWS

SUPPLEMENT MARCH 1983

Doernbecher: Fifty years of caring for your children

When you think of your young children, you think of freckles and braids and dolls and frogs and Pac Man. You think of laughter.

When your children are older, you think of braces and borrowed cars . . . and bigger pieces of the rock.

Probably the last thing you think of is illness.

That's the first thing we think of at Doernbecher Memorial Hospital for Children.

It has been 57 years since we cared for our first child at Doernbecher; 57 years and a lot of changes. In that time we have moved from a separate building that still stands on the campus of the Oregon Health Sciences University to the top two-and-a-half floors of University Hospital.

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"We have evolved into a major care center covering all aspects of pediatric care," said Dr. Robert Neerhout, the fourth full-time chief of the Department of Pediatrics. "We have pediatric medical and surgical expertise not available in most hospitals in Oregon and some surrounding states."

Just as Doernbecher has changed, so have the patients the hospital cares for. When the hospital opened its doors, thanks to a gift of \$200,000 from the estate of Frank L. Doernbecher, children were admitted most frequently for tonsillectomies and infectious diseases such as polio and rheumatic fever. Today, up to one-third of the children in Doernbecher are admitted with cancer — about half of these with leukemia; the rest with various types of tumors.

Doernbecher Hospital is staffed by full-time pediatric specialists in cardiology, endocrinology, gastroenterology, hematology, immunology, infectious disease, nephrology, neonatology, neurology, neurosurgery, otolaryngology, oncology, ophthalmology, orthopedics, plastic surgery, pulmonology, surgery and urology.

In 1951, Doernbecher opened the first center for premature babies in the state. Today the Northwest's largest Neonatal Intensive Care Center "is a leader in all aspects of neonatal care," Dr. Neerhout said.

A natural outgrowth of the NICC has been Doernbecher's SIDS program for infants who are at high risk of Sudden Infant Death Syndrome, so-called "crib-death." The program conducts research and clinical studies on the detection of high-risk infants.

"We have the only established program in the state for the determination of patients at high risk of SIDS and for the monitoring of high-risk children," Dr. Neerhout said.

Doernbecher was the first hospital in the country to adapt Continuous Ambulatory Peritoneal Dialysis for the treatment of infants and children with kidney failure. The system allows children to receive dialysis treatment at home and to engage in almost any activity.

Doernbecher also is the home of the regional Cystic Fibrosis Center which serves children from Washington, Idaho and Alaska. As part of this program, the hospital operates the state's only pediatric pulmonary laboratory which is designed to measure lung function of infants and children.

The hospital initiated the first program in the state to deal with children with gastrointestinal and liver disorders.

It is one of 28 institutions in the country that belongs to the National Children's Cancer Study Group. "This is the only organized study group for children's cancer in the state," Dr. Neerhout said. "Eighty percent of the pediatric patients with cancer in the region are enrolled in our program. Great advances are being made."

In 1970, a transportation system was initiated that brought new-born babies to Doernbecher's Neonatal Intensive Care Center by ground or by air, with doctors and specially-trained nurses and support personnel in attendance. Later, a similar critical care transport system was developed to rush acutely-ill older children to Doernbecher's pediatric intensive care unit.

The newly-renovated Pediatric Clinic is providing well-baby and general care in addition to a wide spectrum of specialty care to children on an outpatient basis.



Health care and rocking chairs are a traditional team at Doernbecher Memorial Hospital for Children. The oak and maple rockers, often donated by appreciative families of Doernbecher patients, offer children, like Jennifer Neuwelt, 5, and their nurses a friendly place to share comfort and consolation (or to administer teddy bear physicals). The rocking chair tradition is almost as old as the hospital itself. Almost every room has its own rocker, and nurses believe that "every child needs a rocking chair and every baby should be rocked," according to Emily Malaimare, recreational therapist.

There have been a lot of changes at Doernbecher Children's Hospital over the last 57 years. But in all that time our priority

has remained the same — making your children well.

We do that better than ever, now.

Transport system is help in a hurry

When Brian was three months old and became seriously ill with what his physician suspected was congenital heart disease, he needed Doernbecher Memorial Hospital for Children. No other hospital in Oregon has facilities for the diagnosis and surgical therapy of pediatric congenital heart disease.

More than 300 patients have been served by the Pediatric Emergency Transport System. Many have avoided permanent damage, or even death.

Brian was feeding poorly and was lethargic; he showed signs of early shock and had developed serious breathing problems.

He needed Doernbecher in a hurry.

But Brian lived in Coos Bay, and Doernbecher was 200 miles away.

Getting to the special pediatric care provided at Doernbecher was the least of Brian's worries, however. It was also the least of worries for 120 other pediatric patients in 1982 who were transported to Doernbecher by way of the hospital's Pediatric Emergency Transport System.

The system was initiated in 1979 and is now an integral part of the pediatric critical care program at Doernbecher. It is operated by a team of highly-trained physicians, nurses and pediatric respiratory therapists that responds to emergency calls in a matter of minutes, rushing by airplane, helicopter or ambulance to stabilize the patient and transport him or her back to Doernbecher's Pediatric Intensive Care Unit.

Brian was just one of the more than 300 patients who have been served by the Doernbecher Pediatric Emergency Transport System since it was initiated. He and many other patients avoided permanent damage, or even death, because of the rapid mobilization and stabilization and the special skills of the transport team.



"The secret to (the Neonatal Intensive Care Center's) success is having a delicate, specially-trained nursing staff that can provide the special care these babies need to survive."

A home for the smallest of the small

They are the youngest and smallest of all patients. They arrive before their time. And they are not yet prepared for their world.

But University Hospital, with the state's largest newborn intensive care center, has prepared a special world for them.

There is no age level at which the need for specialized care is as great as during the first 28 days of life (the neonatal period). That need is greatly increased when a life outside the womb begins prematurely.

More than 500 babies each year spend the first days — sometimes months — of their lives in University Hospital's Neonatal Intensive Care Center. They come from all over Oregon and southwest Washington and from other areas of the Northwest, often by way of what Dr. John Reynolds, director of the NICC, called "the most extensive transport system of any intensive care unit in the state."

These babies come to the NICC with all kinds of ailments. About three-fourths of them are born prematurely. A severely premature baby cannot function on its

own because its organs are not fully developed. Its brain is not fully functioning and the baby forgets to breathe.

Other babies in the NICC have birth defects or need surgery. Here they receive the most advanced care available from University Hospital's staff of specially-trained pediatric physicians, surgeons and nurses. More than 80 percent of these tiniest of patients — some weighing no more than two pounds — survive.

That so many survive "is to a great extent a credit to the kind of nursing care these babies have," Dr. Reynolds said. "The secret to our success is having a delicate, specially-trained nursing staff that can provide the special care these babies need to survive."

Care is provided around-the-clock by a staff of about 70 nurses (usually one nurse for two babies). The sick babies live in incubators which duplicate, as nearly as possible, the environment of their mothers' wombs and where they are protected from temperature and humidity changes and infection.

Heart rate and blood and respiratory pressure are monitored continuously. Skin thermistors taped to the abdomen let each infant be his or her own thermostat. Whenever the baby's temperature varies from the desired 97 degrees, heat output in the incubator is adjusted immediately. Heart monitors keep a second-by-second watch over the baby's heart rate and sound an alarm if it changes.

The NICC is the only unit in the state with facilities for the diagnosis and surgical therapy of infants with congenital heart disease.

Because of the improvements in obstetrics care, premature babies are presenting fewer problems than before, Dr. Reynolds said. Also helpful is the fact that more women at high risk of premature delivery are being diagnosed and sent to University Hospital where their baby can receive the sophisticated care available in the NICC right after birth.

"A much larger percentage of these babies is surviving in very good shape," Dr. Reynolds said.

Center offers a brighter outlook for cystic fibrosis patients

Not much longer than a decade ago, many children with cystic fibrosis died before they ever attended school.

The disease is still almost always fatal (it is the No. 1 inherited cause of death in children and young adults in the United States), but the life expectancy of those with the disease is much increased, now averaging about 20 years.

In Oregon, most children with CF, and many others with chronic and inherited lung and digestive problems, are being cared for at University Hospital's Cystic Fibrosis Center. The Center is co-directed by Dr. Michael Wall, a pediatric lung specialist, and Dr. Annie Terry, one of only two pediatric gastroenterologists in Oregon. Their specialty areas encompass most of the problems encountered by CF patients.

Dr. Wall, one of the state's few pediatric lung specialists, is trying to alleviate the

impact of children's lung diseases. Bronchial asthma is one of the most common pediatric disorders requiring hospitalization.

It accounts for many of the young patients who are seen in the Pediatric Pulmonary Laboratory at the Doernbecher Memorial Hospital for Children.

"This is the only lung function lab in the state set up specifically for testing children," Dr. Wall said. "We see children and adolescents with a wide variety of lung diseases. We see kids with CF, asthma, congenital lung disorders of every type. We offer a full range of testing."

Next to respiratory diseases, gastrointestinal infections are the most common cause of childhood illness in the country. In her clinic, Dr. Terry sees children with disorders of the esophagus, stomach, large and small bowels and liver. Problems include ulcers, diarrhea, malabsorption and

inflammatory bowel disease.

Together, Drs. Terry and Wall use their skills in the Cystic Fibrosis Center to provide CF patients specialized diagnostic tests and therapy designed to improve their symptoms and extend their lives.

Cystic fibrosis attacks the pancreas and lungs, causing digestive problems and recurrent pneumonia. In the United States, the disease affects one in every 1,800 newborns. CF is not contagious; it is inherited when both parents carry the CF gene and pass it on to a child. One in every 20 persons is a carrier.

CF patients often produce mucus in their lungs which destroys lung tissue and makes it susceptible to infections. CF also affects digestion because thick, sticky mucus blocks the passageways that carry digestive enzymes to the intestine. Therefore, much of the food consumed by a CF patient cannot be absorbed by the body.

CF affects the sweat glands, also, producing an abnormal amount of salt in the sweat of persons with the disease. Excessive sweating can make those with CF prone to heat exhaustion or dehydration. The extra salt can make infants taste salty when kissed, often one of the first signs of the disease.

The Cystic Fibrosis Center serves approximately 200 CF patients, most of them under 18.

The center offers testing for cystic fibrosis and serves as the reference source for the rest of the state. "We confirm cases of CF that were diagnosed elsewhere in the state," Dr. Terry said.

The center does take self-referrals if parents are worried that their children have cystic fibrosis, she added.

Inquiries can be directed to Dr. Wall at (503) 225-8023, and to Dr. Terry at (503) 225-8650.

Appointments

Patients wishing to take advantage of the services offered by University Hospital can arrange for appointments directly to the following clinics by calling the central appointment number, 225-8505, or by calling directly to the following clinics 8:30 a.m. and 4 p.m. M-F:

NO REFERRAL NEEDED

Allergy and Immunology, 225-8505
Dental, 225-8635
Dermatology, 225-8600
Diabetic, 225-7360
Ears, Nose and Throat, 225-8505
Family Practice, 225-8573

Gynecology, 225-8984
Medicine, 225-8562
Obstetrics, 225-8984
Orthopedics, 225-8633
Plastic Surgery, 225-8564
Psychiatry, 225-8617
Pediatrics, 225-8500
Psychology, 225-8617
Rheumatology, 225-8637

Surgery, 225-8505
Tumor, 225-8514
Urology, 225-8637
PHYSICIAN-REFERRAL ONLY
Adult Eye Clinic, 225-7872
Cardiology, 225-8750
Child Eye Clinic, 225-7830
Hypertension, 225-8490
Lipid/Nutrition, 225-8005

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Program makes hospital life more like home life

Four-year-old Mollie Ward snuggles with her dolls and stuffed animals in a bright red wagon, playing doctor with her Raggedy Ann doll.

First come the bandages, then the shots and, as an afterthought, a stethoscope for listening to an imaginary heart.

For Mollie, games like this one in the

The Child Life Therapy Program began as a way to make visits to Doernbecher more comfortable for children.

Doernbecher Children's Hospital pediatric play room aren't all giggles and laughter. She is methodical beyond her four years, carefully bandaging an intravenous tube to the doll's wrist and covering its trusting cloth face with a mask for anesthesia.

But play time now, even when it's solemn, makes Mollie happier later. She has visited doctors for years in treatment of kidney disease and cancer. Now she can act out her feelings, fears and questions. With help from a special team of Doernbecher child life workers, children like

Mollie recreate the past with dolls, clear up misunderstandings and uncover mysteries of medical procedures they may face tomorrow.

Children receive special attention from Sally Bowles, child life worker. Bowles has been working with the Doernbecher Child Life Therapy Program since it began in 1974. Her hospital play sessions, along with arts and crafts, movies and friendship ease children through hospital visits that could otherwise be traumatic.

"Some kids will play out their surgery," she explains, watching Mollie attach a surgical mask to Raggedy Ann. "Some of the kids will even give dolls an IV (intravenous injection) in the eye just because that's the worst thing they can think of. You can tell from their faces that they are really angry."

"Kids don't have a lot of verbal skills," she explains. "They can play out what you and I can talk about. Actually, it would be a good thing for adults (to play out hospital experiences) too, but they are too inhibited."

The Child Life Therapy Program began as a way to make visits to Doernbecher more comfortable for children. It provides emotional support many children need as they deal with separation from home, illness and sometimes painful medical procedures, says Mary McBride, assistant director of Maternal/Child Nursing.

"We wanted to give emotional care to hospitalized kids on a one-to-one basis," says McBride. "When the program began there were no psychological facilities for children in this state."

Her program eases a multitude of problems for children with all kinds of needs, from soothing the child who spends one night at OHSU for a tonsillectomy to attending to the emotional problems of chronically ill children.

It also provides an avenue of trust between hospital staff, children and their parents. Through the help of child life workers, children receive special attention on a one-to-one basis for as long as they visit the hospital — even if that is from infancy through teen years.

"We see ourselves as advocates for parents and children in the hospital system," says McBride, adding that her staff is a sounding board for problems and questions families have about hospital procedures.

McBride's staff works especially hard to build children's trust.

"Many of our kids have multiple hospitalizations," she says. "We see them over the years and watch them grow up."

"We do not do things to the kids. We are one of the few people that the kids can say no to here. Children have a lot of control in the child life program that they don't

Through the help of child life workers, children receive special attention on a one-to-one basis for as long as they are in the hospital.

have in any other hospital program."

To Bowles, the program makes a tremendous, yet hard-to-define, difference in how well a child responds to hospital care.

Part of the job is "just being there" for children, says Bowles. "I'll be there at night," she explains. "Or if they are going through any painful procedures and parents can't be there, I'll go through it with them and try to support them," says Bowles.

"Hospitalization is traumatic for kids," she adds, watching Mollie leave the playroom. "A child who comes in for one day can benefit, and the kids who come back over and over again really need this. I figure if I can do something to add to the quality of this child's life, then, wow, that's worth it."

Young Doernbecher dialysis patients on the move

Kidney transplants are not an uncommon occurrence at University Hospital. But in February, when Matthew Poulsen of Selma, Ore., received a new kidney from his father, Ronald, the event held special significance.

When he was 11 months old, Matthew suffered a kidney disease; his kidneys

failed six months later. Matthew was too young and too small to receive a transplant.

In 1975, Continuous Ambulatory Peritoneal Dialysis (CAPD) had been developed. The new technique allowed adults with kidney failure to receive dialysis treatment at home. But no child had even been treated

by CAPD prior to 1978.

Physicians at University Hospital decided to adapt CAPD for use with children. When Matthew's kidneys failed, he became the first patient in the United States treated by CAPD.

There have since been 26 children treated by CAPD at University Hospital and

hundreds worldwide.

Children on CAPD undergo surgery to implant a tube in the lower abdomen. The tube carries dialysis fluid, a sterile sugar and salt solution, from a bag into the abdominal (peritoneal) cavity where it remains for four to eight hours.

Waste products (normally removed by the kidneys) in the blood, are drawn into the fluid.

Four or five times a day, the child's parent drains the waste fluid and replaces it with the contents of a new bag. The lightweight bag can be rolled into a small bundle that can be slipped into a pocket or napsack.

"The entire exchange is painless," said Dr. Steven Alexander, director of University Hospital's CAPD program, "and the continuous presence of dialysis fluid inside the peritoneal cavity goes unnoticed by these active youngsters."

Children on CAPD can engage in almost any activity, even swimming and vigorous non-contact athletics.

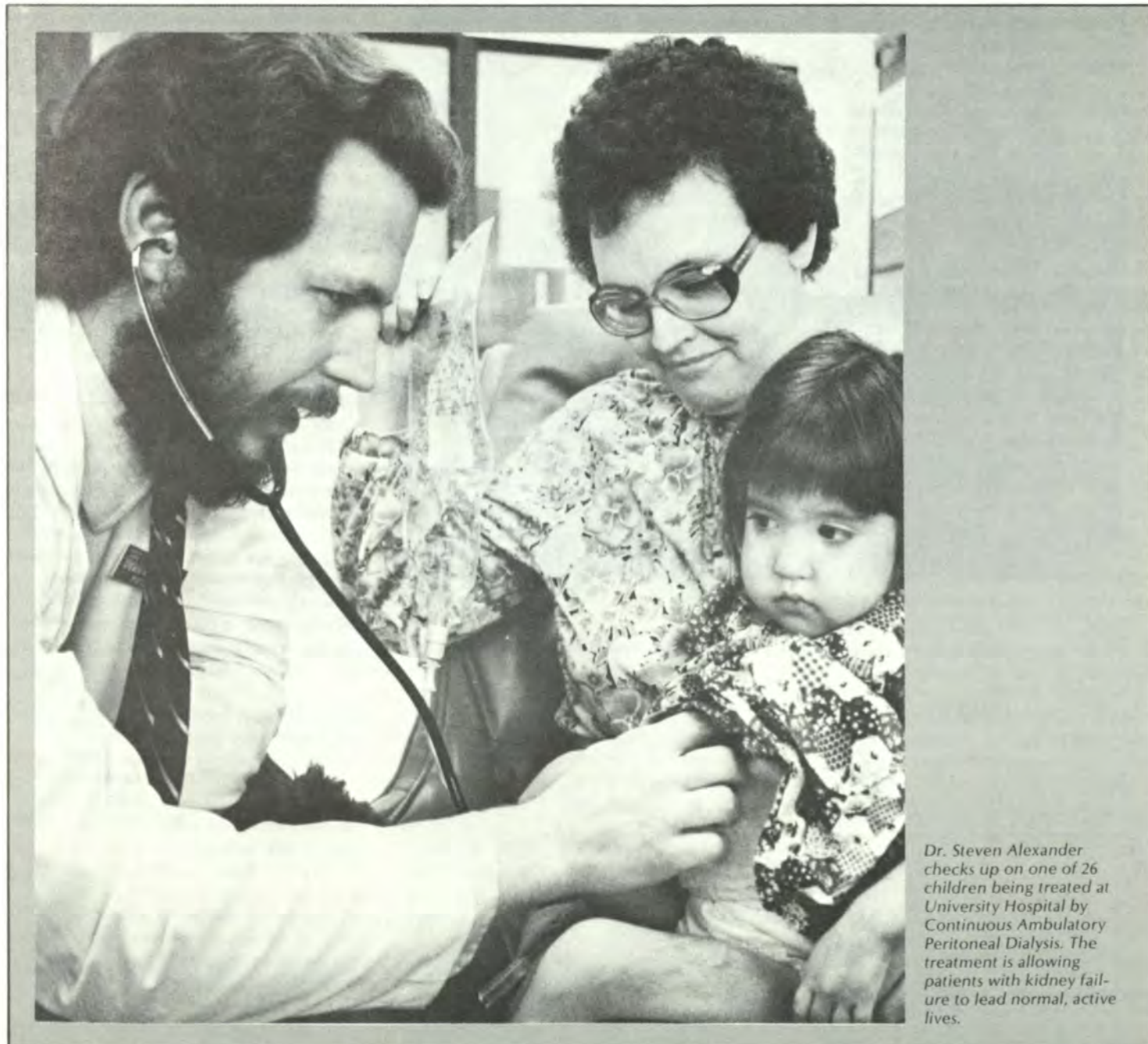
Besides costing about half as much as standard hemodialysis, CAPD allows children to avoid spending time in a hospital and away from their families while receiving regular hemodialysis treatment.

"An important factor in CAPD is the opportunity for these children to live at home with their families in a psychological and social environment which is near normal," Dr. Alexander said.

Dialysis for adults may be a permanent solution to kidney failure, but for children like Matthew it is considered a temporary measure which can be used until the child is old enough and large enough to receive a transplant, until a suitable kidney is available for transplant or until the child's kidneys begin functioning on their own.

Said Dr. Alexander: "With CAPD there is not only the opportunity to live a pretty normal life, but our early results indicate these children can grow at rates greater than those seen with other forms of dialysis."

"The real goal is to achieve transplantable weight (25 to 30 pounds) by the optimum age for transplantation (two to three 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."



Dr. Steven Alexander checks up on one of 26 children being treated at University Hospital by Continuous Ambulatory Peritoneal Dialysis. The treatment is allowing patients with kidney failure to lead normal, active lives.

SIDS program keeps eye on high-risk babies

About two or three of every 1,000 babies born in Oregon die from SIDS, making it the leading cause of death in babies from one month to one year of age.

Billy had just turned three weeks old when his parents found him not breathing, his face gray.

They were able to resuscitate him, and he was rushed to Children's Orthopedic Hospital in Seattle (where Billy's parents were visiting). After being evaluated and observed, he was referred to the Infant Monitoring Project at Doernbecher Memorial Hospital for Children near the family's home in Portland.

Billy's breathing control problem, medically referred to as apnea, is one symptom

that may precede SIDS, or Sudden Infant Death Syndrome. About two or three of every 1,000 babies born in Oregon die from SIDS, making it the leading cause of death in babies from one month to one year of age.

Physicians from all over Oregon and southern Washington have established a referral system with Dr. John Yount, director of the Infant Monitoring Project at Doernbecher Children's Hospital. At least two babies each week with problems similar to Billy's are referred to Dr. Yount.

The Infant Monitoring Project was established to take advantage of research on SIDS and to protect infants who exhibit problems identified as precursors to a SIDS tragedy, Dr. Yount said.

For many centuries, SIDS cases were attributed to smothering, neglect or abuse. For the past 20 years, "crib death" has been a label attached to an infant's death for which there was no apparent cause.

A lot of mystery still surrounds SIDS, but research is providing new information to

help identify high-risk infants who might be susceptible to Sudden Infant Death Syndrome. It is known that most SIDS deaths occur between the ages of one and six months in full-term babies who are apparently healthy and not known to have breathing or heart problems.

"There are probably multiple reasons for SIDS," Dr. Yount said. "Some abnormal conditions related to SIDS are infant apnea (breathing lapses greater than 15-20 seconds), airway obstructions, cardiac arrhythmias, certain kinds of seizures or small vomiting episodes during sleep."

Research has established that one group of babies in a high-risk category includes newborns weighing less than 4½ pounds. Many of these babies experience long breathing pauses or have prolonged sleep apnea (periods during sleep when breathing stops completely).

"At Doernbecher, all low birth weight babies are watched with an appropriate monitor," Dr. Yount said. (The monitor keeps track of heart rate and breathing

and will sound an alarm if the baby stops breathing.) "If the baby shows signs of abnormal breathing patterns, the monitor will be sent home with the parents."

When a child is sent home with a monitor, his parents have already been trained by Oregon Infant Watch in the use of the machine and how to respond if the alarm

A lot of mystery still surrounds SIDS; but research is providing new information to help identify high-risk infants who might be susceptible.

sounds. Oregon Infant Watch is an independent, non-profit organization that works in conjunction with the Infant Monitoring Project.

It was established to provide family support and to evaluate the treatment of infants. The medical advisory board of this new agency is composed of physicians from community hospitals in the state and from University Hospital.

The behavior of each child referred to the Infant Monitoring Laboratory is recorded overnight, along with a continuous record of heart and breathing activity. Other tests are performed to study the baby's response to changes in oxygen and carbon dioxide, reflux of stomach acid and other behavior.

When the baby goes home, he or she will continue to be monitored until three months have passed without the alarm sounding for a significant event. The monitor usually is attached only when the child is sleeping or might fall asleep, Dr. Yount said.

In addition to the Infant Monitoring Project, research into the cause of SIDS is being done at the Oregon Health Sciences University by Dr. Martin Lees, director of the Infant Cardiopulmonary Laboratory and head of pediatric cardiology.

Dr. Lees has developed a safe and simple test which may predict whether a child is likely to have unstable breathing patterns by measuring the infant's ability to respond to a change in carbon dioxide and oxygen.

Tests performed at University Hospital by Drs. Lee and Yount and by Dr. Annie Terry, a pediatric gastroenterologist, and Dr. Michael Wall, a pediatric pulmonology specialist, all contribute to a complete profile of an infant suspected to be at high risk for SIDS.

"We have reasonable evidence that we're focusing on the right group of children," Dr. Young said. "The incidence of SIDS varies from year to year, but the Infant Monitoring Project apparently has had a dramatic effect for low birth weight infants at Doernbecher Children's Hospital."

"While we are still far from a total answer in preventing SIDS, we hope that research will give us more reliable and efficient ways of screening infants at risk."

This might be a fun place to spend some time

Think back to when you were a child: Where was the last place you ever wanted to be taken?

To see the doctor, right?

And how much trouble did you give your parents when they tried to take you to see the doctor?

Lots of trouble, right?

Now, how much trouble do your children give you when you try to take them to see the doctor?

Lots of trouble, right?

Let's face it, colds and fevers and tonsillitis and the like have never had much potential for fun. And neither has anything or anyone who had anything to do with any of them.

We think the newly-renovated Pediatric Clinic in Doernbecher Memorial Hospital for Children will make your children feel a little better about going to see the doctor. And when your children leave, our doctors and nurses will probably have made them feel even better.

The Pediatric Clinic won't really look like a clinic to your children. The walls and floors are nicely colored. The waiting areas are stocked with equipment and toys to keep your children entertained. Older children can sit off by themselves and enjoy the tropical fish. A television room will help pass the time during longer stays.

This might even be a fun place to spend some time.

It is certainly a place that can offer a complete array of specialists and services to help your children feel better, no matter what the illness.

We can care for all of the health problems of your children, from the time they are born until they become adults.

"The big advantage of receiving care in a general pediatric clinic is that we have available to us practicing consultants in so many areas," said Dr. Robert Meehan, director of the Pediatric Clinic. "No one physician can be up-to-date in every area of practice."

But the specialists who care for thousands of children each year in the Pediatric Clinic can be. Specialty areas range from allergy to cardiology to surgery to dentistry. And the care is provided in an environment in which your children will feel comfortable.

"Going to the doctor can be an apprehensive event for anyone, especially children," Dr. Meehan said. "When we designed our space, we tried by the use of architecture and colors and furniture to make it non-threatening. We wanted it to be as comfortable as possible."

The Pediatric Clinic is just what the doctors ordered.



Matthew Williams, 4, takes the kids' approach to receiving care from Dr. Robert Meechan and the rest of the Pediatrics Clinic staff.

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NEWS

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Dr. Ellen Magenis takes an especially close look at human perfections and imperfections.

Program explores genetic problems

There is no such thing as "The Perfect Human."

"All of us have enough things in us which, if we are matched with the wrong person, could cause problems," says Dr. Ellen Magenis. "Birth defects can happen to anyone."

As director of the Crippled Children's Division's Clinical Genetics Program, Dr. Magenis takes an especially close look at human perfections and imperfections.

Her genetics program is designed to research and diagnose hereditary defects coded in chromosomes and to counsel patients about those problems.

Dr. Magenis and her staff diagnose genetic disorders through a system of "karyotypes," black and white photographs of patients' chromosomes enlarged about 3,000 times. Those thumbnail-sized chromo-

somes photographs show hundreds of gray, white or black bands — tiny "hills and valleys" in chromosome texture, says Dr. Magenis. Every band in the chromosome portrait represents a genetic trait and may indicate a defect.

Dr. Magenis' research deals with minute genetic information — it would take 5,000 chromosomes to measure one inch — but the problems her studies reveal are far from small in scope.

About 12 million Americans are carrying genetic diseases, and every set of parents stands a 3 percent risk of having a genetically defective child.

The Genetics Program, which began in 1965, is the oldest in the state and serves about 1,600 Oregonians each year. Dr. Magenis is proud of her service's unique position as the only one in Oregon to use "high resolution" technology, a process which increases the number of bands researchers can distinguish within chromosomes from the traditional 400 to 600 bands to a maximum of 2,000 bands.

"If you don't use high resolution, you could be missing things that are highly important to the patient," says Dr. Magenis, gleaming information from a page of karyotypes the way most people read the morning newspaper.

Dr. Magenis' staff can chart genetic maps from bone marrow or amniotic fluid, and their patients range from a 95-year-old man with leukemia to a woman who is 14 weeks pregnant and seeking amniocentesis.

Deciphering that genetic information is a complex process, says Dr. Magenis.

Successful diagnosis depends on researchers' ability to synchronize chromosome growth to study test cultures at just

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Day features student research

Student research covering about 50 topics in medical and clinical sciences will be presented at the OHSU March 31.

Student Research Day, scheduled on the fourth floor of the Basic Science Building, will last from noon until 6 p.m.

Events include visual and oral presentations by OHSU medical and graduate students; awards presented by Dr. Leonard Laster, OHSU president; discussions of research projects and a lecture by guest speaker Dr. Harold Weintraub. Dr. Weintraub is a member of the Fred Hutchinson Cancer Research Center's Department of Genetics in Seattle. His special interests include cell transformations by avian tumor viruses, and the structure, function

and replication of eukaryotic chromosomes.

The research series is designed to explore and recognize students' work in a wide range of medical and clinical fields, said Dr. Ralph Tanz, professor of pharmacology. Tanz organized the event with help from other OHSU staff and contributions from dental school Dean Lous Terkla, individual faculty members, the Pharmaceutical Service Representatives Association of Portland and the Medical Research Foundation of Oregon.

About 60 students have submitted proposals for oral presentations. Sixteen were selected for 10-minute oral and slide show presentations.

Funding increase called for

(continued from page 1)
investment."

Hatfield addressed a varied group gathered to discuss and learn about the OHSU's medical research during the university's Research Convocation. The event drew exhibits of 50 OHSU researchers. Posters featured research from Dr. William Bennett's work on the effect of aspirin on kidney function to Dr. Shirley Murphy's investigation into stress after the eruption of Mt. St. Helens.

During the convocation, OHSU President Leonard Laster also announced the beginning of a Mark O. Hatfield Biomedical Research Lectureship. The lectureship is designed to bring an outstanding scientist to campus each year to discuss impor-

tant advances in fundamental research.

Lectureship funding was provided by three Portland donors: Peter Brix, president of Knappton Corp.; Arthur A. Reidel, president of Reidel International, Inc.; and a third person who wishes to remain anonymous.

Dr. Laster also announced receipt of a major private gift to support the research of Dr. Charles Dotter, professor and chairman of diagnostic radiology in the School of Medicine.

Dr. Dotter's research will receive support from a \$250,000 gift from William Cook, president of Cook, Inc. of Bloomington, Ind. The funds will be used to support research on X-ray guided techniques as alternatives to surgery.

Complex surgery gives Reynolds new outlook

(continued from page 1)

Last year Jimmie picked up a book written by a woman with a facial deformity similar to his that had been corrected by surgery. Inspired by her story, Jimmie sought out a surgeon who could perform a similar operation for him. A plastic surgeon in Eugene referred him to Dr. Stephen Miller, chief of plastic and reconstructive surgery at the OHSU.

Dr. Miller, who had studied under Dr. Paul Tessier, a surgeon from Paris who is considered the father of craniofacial surgery, would pull together the team of 15 specialists that would work with Jimmie.

"When I first saw Jimmie," Dr. Miller said, "I told him he was a good candidate for this surgery, but that it would be very difficult because of the magnitude of the deformity."

That was all the encouragement Jimmie — and the town of Veneta — needed.

"I've just always tried to stay positive. Sometimes it amazed me that I was able to. There were times when I just felt like crawling into a hole and filling it in after me."

Veneta, a lumbertown, has been hit hard by the recession. The town's largest mill closed down a section of its plant last year, delegating another group of residents of slumping Lane County to the ranks of the unemployed. But the community, urged on by one self-admitted group of "40-year-old cowboy acting like teenagers," had found a cause to rally behind — Jimmie Reynolds.

Last April, the Powder River Gang, an organization of amateur gunslingers, began a drive to raise money for Jimmie's surgery.

In two months they had collected more than \$40,000. By the time Jimmie was admitted to University Hospital Dec. 6, more than \$62,000 had been raised.

Cost of the surgery, however, was borne by the OHSU's Crippled Children's Division, which provides partially- or fully-subsidized care for Oregon children with congenital disorders and other handicaps until they are 21. Jimmie had been a patient of the CCD for almost his entire life. The surgeons provided their services

free of charge. The money raised now will be used for subsequent surgeries Jimmie will need.

Not since the birth of the Potter quintuplets in February 1981 had an event drawn so much attention to University Hospital. The plight of Jimmie Reynolds had attracted a huge following, both regional and national. He was a hero.

"This is something I just never expected to happen."

The operation to correct Jimmie's deformity would be the most complex facial surgery ever attempted in Oregon. "It was the most difficult surgery I've ever done," Dr. Miller would say afterward.

Planning was extensive and was aided by a topographical map of Jimmie's face provided by Dr. Bhim Savara, professor and chairman of the Child Study Clinic in the OHSU School of Dentistry. In 1965, Dr. Savara adopted a technique used primarily in cartography as a means of measuring depth of teeth and face. He had provided OHSU surgeons facial maps of two other patients operated on at University Hospital last summer.

Jimmie's surgery was scheduled for Dec. 8.

"Like Dr. Miller told me: There's a risk in everything. There's a risk in walking across the street."

At 6:40 a.m., Dec. 8, Jimmie was wheeled into the operating room in University Hospital. He would not emerge until 10:50 that night, after 14 hour of surgery.

The 15-member team that would operate on Jimmie included plastic and reconstructive surgeons, neurosurgeons, prosthodontists, ophthalmologists and anesthesiologists, all but two of whom were from the OHSU. One of those was Dr. Henry Kawamoto, a friend of Dr. Miller's from the UCLA Medical Center who had performed nearly 200 similar operations.

Jimmie had been well informed of the risks involved in such a complex operation. Said Dr. Miller: "The things we worried about were brain injury from operating around Jimmie's brain; blindness, because we would be detaching the bones

around his eyes; and infection."

But Jimmie knew of the risks.

"The last thing I thought of before I went into surgery was 'Well, here we go. I'm finally getting what I want.'"

At 8:10 a.m., surgeons made an incision running from the tip of Jimmie's nose to the top of his skull. They cut a perpendicular incision behind his scalp line, splitting his skin almost ear-to-ear.

From the point of view of the neurosurgeons, Jimmie presented three problems, Dr. Gallo said. "His brain occupied too much space; this huge overhang existed. He had this very deformed series of rib grafts that had stuck to the underlying covering of the brain. And he had a large cyst within his head that also occupied space."

The neurosurgeons first removed the rib graft section of Jimmie's forehead and opened up the cyst and collapsed it to allow space to move the brain back in his skull. A piece of bone the plastic surgeons would use to fashion a new forehead was taken from the back of Jimmie's skull and replaced with the rib graft which eventually would be covered by hair. And, finally, they elevated the brain off the floor of the skull so the plastic surgeons could make their incisions to move Jimmie's eyes.

During the operation, the plastic surgery team was able to decrease significantly the gap between Jimmie's eyes, from 66 millimeters apart to 25. Reseating his brain and replacing the rib graft with the bone from the back of his skull gave Jimmie a smaller, smoother forehead, and Jimmie's nose was reshaped.

"We did more than we thought we could do," Dr. Miller said. "We were able to move the eyes much closer to normal than I think any of us had anticipated."

Jimmie will need future operations. Those will include soft tissue surgery on his nose and scars on his left cheek, possible surgery to balance his eye muscles and probable surgery on his jaw to align his teeth. But they will be operations that are "all relatively small compared to what he has had," Dr. Miller said.

Jimmie's eyes now face straight ahead. He can see an object with both of them at



X-rays in background show the magnitude of Jimmie Reynolds' deformity before surgery.

'Like Dr. Miller told me: There's a risk in everything. There's a risk in walking across the street.'

the same time. He can learn to drive.

"It took a while, after looking in a mirror, before it sunk in: 'Hey, that's me.' I feel more self-confident. I think I'll have more of a social life, now. I can look normal. I can feel like the next person on the street."

On a cool, clear morning in January, after a 37-day stay, Jimmie Reynolds pulled on his cowboy boots and strolled out of University Hospital. He felt just like the next person on the street.

Dietetic program gives interns food for thought

There has been a steady increase in the nutritional I.Q. of the American public, and much of that can be traced to a rise in the number of trained nutritionists.

The Dietetic Internship Program at the Oregon Health Sciences University has played a major role in that training. Over the past 40 years, the program, the only one of its kind in the Pacific Northwest, has graduated hundreds of nutritional specialists who are now working to meet the public's growing dietary needs.

Working in hospitals, clinics, research programs, industry and schools, OHSU-trained dietitians are making vital contributions to community health.

Interns spend a year in the program, which is directed by Meredith Overton, registered dietitian and assistant professor of medicine at the OHSU. The class of 11 is divided into two groups; one will spend

the first half of the year in clinical rotation, the other in a management rotation. Then the groups will switch.

During their clinical rotation, the interns, working one-on-one with a registered dietitian in University Hospital, will spend time in different units of the hospital — surgery, medicine, pediatrics, renal, the outpatient clinics, etc. They interview patients about their lifestyles and eating habits, then translate that information into an individualized meal plan.

They teach patients about the diet modification required by their disease condition. They become a consultant to physicians and attend rounds.

Also in the clinical block, the interns work outside the OHSU with community agencies, among them the health departments in Washington and Clackamas counties, and Loaves and Fishes.

At the end of their clinical rotations, the interns assume, for two weeks, the total responsibilities of the dietitian with whom they are working.

The dietetic interns spend their management rotation "doing everything imaginable in terms of food service management," according to Overton, who is president of the State Dietetic Association. They learn how to administer food service, how to order food and supervise personnel. They learn about sanitation and safety requirements. They study food production, patient food service and office procedure.

"They try to identify problem areas and recommend possible solutions," Overton said.

The interns come from across the country. Five of the 11 are from Oregon. Others come from New York, Louisiana, Montana,

California and Washington. Interns do not receive a stipend for their work in the hospital, but they do not pay tuition. They are required to have a bachelor's degree and must have completed courses in such divergent areas as organic chemistry, physiology, bacteriology, economics and personnel management.

The interns currently are involved in planning for National Nutrition Month in March. Planned are informational booths at the hospital and the Mackenzie Hall cafeterias.

On March 15, the interns will work at the St. Vincents Hospital Child Nutrition Fair, and March 23 they will be on hand at Good Samaritan Hospital Health Fair. Also, nutritional quotes will be placed on patient trays each day during March and exhibits will be set up in the display case in the OHSU Library.

Hands-on dental hygiene class benefits students, community

Dental hygiene students are polishing up their skills, taking them to the community and leaving their first patients with a good taste for dental care.

As part of the Dental Health Education and Community Education course, this year's 23 senior dental hygiene students travel to community groups ranging from prenatal classes to nursing homes.

Students screen children and elderly patients for dental problems, teach them how nutrition and hygiene can maintain strong teeth, provide fluoride rinse treatments and give some patients free clinical services.

The program has provided dental education and clinical services to about 1,200 people so far this year. But Peg Ryan, associate professor and chairwoman of Dental Hygiene, says the benefits work two ways when dental hygiene students learn to work with school children and elderly community groups.

Youngsters and the elderly can find answers to basic tooth and gum care problems through dental hygiene students.

"The needs they have are often really compatible with hygienists' skills," says Ryan. "The fluoride rinse program is an example of that. It's one of the most beneficial ways of preventing dental decay with the least cost."

Patients help students by showing them what to expect in dental hygiene practice.

The community groups "are essential to our students' learning," says Ryan. "Unlike the hospital, we don't have a captive audience." She adds that bringing the community and students together "teaches stu-

dents a lot about people and how to relate to individuals.

"They bring their mouths, but there is a person around that mouth and that's as important as the clinical procedure."

Ryan and Marge Empey, assistant professor of dental hygiene, agree that one of the most important new goals for the program is to give students experience with a wide range of patients. This year students are learning how to give special attention to handicapped patients, adapt dental care to a variety of cultural backgrounds and help the elderly.

"The purpose of the program is not only to provide services, but to teach the students about minorities and handicapped," says Empey. "We want them to feel confident in their ability to treat these patients."

The six week programs are one part of the dental hygiene course sequence that culminates in the state's only bachelor of science degree in dental hygiene.

That college degree takes longer than associate degree dental hygiene programs, but Ryan says the more detailed course of study gives graduates more options for administrative careers or post graduate studies.

The community education program gives students a flavor for the variety of needs they'll encounter on the job that extend far beyond teeth.

"What we do in terms of relating to patients as people, caring about them and understanding them, is as important as the educational or clinical service," says Ryan.

"We do better if we look beyond their teeth."



Dental hygiene student Denise Wilkins demonstrates equipment to Rachel Maxson, 2, in an effort to make her feel comfortable receiving dental treatment. Rachel visited the hygiene clinic as part of community education course.

SM alumni meeting will feature 75th Sommer Lectures

The 68th annual scientific meeting of the School of Medicine Alumni Association will be held April 13-15 in the Library Auditorium on the OHSU campus. All sessions are free and open to interested physicians and medical students.

To be held in conjunction with the alumni meeting, the 75th Sommer Memorial Lectures will feature three distinguished medical experts. Dr. Bernard N. Fields, chairman of the Department of Microbiology and Molecular Genetics at Harvard Medical School, has contributed significantly to basic knowledge of infectious diseases and immunology. Dr. John A. Collins, chairman of the Department of Surgery at Stanford University School of Medicine, has improved methods for post-operative treatment of surgical patients, especially relating to the use and problems of blood transfusions. Dr. J.F. Goodwin, M.D., professor of clinical cardiology at the Royal Postgraduate Medical School in London, is well-known for his work in congenital heart disease, cardiac tumors and cardiomyopathies.



Dr. Bernard N. Fields



Dr. J.F. Goodwin



Dr. John A. Collins

Dr. Joan Tanner, alumni program chair, has scheduled for the meeting seven respected speakers to complement the Sommer lecturers. From the OHSU School of Medicine faculty are Dr. Barbara Iglewski, professor of microbiology and immunology; Dr. James Reuler, assistant professor

of medicine and chief of the general medicine section, VAMC; Dr. Anthony Gallo, Jr., professor and chief of pediatric neurosurgery; Dr. Thomas Cooney, assistant professor of medicine and director of post-hospital care and general medicine clinics, VAMC; Dr. Ronald Katon, asso-

ciate professor of medicine; and Dr. John Porter, professor of surgery, head of vascular surgery and director of the Clinical Research Center; Dr. J.H.U. Brown, biology professor at the University of Houston, is the special alumni lecturer. An expert in biomedical engineering, Dr. Brown will speak at 9:45 a.m. Thursday, April 14, on "Improving Productivity in Health Care Systems."

The annual awards luncheon will be held at noon Thursday, April 14, in the Student Activities Building on campus and is open to all who attend the sessions. Dr. Brown, who is an inventor and developer of a cancer treatment, will be the featured speaker. Awards to be presented include a \$500 check to the winner of the residents' paper competition, lifetime memberships to those alumni who have been particularly supportive of the Alumni Association, and meritorious achievement awards to volunteer faculty whose contributions to the School of Medicine have been exemplary.

For further information, contact the alumni office at 225-8245.



New to the OHSU are (clockwise from far left) Fred Speck, Burt Rooke, Erlinda Gayamat and Ron Baier.

Four appointed to fill vacant positions on Hill

Erlinda Gayamat, who most recently served in a similar capacity at the University of Florida in Gainesville (an institution that generates more than \$85 million annually in grants and contracts), is the new director of Research Services at the OHSU.

A high priority for Research Services, Gayamat said, is to more effectively identify available funding sources for the faculty. Accordingly, she has initiated a research bulletin to keep faculty informed on a monthly basis. Further plans to improve service include central processing of contract and grant applications and providing assistance in the writing of proposals.

"We are delighted to attract a person of Ms. Gayamat's ability and track record to the university," said Peter Wollstein, assistant vice president for Budget and Finance. "The administration is committed to providing first-class support for its research activities and faculty. The Office of Research Services is key to that end."

Gayamat is a native of the Philippines and a graduate of Far Eastern University in Manila where she earned a bachelor's degree in accounting.

Frederick Speck has been appointed new director of student financial aid at the Oregon Health Sciences University.

Speck has spent the past 5½ years as associate director of student financial aid at the University of California, San Diego, from which he graduated with a bachelor's degree in economics and political science.

Burt Rooke has joined the OHSU as manager of the Purchasing Department.

His duties include overseeing procurement of the University's materiel and organizing a centralized purchasing system.

Rooke is a certified purchasing manager with 14 years experience in a variety of purchasing areas including private enterprise, manufacturing and utilities.

Before joining the OHSU, Rooke organized purchasing systems at The Stanley Works in Milwaukee for two years. He also worked in purchasing for 12 years at Pacific Power and Light and served as a consultant to design an integrated materiel management system for the Clark County Public Utility District.

Rooke "has a lot of strengths that he brought with him," said Joyce Stockinger,

director of University Materiel Management.

"He is going to strengthen the Purchasing Office and organize it to make a more cost effective service."

Ron Baier, an employee of ARA Services since 1972, has been appointed by that company to the position of director of Food and Nutrition Services for University Hospital.

Baier replaces Art Fortuna who was promoted to district manager for ARA, the largest food management company in the United States.

A graduate of Washington State University with a bachelor's degree in hotel and restaurant administration, Baier was food service operations manager at the Boeing Corp. in Seattle prior to joining the OHSU. He also has served as general services director for Rideout Memorial Hospital in Marysville, Calif., assistant director of food service for St. Joseph's Hospital in Stockton, Calif.

At University Hospital, he will be responsible for patient food service as well as for the operation of two cafeterias.

Degree course offered to RNs

The Continuing Education Pathway was initiated in January, making baccalaureate-level courses available to registered nurses in eight cities throughout Oregon and southern Washington.

The program, sponsored by the Office of Continuing Education in the OHSU's School of Nursing, offers junior-level courses designed to help meet the educational and career goals of RNs who currently hold diplomas or associate degrees.

"Of the 23,000 RNs in Oregon, only about 5,000 have baccalaureate preparation," said Maureen Whitman, director of the Office of Continuing Education for nurses and coordinator of the Continuing Education Pathway. "With the progression of the nursing profession and the tighter job market, RNs are finding it imperative to have the addition preparation that a bachelor of science degree in nursing provides in order to receive career and salary promotions."

In addition to Portland, the courses are being held in Oregon City, Mt. Angel, Eugene, Albany, La Grande, Pendleton and Longview, Wash. Upon completion of the 41 credit hours that are offered, an RN can apply for admission at the senior level to the School of Nursing on a space-available basis.

"This outreach program provides flexibility and accessibility to RNs, requiring only one school year on our Portland campus for completion of the degree," Whitman said.

Previously an RN could attend the OHSU to earn a baccalaureate degree. However, budget cuts made in the 1981-82 fiscal year forced the closure of that on-campus program.

Fund nets \$1,160

Nearly 50 individuals and groups showed their spirit this year by donating a total of \$1,160 to the First OHSU Holiday Card Scholarship Fund.

Employees were given the opportunity to exchange holiday greetings with their colleagues by donating any amount to the fund. Names of donors appeared weekly in *Campusgram* (the OHSU's weekly newsletter) and on holiday greeting cards placed in Baird Hall, University Hospital (south), the School of Dentistry and the Child Development and Rehabilitation Center.

Money collected from the fund, which is intended to be a holiday tradition at the OHSU, will be distributed by the Office of Student Financial Aid to one or more students next fall.

Program provides diagnosis, counseling for genetic disorders

(continued from page 5)

the right stage of development. Bad timing can reveal chromosomes before they have separated to duplicate, coiled in a sphere that "looks like a ball of twine the cat played with," Dr. Magenis explains.

To assist genetic research and clinics, state and federal sources allotted \$230,000 last year toward four specialized clinics at OHSU — the Diagnostic and Counseling Clinic, the Chromosome and Dysmorphology Clinic, the Metabolic Clinic and the Prenatal Counseling and Diagnostic Clinic.

Among the four programs, the Diagnostic and Counseling Clinic receives the largest number of new cases for evaluation and counseling for genetic disorders.

The remaining three clinics deal with specific genetic conditions. Children with known or suspected chromosome abnormalities may find help through the Chromosome and Dysmorphology Clinic.

Patients with inborn errors of metabolism are referred to and treated in the Metabolic Clinic.

Pregnant women at risk of bearing a child with birth defects can find reassur-

ance, counseling and evaluation at the regional Prenatal Counseling and Diagnostic Clinic. Through amniocentesis, clinic staff can accurately predict potential abnormalities by analyzing amniotic fluid surrounding the fetus between 16 and 18 weeks of gestation. That process can detect Down's Syndrome, a genetic defect whose chances increase with the mother's age, particularly after age 35.

A prediction of abnormality can prepare parents for their child's special needs, says Dr. Magenis. "Counseling is a large part of this clinic," she says. "There is a lot of risks.-benefit discussion."

No matter which clinic treats patients, each case begins with a complete family pedigree covering at least three generations. Staff members compile a medical history and review previous medical records.

They also draw from a multidisciplinary team of geneticists, orthopedists, cardiologists, ophthalmologists, endocrinologists, internists, pediatricians, hematologists, dermatologists and pedodontists. Social work is almost always involved.

The Genetics Program also serves as a research and educational center. Researchers often base problems on data drawn

from clinic cases. Medical students, pediatric residents and pre-doctoral students learn from both the research and clinical processes.

Genetic research is becoming increasingly important, says Dr. Magenis. New solutions to genetic defects could help decrease hereditary problems the same way biological research has reduced environmentally-produced disease.

"Now the biggest cause of hospitalization in early life is genetic or birth defects," she adds. "Genetic disease hasn't been eliminated, and it's going to be very hard to do."

OHSU Security plans Crime Prevention Fair

The Oregon Health Sciences University Security Division is planning a free Crime Prevention Fair May 6 from 8:00 a.m. to 5:00 p.m. at the OHSU Library. The fair is designed to show university employees, patients and the public crime prevention techniques to protect their homes, offices, property and themselves.

Organizations supporting the fair include the Crime Prevention Association of Oregon, the Portland Fire and Police Bureau, the Multnomah and Washington County sheriff's offices, the Federal Bureau of Investigation, the Oregon Board on Police Standards and Training, the American Society for Industrial Security

and the International Association for Hospital Security.

Scheduled events are a film fair, fingerprinting of children for parents desiring that information in the event of emergency, vendors' exhibits of safety and security equipment, self-defense and assault prevention demonstrations.



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Scale shows baby a complex being

There is much more to a newborn baby than meets the eye — and ear — in the form of diapers, 3 a.m. wake-up calls and the like. A baby is a complex being, with a complete set of unique behavioral traits attached.

Some of us see a baby as a crying machine that needs almost constant attention and, even then, is not easily consoled. Others see an independent, soft-spoken sort, one easily comforted by the mere sound of another voice.

A baby is a complex human being with a complete set of unique behavioral traits attached.

The ability to recognize different traits in the newborn has proved to be a useful tool, not only in research and clinical practice, but also in parenting. The Oregon Health Sciences University School of Nursing has been selected as only the third site in the country to establish a training center to teach and provide reliability certification in the use of one such tool, the Brazzleton Neonatal Assessment Scale.

The scale has been developed by Dr. T. Berry Brazzleton of the Harvard Medical School. Dr. Brazzleton has concluded that each neonate has a specific behavior which, when identified, would illustrate the richness and complexity of the newborn. This scale provides a means to do just that.

"It looks at the interactive behavior of the neonate," said Dr. Sherry Boyd, R.N., who is acting associate dean for academic affairs in the School of Nursing, and will provide the training. "It stimulates the stimulation a baby will have every day in its environment. And it is a way of assessing how the baby responds to that environment."

Its major use, Dr. Boyd said, is as a research tool for physicians, nurses, sociologists, anthropologists, developmental psychologist, educators, etc. Dr. Boyd has used the scale in her research for the past



Dr. Sherry Boyd tests the response of newborn Kirsten Schmidt as part of neonatal assessment.

five years. But it is also being used to teach parents about the individual behavior of their children.

Parents are shown that their children can decrease their response to bright lights and to noises, and that they can lift their head when placed on their stomach. "It reassures the parent their baby won't suffocate," Dr. Boyd said.

The degree to which a baby needs to be consoled is explored. "Some babies can be consoled just by talking to them," Dr. Boyd said. "But if parents have a screaming baby, maybe they're going to wonder what they are doing wrong. Maybe it's not them at all. Maybe it's just the baby. The scale

shows the parent how easy or difficult their baby is to console, and it gives them tools to use in consoling and interpreting their own baby's cues."

Dr. Boyd will spend two days with individuals who are seeking reliability training and certification. (A perinatologist and a neuropsychologist from Victoria, B.C., were the first to complete the training, receiving their certification in late January.) She hopes to train two or three persons a month.

Dr. Boyd may travel to other locations in the country to provide reliability training. Besides the OHSU, the training is available only in Kansas City and Boston.

Hotel to become McDonald house

Parents of children receiving treatment at Portland-area hospitals will soon have a home away from home on Marquam Hill.

Papers were signed in January for the purchase of the old Medical Center Hotel at 3440 S.W. U.S. Veterans Hospital Road, just around the corner from Doernbecher Children's Hospital at the Oregon Health Sciences University.

Once renovated, the home will serve as one of the country's 30-plus Ronald McDonald houses, which provide a home-like atmosphere for the parents and siblings of sick or injured children being cared for in local hospitals.

Ronald McDonald houses are so named because of the financial support they receive from McDonald participating restaurateurs across the country.

The Medical Center Hotel is a 10,000-square-foot structure built in 1942. After extensive renovations (which began in Feb-

ruary), the house will hold 15 to 17 families and a full-time manager. The house will include a living room, communal kitchen, play room and laundry facility.

A non-profit corporation, Children's Oncology Services of Oregon, Inc., was formed by four local organizations interested in establishing a Ronald McDonald House: the Oregon Medical Association (OMA), the OMA Auxiliary, Candlelighters of Oregon (a parents' support group) and participating regional McDonald's restaurant owners/operators.

The organization was formed after a survey of Portland hospitals revealed that the families of approximately 8,000 pediatric patients annually might need the facilities provided by a Ronald McDonald House. The corporation has since raised more than \$75,000 for the purchase of the house, which is expected to be open before the end of the year.



The old Medical Center Hotel and U.S. Veterans Hospital Road will be the site of Portland's Ronald McDonald House.

Library planning authors' gathering

As part of its National Library Week celebration, the OHSU Library will sponsor a symposium April 19 entitled "Writing and Publishing in the Health Sciences."

The symposium will highlight several OHSU faculty, but will also feature speakers from off campus.

Cost of the symposium is \$75, which includes lunch at the Oregon Medical Association building. The symposium runs from 8:30 a.m. until 5 p.m. in the Library Auditorium.

Registration is 7:45-8:30 a.m.

For more information, call Charlotte Clarkson at 225-8026.

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