

Heart-Lung Machine, Open Heart Surgery Illustrate Great Changes

Antibiotics Are Responsible for Division Changes

(Editor's note: This is the first in a series of articles on the research and public service projects being carried on by the state's colleges and university. The articles are written for the state system of higher education by Mrs. Wilma Morrison, longtime reporter of Oregon education.)

By MRS. WILMA MORRISON

"Who would have thought the open heart operation would create so many problems? Once the children with congenital hearts died. Now they live, and we must teach how to look for these heart-crippled kids. What I learned in medical school has all been changed . . ."

Dr. Richard L. Sleeter, director of the state crippled children's division at the University of Oregon medical school, was using the widely publicized heart-lung machine and the open heart surgery techniques developed at the medical school to illustrate the great changes that have taken place in the children's division.

Most responsible for the changes—in kinds of patients and in the whole focus and method at the division—are the sulpha drugs and antibiotics which, since about 1940, have controlled bacterial diseases.

Nowhere are the unantici-



CONFERENCE—As the Crippled Children's division's focus has changed to the congenitally damaged, the "team approach" has become basic. This is the weekly heart

clinic, the pool of specialists who consolidate their examination findings on Jeanne and others, to arrive at a diagnosis and program of treatment.

ated side effects of the new drugs more dramatically shown than at the children's clinic building on Marquam hill. Once, the cases referred there were largely orthopedic. They were children who had had polio, bone tuberculosis or other bone malformations.

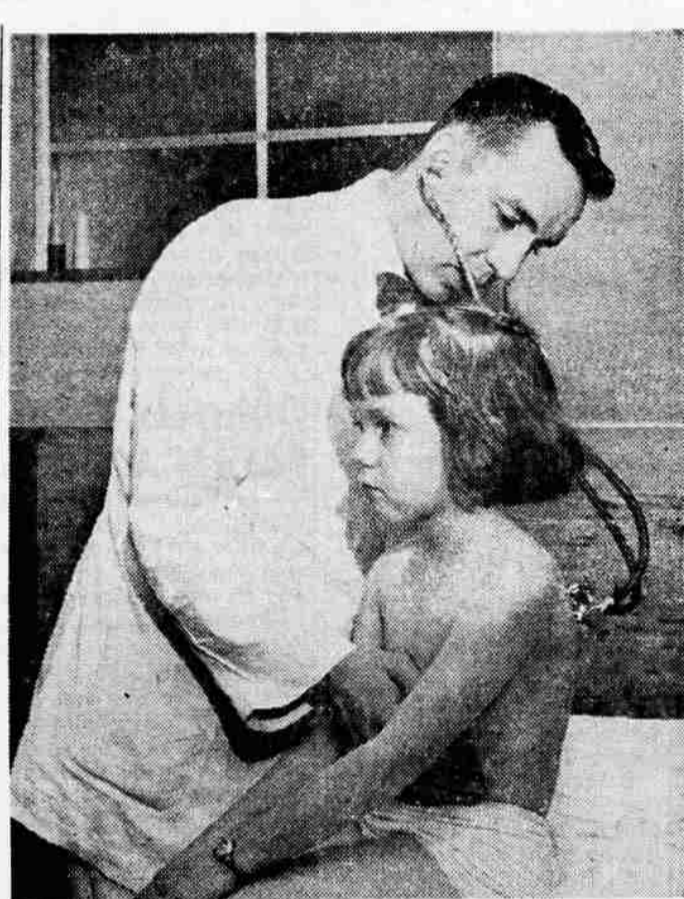
Now, with polio and TB on the wane, scurvy and rickets all but disappeared, and with the new drugs bringing longer life to the congenitally crippled, the orthopedic is only one of five major programs carried on by the division.

The other division programs all deal with congenital abnormalities—cerebral palsy, congenital hearts, premature babies, and the dental-plastic-speech children, the majority of them cleft lip and palate cases.

Before the new drugs, many of the babies born with severe malformations, including the severely retarded, died of minor infections. So vulnerable were these handicapped ones that even the common cold for them was often fatal. Now many more of them live. The new program, the new challenge, that has grown out of the victory over bacteria, lies in helping these children conquer or live with their crippling handicaps.

Laboratory Research

As challenging to the crippled children's staff as its job of helping these youngsters, is



STARTS EXAMS—Jeanne Robison of Corvallis starts solemnly on her day-long series of examinations by doctors, therapists and technicians at the Crippled Children's center at the medical school. Congenital defects such as Jeanne's murmuring heart, and the multiple aspects of cerebral palsy, have become almost the full case load of the division.

the clinical and laboratory research in which they are involved, on causes of congenital defects.

"We now see a tide of youngsters who are approximately 17, who are approaching adulthood, but with their handicaps," Dr. Sleeter said. "Modern medicine has not had too much experience with these as young adults because we did not have the numbers of them before the antibiotic era."

Since 1940, there has been a 25 per cent decrease in the death rate of premature babies. This development alone has created a new preventive and research area in which the crippled children's division is active.

As more premature babies survive it becomes increasingly evident that this group has a much higher potential for congenital malformation and disease than full-time babies. One-half of the additional 25 per cent of prematures who now survive, surveys show, will have one or more crippling handicaps.

Distinctive Procedures
The fact that there are more severely handicapped children surviving now, and that the clinic staff believes they constitute the greatest need, as well as being a vital research source for medical advance, accounts for some of the distinctive procedures followed by the division.

One of these is the team approach. In each of the five clinic services, diagnoses and treatment recommendations are the result of examination and consultation of professionals in several areas. Besides the various medical and dental specialists who take part in the cerebral palsy, congenital heart, orthopedic, dental-



EXPLAINS 'WORK-UP'—Jeanne's parents, Mr. and Mrs. Keith Robison, never take their eyes off Dr. Herbert Griswold as he explains, with aid of a heart model, the staff's "work-up" (diagnosis and recom-

mendations) for 6-year-old daughter, Jeanne. Also working with the parents is Mrs. Gladys Bell, medical social consultant for the heart clinic, through which 97 children have had open heart surgery in past year.

Division Since 1917

Oregon has had a crippled children's division since 1917 but not many know that it's establishment, virtually as a department of the University of Oregon medical school makes it a rare kind of operation among the 52 other state and territorial crippled children's divisions. Only three others, Missouri, Iowa and Illinois, are associated with universities. None of these is operating directly under a medical school.

It is the crippled children's division's position as an adjunct of the medical school which gives Oregon a three-way profit from the \$600,000 a year that the budget has been costing in state funds. Here, in addition to caring for the state's severely crippled children, the clinic is a training ground for medical students and a source of research material and of gifts and grants that make for future medical advances.

It was the crippled children's division's functioning as part of the medical school that brought the federal grants that paid for the heart laboratory and its development of open heart surgery.

"One of the criticisms parents sometimes make," Dr. Sleeter said, "is that doctors don't understand or care about the severely handicapped child. We believe one of the reasons for this is that the young doctor doesn't have

an opportunity to study these problems. And one of the reasons he doesn't can be an organization such as the crippled children's division. If it is not closely tied with a medical school it can stand in the way of the student and interne getting experience with these unusual cases."

Develops Interest

As he watched through a one-way window, a senior student taking the history of a cerebral palsy patient from an anxious mother, the director said, "We have found that by making a senior responsible for the initial contact with the child and his family, he develops an entirely different and much greater interest than if the patient had been in the clinic many times and the student had been involved only as an observer."

As the student was overheard telling the mother that he could give no opinion about her little boy and that she would be given on the following day the opinion of a team of specialists, the clinic head said, "This is something we feel strongly about. It is common for a senior student or an interne to give an opinion. You see, this one has already gotten the idea that there is far too much to these crippling cases for one man to give an immediate answer."

In Oregon the crippled children's division is among many far-reaching public services which show up at biennial budget time under the state system of higher education's general category of "statewide services." About one-fourth of its total support since 1935 has come from the federal

children's bureau through the Social Security administration.

From All Counties
A breakdown of the about 2,800 children who are diagnosed or diagnosed and treated each year through the division shows that they come from all counties.

Besides its close association with the medical school, Oregon's crippled children's division is distinctive in at least two other ways. First, in limiting its attention to the long-term severely crippling diseases rather than taking more of a charity role that would include tonsillectomies and other minor treatments. Second, in the division staff's aggressive inclusion of private doctors in both the diagnosis and follow-up treatment of the majority of patients.

On neither of these policies does Oregon's crippled children's center have the unanimous approval of all social welfare agencies or of all medical men.

(Second article will be: "One foot in the operating room and one in the lab."—The story back of open heart surgery.)

GI GOATS
Fort Jackson, S.C.—UPI—The ammunition storage area at this Army base is far too explosive to permit the use of power mowers to cut the grass. So the lawns are trimmed by a herd of goats, which do a neat job and don't give off sparks.

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Pickin' Pears News and Notes From Camp White

By WALTER TOWNSEND
The dance Monday night in the station theater, sponsored by VFW auxiliary, drew an unusually large attendance. Music was furnished by Doyle Smith and his Music Makers.

Refreshments were provided by Lelia Birch, department hospital chairman for VFW.

Seen at the dance was "Cowboy" Tex Hatcher, formerly of Camp White, and who has now returned.

Recently he lost an eye, working as assistant foreman on the "25 Ranch," Battle Mountain, Nev. Tex was gone for over two years, and is remembered by many people as a rodeo entertainer and trick rider in the silent movies.

He was once with Tom Mix and Hoot Gibson; for several years was with the Miller Brothers "101 Ranch," and traveled over the world with that show.

Tex, now 64, has all his life, been where things went on, and lived a life of adventure. He is an elegant ballroom dancer, and since returning to the station, is often seen enjoying himself at the Monday night dances.

He seems to wear a patch over his lost eye. "That's too obvious," he said.

Wednesday, Sydney Cordiner returned from a two months stay in Vancouver hospital, and the members were pleased to see him busy again in the library.

Recreation Specialist Mrs. Jessalee Malleliou, Oregon State college, Corvallis, will show slides on Korea Tuesday afternoon, March 1, in the Green Room.

Candles were lighted on a

ing unable to speak the language, he said.

In Mexico City, good hotel rooms were \$1.25 a day; ham and eggs, though, costs only 75 cents. No potatoes, unless they are asked for. Hotel men, taxi men in Mexico, cooperate with one another, often to the visitor's disadvantage.

Goss told his listeners. Bus travel is in three classifications, first, second, and third. In one town of 10,000, he found a very good hotel of medium price, catering to tourist, 80 cents a night, and in the cafe, 50 cents a day for Mexican food. No American food available at medium prices. Mexican cigarettes were 3 cents to 10 cents a pack. Shoes, hand made, were \$1.50 a pair; sandals, 50 cents to \$1.25 a pair.

All beds in the hotels he saw, had clean, white sheets. Covers consisted of one blanket and a spread, flashy and colorful. Water at fountains was good. He said all milk had to be boiled.

Yet to his surprise, when he returned to the border, after six months, he had spent only \$285. On that sum he lived, and traveled, and did things, enjoyed movies and other entertainment, and said \$40 a month, was adequate for a full life.

OLD-TIMER
Braintree, Mass.—UPI—"Mittens," pet cat of Mr. and Mrs. E. Theodore Nokes, is 21 years old, equivalent to 147 years in a human.

Editor Goss spoke of economics of living in the remote regions. In towns of 35,000, or less, he found average first class hotel rates to be 80 cents a day; ham and eggs, cereal, coffee, could be had for 80 cents.

His chief problem was be-

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