

Newsletter

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS

MAY, 1976



Jack D. Wheeler

Jack Wheeler, NT official, named aide to President

Jack D. Wheeler, formerly vice president for public affairs at North Texas State University, will become executive assistant to President Charles C. Sprague.

Wheeler, who will assume duties at the health science center in June, has been special assistant to the president, associate vice president for student affairs, associate dean of students and director of student personnel at North Texas State University since 1965.

Dr. Sprague said Mr. Wheeler will serve as liaison with various state and federal agencies as well as assuming certain administrative responsibility for the day-to-day operation of a group of health science center services including the Library, Medical Computing Resources Center, Animal Resources and Biomedical Communications Resources Center.

The academic administrator is past president and chairman of the board of the Dallas chapter of the National Multiple Sclerosis Society and also is a

138 grads to hear Schmidt

Benno Charles Schmidt, vice-chairman of the Memorial Sloan-Kettering Cancer Center and chairman of the President's Cancer Panel, is to address the 34th annual commencement ceremonies of The University of Texas Southwestern Medical School and Graduate School of Biomedical Sciences at 8 p.m. on Saturday, May 29.

One hundred and thirty-eight Doctor of Medicine degrees will be awarded, comprising the largest class ever to graduate from the medical school. This marks the school's move toward annual graduating classes of 200 by 1978,

initiated by the 1974 freshman class. Last year's class totaled 133 members.

Eight graduate science degrees will also be given by the graduate school in the joint ceremonies on McDermott Plaza of the U.T. Health Science Center. President Dr. Charles C. Sprague will preside.

A highlight of the program will be the presentation of the Award of Ho Din to an outstanding senior medical student. The \$1,000 award, made annually by the Southwestern Medical Foundation, will be presented by Van Alen Hollomon of Dallas, a trustee and member of the executive committee of the foundation.

Dr. Joe T. Nelson, a member of The University of Texas Board of Regents, will confer the degrees. The 122 men and 16 women candidates for the M.D. degree will be presented by Dr. Frederick J. Bonte, Southwestern dean. Candidates for the two Doctor of Philosophy degrees, one Master of Science degree and five Master of Arts degrees will be presented by graduate school dean Dr. Ronald W. Estabrook.

Presentation of academic hoods will be made by Dr. Alan K. Pierce, professor of Internal Medicine, Dr. Bruce D. Fallis,

continued on page 2

Regents OK key projects for campus

Major renovation, expansion and parking projects for the Health Science Center including \$2.5 million to complete overhaul of the Cary building have been approved by The UT System Board of Regents.

Work should begin this fall on the largest of the projects, which will finish phases B, C, and D of remodeling of the former E.H. Cary Basic Sciences Hall. Involved will be some 72,000 gross square feet of space on levels one through four, plus extensive reworking of the structure's air conditioning system. The fifth level will not be affected.

Goal of the rebuilding, said Physical Plant director Jimmy Cooper, is "changing the configuration of Cary to fit the needs of the departments that now occupy it." These changes will chiefly involve the pathology, internal medicine and pediatrics departments and will include conversion of some present offices into laboratories, he said.

Renovation of the building began after administrative offices and most basic sciences departments moved into newer campus structures. Opened in 1955, Cary was the medical school's first permanent home.

Completion of the rebuilding is projected some 18 months after a construction contract is let, Cooper said. The Regents approved final plans for the work, drawn by Dallas architects Harper, Kemp, Clutts and Parker, and authorized the advertising for bids.

In other action affecting UTHSCD, the board meeting May 14 in Austin also:

—authorized another Dallas architectural firm, Fisher & Spillman, to draw preliminary plans for Phase I additions to the Skillern Student Union building. These additions, to be made to the north and south sides, will house campus service functions now located elsewhere on campus. These include the mail room, campus police and safety programs.

—appointed a committee to award a construction contract for the extension of Parking Lot No. 4, a 250-car enlargement stretching toward Callier center. Regents earlier approved plans for this project, costing an estimated \$185,000. Completion is expected by opening of school in September.

Center officials point out that further expansion of the Skillern Student Union will come with future authorization of Phase II, which will almost double the space available for student activities. Refurbishing of existing union facilities already has been completed at a cost of about \$40,000, including new parquet floors, furnishings and drapes, plus additional lockers, showers and new exercise equipment.

member of the National Youth Council of that society. He is currently Grand President of the national social fraternity sigma Phi Epsilon.

Mr. Wheeler holds a B.B.A. in business management and an M.B.A. in management from North Texas State University.

CENTER MISSION MAPPED

Faculty and student representatives from The University of Texas Health Science Center at Dallas took part May 5 and 6 in a UT System-wide self-analysis and goal-determination session at Dallas-Fort Worth Airport.

Dr. Charles C. Sprague, president of the Health Science Center; Dr. Paul MacDonald, chairman of Obstetrics and Gynecology for Southwestern Medical School; and Dr. Bettie Sue Masters, associate professor of Biochemistry; and Sophomore Medical Student John Hughes presented the Health Science Center's contribution and took part in discussions

during the meetings entitled "Directions for the Future."

President Bryce Jordan of UT Dallas heads a committee which will issue a final report after considering the discussions and individual reports to the meeting.

Some 70 faculty, student and community leaders had convened at the Health Science Center April 10 to draft the center's own part of the "Mission of the UT System" evaluation.

A summary of the reports and discussions at that meeting will be found on page 3.



Visitors get the picture - Mike Lorfing, assistant instructor in medical illustration (far right), explains a medical photo to a group of Jesuit High School students and sponsors during their recent campus visit. Mike often takes out time from his duties as the center's cinematographer to conduct tours through the art and photography studios. This is just one of the many tours arranged each month by Chris Thurlow (second right), Office of Medical Information.

Scientists ponder glucagon's role

The first International Symposium on Glucagon, largest assemblage of experts ever to gather to address themselves specifically to this field of research, has been proclaimed a "very, very productive meeting" by its chairman.

Scientists from major research centers across the United States and England, Canada, Denmark, Belgium, Spain, Switzerland, Germany and Japan gathered on the Health Science Center campus to exchange scientific information and views on glucagon, a once-obscure hormone now thought to play a major role in the diabetes disease process.

Dr. Roger H. Unger, professor of internal medicine and clinical investigator at the Dallas VA hospital, who hosted the symposium, said about 55 presentations were made that "brought out many of the controversies surrounding the roles of

glucagon in health and in diabetes, as well as more basic aspects such as mechanisms of action, structure-function relationships and the various glucagon-like materials present in the plasma and tissues."

The problem of glucagon in diabetes is recognized as a major concern, he said, and the role of glucagon suppression in treating diabetes was considered.

"The future of glucagon research will be profoundly influenced by the exchange of information that occurred during those three days," Dr. Unger said.

Pioneering studies by Unger and his associates have made Dallas a focal point of glucagon research, with the May 10-12 symposium marking a new high point of that worldwide interest. Emergence of this new factor in blood-sugar disease raises hope of improved diabetes therapy that would both correct insulin deficiency and curb glucagon excess.

Proceedings of the symposium will be published in the journal "Metabolism." Some 75 scientists attended.

Other health science center and VA scientists who were symposium participants included Drs. Daniel Foster, Paul Srere, Leonard Madison, Denis McGarry, Philip Raskin, Michael Brown, Joseph Goldstein, Richard Dobbs, David Bilheimer, Gloria Patton, W. Allen Shannon and C.B. Srikant.

Dr. Roberts to head chapter of College of Physicians

Dr. Albert Roberts, associate dean for Clinical Affairs, has been chosen Governor-elect of the North Texas Chapter of the American College of Physicians. He will succeed Dr. Bryan Williams, associate dean for Student Affairs at the medical school, as Governor of the organization at the ACP's annual meeting to be held in Dallas next April.



Former Mayor Adlene Harrison reads from plaque presented to Dr. Ronald C. Jones.

City thanks Dr. Jones for role in forming ambulance service

Dr. Ronald C. Jones, professor of surgery and former chairman of the health science center's Medical Advisory Committee to the Dallas city ambulance service, was given a special recognition award by the city of Dallas. The award commended Dr. Jones for helping the Dallas Fire Department establish and operate the city's emergency medical

program.

Describing Dr. Jones' contributions, former Mayor Aldene Harrison stated in the award, "Only rarely does a community live with the talent, the understanding of people and the compassion for people in the person of one man. Even more seldom does a community benefit so extensively from one man's wisdom and concern for the good health of his fellowman."

Dr. Jones has been intensively involved with the development of the emergency ambulance program since its conception in 1971 and was chairman of the advisory committee from 1973 to 1976.

He was instrumental in the development and implementation of the original training program for the Emergency Medical Technicians. Dr. Jones was also closely involved in the design of the emergency vehicle and the equipment that it contained.

Campus ceremonies pay tribute to Jonssons

Special tribute was paid to Mr. and Mrs. Erik Jonsson at a luncheon May 1 hosted by Health Science Center President Charles C. Sprague and Mrs. Sprague.

In ceremonies attended by approximately 80 civic leaders and faculty representatives in the Harris Faculty-Alumni Center, former governor Allan Shivers, now chairman of The University of Texas System Board of Regents, recognized Mr. Jonsson for accomplishments as mayor of Dallas.

In response, Mr. Jonsson said he felt it "exciting to take part in efforts to make the human condition bearable."

Mr. and Mrs. Jonsson recently

established three trust funds with Southwestern Medical Foundation totaling \$1.2 million. The trusts establish the "Alvin Baldwin Jr. Chair in Surgery," the "Paul J. Thomas Chair in Medicine" to honor two Dallas physicians and the "Philip R. Jonsson Endowment Fund" to honor the Jonssons' son.

Drs. Baldwin and Thomas were recognized at the luncheon and both responded with brief expressions of

graduation (continued)

professor of Pathology, Dr. Robert Dain, graduate school assistant dean for Student Affairs, and Dr. Thomas E. Smith, assistant dean for Academic Affairs for the graduate school.

Graduate school degrees include those in Biochemistry, Cell Biology, Biomedical Communications, Microbiology and Rehabilitation Counseling.

The Physician's Oath will be administered to medical graduates by Dr. Gladys Fashena, professor of Pediatrics and president of the Dallas County Medical Society. Marshals for the academic procession will be Dr. Erwin Thal, associate professor of Surgery, and Dr. Jack Reynolds, professor and vice-chairman of Radiology.

Rabbi Levi Olan, rabbi emeritus of Temple Emanu-El in Dallas, will give the invocation and benediction.

Special music will be provided by a brass ensemble comprised of faculty members from North Texas State University in Denton. A reception will be held Saturday afternoon for parents and guests of the graduates.

Schmidt is chairman of the board of the Memorial Hospital for Cancer and Allied Diseases in New York City. A member of President Ford's Biomedical Research Panel, he received the Certificate of Award from the American Association for Cancer Research in 1971.

thanks. Also delivering remarks at the luncheon was Foundation President James Aston with Dr. Sprague conducting ceremonies.

Immediately after the luncheon, guests adjourned to the basic sciences complex where Mrs. Jonsson unveiled a plaque designating the former Basic Sciences Research Center (BSRC) as the "Philip R. Jonsson Basic Science Research Building."

Senior wins Path award

Allen T. Moore, senior medical student at the health science center, recently was given the Stembridge Scholarship Award for outstanding achievement in pathology as a student by Dr. Frederick J. Bonte, dean of Southwestern.

At the presentation ceremony, Dr. Bruce Fallis, professor of pathology, explained that in making the award, the selection committee took into consideration a student's work in pathology during the sophomore year, general performance in medical school and over all personality.

The annual \$1,000 scholarship award, named for Dr. Vernie Stembridge, chairman of pathology, is made possible by contributions from North Texas area pathologists in recognition of Dr. Stembridge's research and teaching abilities.

Dr. Stembridge and Dr. A. J. Gill, professor of pathology, spoke briefly.



Cinco de Mayo, 1976 was observed at the center by Mexican-American medical students and their guests with an informal luncheon meeting. Addressing the group was Dr. Otto Munoz, assistant professor of radiology, standing, who spoke on the non-medical responsibilities of the Mexican-American physician. To his right is Arturo Garcia, freshman medical student, who organized the event.

He was given the 1974 National Award for Distinguished Service from the American Cancer Society and was named a distinguished alumnus by The University of Texas at Austin in 1964, from which he received his undergraduate and law degrees.

Schmidt also was recipient of the 1974 Papanicolaou Award for Distinguished Service to Cancer Control and was the 1975 James Ewing Society winner of its annual award for outstand-

ing contributions in the fight against cancer.

Again this year, medical seniors have been accepted for internships both at Parkland Memorial Hospital and Baylor Medical Center in Dallas, as well as other prestigious institutions across the country, including Massachusetts General Hospital in Boston, Barnes Hospital in St. Louis, Mo., Strong Memorial Hospital in Rochester, N.Y., and Yale-New Haven Hospital in New Haven, Conn.

HSC mission: excellence with continuity, flexibility

THE MISSION OF THE U.T. SYSTEM

I. INTRODUCTION

A. Historical Review

As a result of the farsightedness of those who formulated the Texas Constitution of 1876, the Texas Legislature was directed to "establish, organize, and provide for the maintenance, support and direction of a university of the first class" . . . "as soon as practicable". We are privileged and proud to be a part of The University of Texas System which became a reality in 1881 when the Legislature carried out this constitutional mandate.

The University of Texas Health Science Center at Dallas had its origin in 1943 in the form of Southwestern Medical School. Within a period of one year after the Baylor College of Medicine moved from Dallas to Houston the school was not only conceived but had accepted its first students. In 1949, following authorization of the 51st Legislature, the Board of Regents adopted Southwestern Medical School from 1949 until 1972 when it was redesignated The University of Texas Health Science Center at Dallas with three component schools, the Southwestern Medical School, the Graduate School of Biomedical Sciences and the School of Allied Health Sciences.

The University of Texas Health Science Center at Dallas has primary clinical affiliations with Parkland Memorial Hospital, Children's Medical Center and the Dallas Veterans Administration Hospital. There are additional clinical affiliations with Baylor University Medical Center, John Peter Smith Hospital, Methodist Hospital, Presbyterian Hospital, Texas Scottish Rite Crippled Children's Hospital and St. Paul Hospital.

B. Need for Study

The University of Texas System, along with higher educational institutions in general, has had phenomenal and unprecedented growth over the past decade. In some respects "growth like Topsy" could be applied to the rate and manner of such growth in Texas. It would seem highly desirable, if not essential, that we look at the growth of The University of Texas System institutions, both individually and collectively. It is particularly appropriate that we view our institutions in the context of society's expectations; granted that one must be exceedingly cautious in interpreting these expectations. The public, particularly in times of social stresses, may well suggest roles for us that are not really in the public interest when considered over an extended period of time. Kingman Brewster has probably been the most eloquent spokesman for higher education in this regard.

A careful analysis of our component institutions' programs as well as a thoughtful consideration of how these match up with realistic societal expectations, cannot help but be a worthwhile exercise. Moreover a periodic review of this nature as well as in depth role and scope studies at the institutional level at 8-10 year intervals would seem to be desirable.

C. Institutional Philosophy

The ultimate character of an institution stems largely from factors involved in its early history and the degree of commitment of subsequent generations of faculty and administrators. At times it is difficult to go back and decipher precisely what these factors were and which individuals were primarily responsible for them. Without attempting to say precisely what may have accounted for it, a tradition of scholarship has been the principal identifying feature of this Institution from an early period in its relatively brief history. It has been an

overriding consideration in virtually every major decision that has been made with respect to its development. This statement is made neither as a matter for formality nor from a position of arrogance. It merely describes the basic underlying principle which has guided this Institution through many troublesome times in the past.

While there are societal forces tending to propel academic health centers into a wide array of essentially non-academic endeavors which may result in serious erosion of the basic academic performance of the institution, we do realize that there are certain societal expectations that are both realistic and appropriate although not necessarily recognized as such by some faculty members. One of the major problems facing academic health centers today is to plot a course that does involve the institution in "service" programs that are appropriate to community needs without seriously jeopardizing the primary academic mission of the institution. While not always successful, there has been a serious attempt to keep the many facets of our operation in proper balance.

II. Summary of School Missions

The following consists of a summary of discussions that took place at a campus meeting on April 10. Position papers were prepared in advance of the meeting and circularized to those persons indicated in appendix "A". There was an attempt to arrive at a consensus on the critical issues that were raised in each position paper and, in most instances, this was achieved. The format of the campus meeting called for the position papers to be presented in summary fashion at a plenary session. The persons attending were then divided into discussion groups for detailed discussion of each subject area. The group was then reassembled for a second plenary session where each discussion leader presented the conclusions reached by each group. General discussion followed and ultimately a consensus was usually reached.

A. Medical School Program

The presentation and discussion was led by Frederick J. Bonte, M.D., Dean of The University of Texas Southwestern Medical School.

"The objective of Southwestern Medical School is to provide education at the highest attainable level, in order to produce the best possible physicians and clinical scholars whether they will eventually practice in a community, in an academic setting, or whether they will concentrate their efforts exclusively in the research laboratory," stated Dr. Bonte in a position paper.

To achieve this goal, it was felt the school should maintain the traditional processes of student selection, recognizing the special problems of the culturally and educationally disadvantaged. There was agreement that we should maintain the four-year curriculum and that there should be a single-site location for basic and clinical sciences. These and other educational processes have resulted in our medical classes being at or near the top of the nation's medical schools on the basis of competitive examinations and should be continued although there should be a constant monitoring of all programs recognizing that there will be a need for modifications.

Experiments where the basic medical sciences have been taught on one campus and clinical sciences on another have not been successful. Neither have alterations in shortening the time period for the traditional four-year curriculum produced significant improvement. In fact a number of medical schools have abandoned such experiments.

The lay discussants' interest in

distribution of physicians in rural areas, in minority and female representation in medical school classes, elicited statistics that about half of those who have had their residency training at Parkland remain in Texas — that the current freshman class has approximately 27 women, 12 of Mexican-American descent, and 5 blacks. Approximately 90 per cent of the students are, by law, Texans.

While Southwestern has been accused of producing an inordinate number of researchers and academicians, the actual fact is that more than 50 per cent of graduates go into one of the primary care specialties. The School attempts to provide a continuum of health education ranging from undergraduate medical to graduate to post-graduate.

Although it finds itself in an "intricate and delicate" relationship with the federal government in terms of the requirements to qualify for capitation funding under the Health Manpower legislation, there was a consensus of the discussants that the entering class size should be held to the present level of 200. Measures linking medical school admission to mandatory service in rural or other designated areas may be typical of increasingly restrictive federal legislation which would force many academic medical centers to either seek additional support from state and community sources in the future or curtail their programs.

B. Graduate School Programs

This presentation and discussion was led by Dr. Ronald Estabrook, Dean of the Graduate School of Biomedical Sciences.

Having undergone unprecedented growth in the past three years, the Graduate School of Biomedical Sciences is in the process of stabilizing its rate of growth and, more precisely, examining its role. Against a background of increasing worldwide suspicion of science, the faculty reaffirms the benefit to mankind derived from biomedical research and rededicates itself to the training of well qualified students.

In response to a query as to the efficacy of a graduate school on a Health Science Center campus, as opposed to location on a general academic campus, the productive relationship of the graduate and medical schools was cited as a principal reason for maintaining the former. In essence, it was felt it was not possible to have a good medical school without the coexistence of a good graduate school whose faculty provided strong basic sciences training and were engaged in productive research. In fact, the integration of basic science disciplines with clinical sciences into a contiguous whole forms the backbone of the medical school's teaching program.

Taking the graduate school as a discrete entity, the discussants expressed the need to seek the most appropriate "limits to growth".

There had been an extensive review of this very subject in the Graduate School of Basic Sciences Role and Scope Study in which the projected enrollment as well as new programs were carefully delineated.

A quote from their Role and Scope Study covering this subject is as follows: "The faculty of the Graduate School of Basic Sciences accepts responsibility for the cautious growth of existing programs coupled with establishment of peer review for quality control. New programs will be established only after convincing arguments have been presented emphasizing the need as it related either to local, state or national objectives for maintenance of visible programs of service, education and research in the biomedical sciences".

It was felt by the vast majority that the graduate school should accommodate all graduate programs at The Health

Science Center rather than being restricted to the traditional hard basic science disciplines. It was not deemed appropriate however, to expand into areas such as social work or city planning.

Currently, the Graduate School consists of 14 programs leading to M.A., M.S., and Ph.D. degrees. They include: Biochemistry, Biomedical Engineering, Biophysics, Cell Biology, Clinical Psychology, Immunology, Mathematical Sciences, Microbiology, Pharmacology, Physiology, Radiation Biology, Radiological Physics and Rehabilitation Counseling.

Added budgetary support for legitimate programs is essential if the graduate programs are not to be subsidized from other sources. However, there should be a heightened sensitivity toward realistic needs of the public.

C. Allied Health Programs

This presentation and discussion was led by Donald Pool, Ph.D., Chairman of Rehabilitation Science, School of Allied Health Sciences in the absence of Dean John Schermerhorn.

The mission of the school of Allied Health Sciences is to prepare well-qualified professionals to meet community needs in a large and complex health care delivery system. Currently, the School has 8 undergraduate and two graduate programs.

A consensus of the groups was reached on four issues:

1. The Allied Health School, now housed in rented quarters, off the campus of the Health Science Center, is somewhat remote to the main library and other learning resources. This also presents a problem in achieving maximal interaction with the faculties of the medical and graduate school.

2. Closer cooperation between administration of the Allied Health School and chairmen of basic science departments will be necessary to avoid duplication of resources and differences over basic science content in Allied Health programs.

3. A major issue involving the question of graduate education was resolved with general agreement that it should remain in the province of the Graduate School, rather than being administered through the School of Allied Health alone.

It was felt that it is possible to have an integrated Graduate School meeting all the legitimate graduate program needs on the campus, including those that exist and are planned in the School of Allied Health Sciences.

4. In the case of continuing education, it was felt that this was a very important mission of the Allied Health School and that The University of Texas System should be encouraged to seek support from the Legislature to help defray a larger portion of the costs of maintaining a high quality continuing education program.

III. Delivery of Health Care

This presentation and discussion was led by Albert Roberts, M.D., Associate Dean for Clinical Affairs, Southwestern Medical School.

While precise definitions of "Health" and "Delivery" are not established, some working guidelines and agreement concerning the following elements are possible:

1. The Cost of Medical Care: There is evidence that cost is not directly related to the number of health care units available. Therefore, the Health Science Center may not be able to control costs by increasing units, but by providing paramedical personnel who can be trained and retrained at less expense and by designing organization innovations on a limited scale. Both measures may act to

The mission continued

extend provision of health care by physicians.

2. Quality of Medical Care: The Health Science Center has a major responsibility in quality of medical care in its several communities. This is accomplished by the excellence of training of its medical and scientific graduates, standards of graduate and continuing education programs, as well as standards set for the health care community.

3. Distribution of Physicians by Specialty: While not assigning quotas by specialty, the Health Science Center can develop graduate medical and paramedical education programs responsive to the needs of society. Active involvement in local and national health planning and an active curricula will support better specialty distribution.

4. Distribution of Physicians by Geography: The Health Science Center cannot assign geographic quotas, but it can graduate physicians and paramedical personnel able to adapt to a variety of environments.

5. Organization: The Health Science Center should initiate better overall planning of internal programs and promote the relationship of these programs to appropriate external local, state and federal bodies. Continued improvement of the relationship between the Health Science Center and the Dallas County Hospital District should be fostered, with both entities striving to improve local services — for instance, Parkland Memorial in-patient and out-patient facilities. The Health Center may consider decentralizing some of its health care services where appropriate and acceptable to the community and the Institution’s goals.

6. Community Relations: The Health Science Center should continue efforts to do a better job of explaining itself, its goals and programs. It should continue programs in community education where resources and goals permit. In turn, the Center needs community definitions of health expectations — what are acceptable disease rates? What are acceptable death rates and acceptable outcomes of medical interactions? The Health Science Center recognizes it has a considerable involvement in health care delivery and the responsibilities for heightened social awareness this involvement entails.

IV. Governance

This presentation and discussion was led by Bettie Sue Masters, Ph.D., associate professor of Biochemistry in the Southwestern Medical School.

The role of The University of Texas System derives from the Texas Constitution which directed establishment of a university “of the first class” whose purpose was to include “the promotion of literature, and the arts and sciences”. Successive legislative enactments and constitutional amendments have vested the task of accomplishing these directives in nine regents appointed by the governor with advice and consent of the state senate. Through the years, courts have held that the Board of Regents has wide discretion in exercising its authority. The Board’s rules and interpretations of those rules have the same force and effect as statutes. The Board appoints a System chancellor who, in turn, nominates a deputy chancellor. The chief administrative officers of component institutions are appointed by the Chancellor with approval of the Regents. Each component head promulgates such further rules and policies as are necessary and consonant with the Regents’ Rules and Regulations. In addition he interprets the Regents’ and System administration policies to his own faculty and students. Communication by component faculty and students to System administration has been through the offices of chief administrative officer. Although faculty groups such as the Faculty Senate and student groups such as the one representing graduate students, have had messages transmitted via this admini-

strative chain, the discussants felt that the present rules and regulations contain no clear requirement for administrative heads to hear or transmit faculty or student group messages.

As the Health Science Center it was recommended that more formalized lines of communication from the president’s and deans’ offices to faculty and other center personnel be established. It was suggested that messages from the president to the faculty, mediated through department chairmen and deans, sometimes never reach the faculty because of disinterest.

Problems in the process of selection of institutional heads was discussed and the process involved in the selection of the current president at The University of Texas at Austin was cited as a case in point. It was suggested that some definite, formalized provision for faculty and student participation in such processes is needed while recognizing that the Board of Regents does and must have the ultimate responsibility for the selection.

V. Role of Biomedical Research in the Medical Center

This presentation and discussion was led by Dr. Daniel Foster, professor of Internal Medicine at Southwestern Medical School.

The age of medical research has ushered in the modern era of therapeutic medicine. It is no news that it began perhaps in the early 20’s with the discovery of insulin, but the strides since then have been enormous — the antibiotics which have saved millions of lives and the polio vaccines, which are making the iron lung a forgotten instrument.

These discoveries didn’t happen by chance or from an accidental observation in a doctor’s office; they flowed from the laboratory where the tools of biochemistry, physiology, molecular biology and other disciplines were used in intensive searches by scientifically-trained people.

The same disciplines and other trained researchers now are seeking keys which will unlock the puzzles of cancer and heart disease. The odds are overwhelming that there will be success.

Today, some of the puzzles of diabetes that still remain following the discovery of insulin 50 years ago have been unlocked in the laboratories of The University of Texas Health Science Center at Dallas.

As a total explanation for diabetes, the lack of the body’s ability to manufacture insulin was never very satisfactory. For a number of years Dr. Roger Unger looked at another hormone from the pancreas called “glucagon”. Over this long period of time he tried to develop a test for determining the amount of this other hormone in the blood. Many efforts failed and the work was quite discouraging at times, but Dr. Unger pursued his conviction about glucagon, and was ultimately successful. That he was able to do this in a university research setting is very important. Finally, with the aid of all things, a rabbit named 30-K who became sensitized to

glucagon, the test for the new hormone was made possible. The antibody furnished by Rabbit 30-K has gone all over the world and has helped countless medical researchers confirm that diabetes is not only a lack of insulin — it is an over-abundance of glucagon. So, after 50 years, the missing piece was added to the puzzle.

Another fascinating discovery made at the Health Science Center involves the work of Drs. Joseph Goldstein and Michael Brown. The leading cause of death in this nation is atherosclerotic heart disease — a problem arising from high fat content in the blood — among other things. In the last three years, these young investigators traced the actual molecular mechanism by which some people inherit a fatal genetic flaw which produces high blood fat and, in the most severe form, kills them by heart attacks before they reach middle age. Understanding the delicate and complicated mechanisms of this flaw has allowed for even greater advances — the two doctors may be near the production of therapeutic agents which will block the excessive production of fat.

While this is only one form of atherosclerosis, its understanding may unlock the doors to treatment of many other forms of this most deadly killer.

These two examples illustrate how discovery comes in the climate of a health center laboratory. Yet another benefit derives from this research — the possibility for superior training of doctors and other health professionals.

That a medical school with an aggressive and successful research program attracts the best scientists and teachers already is well known. That this combination works to produce superior physicians and health workers also is established as a fact.

Actively supported research has a fertility in that it stimulates the flow of knowledge from researcher to teacher to student and, many times, back again.

Research, therefore, is an integral part of a Health Science Center which aspires to meet a mandate of being in the “first rank” in teaching and in setting a high standard of health care for the community.

While biomedical research has been well supported in the past from federal sources, most notably the National Institutes of Health, there has been a change in the recent past. No longer are most worthwhile research projects funded from this source to say nothing of the shift from investigator initiated basic research to contract or targeted research. It is hoped that the Legislature would be made aware of this changing scene and that it would recognize support of biomedical research as not only a legitimate but as essential function of the academic health centers.

IV. Societal Expectations

This presentation and discussion was led by Mr. L. S. Turner, Jr., Chairman and manager of Dallas Power and Light.

The community expects the Health Science Center to accomplish its basic missions of training of physicians and

health care workers, contributing to medical research, providing patient care and enhancement of the quality of community medical care.

Yet, segments of the community are not aware of the actual methods of efficiency with which the Health Science Center accomplishes these tasks. Some efforts go unrecognized.

Against a backdrop of growing public suspicion of institutions and frustration with inflation, the Health Science Center must move to establish an active dialogue with a number of community segments.

The vehicle for this dialogue has not been selected, but it should provide a two-way street for expression of the public’s needs and expectations and the Health Science Center’s goals and capabilities.

The search for the proper mechanism is being initiated by Dr. Charles C. Sprague as a result of this conference.

The consensus among discussants was that the community wants more understanding of the Center’s processes. And conversely, the Center leadership must know community needs. Already, for example, the Health Science Center administers to the medical needs of children in disadvantaged areas of West Dallas as a model for health care delivery.

And through another program the Center delivers maternal health care to thousands of women through its Family Planning Units. Both programs are funded by the federal government and responsive to needs which have been recognized both nationally and locally.

Ideally, any new vehicle for dialogue should have no governmental connections, per se. This would keep it free of academic, local, national or other governmental restraints.

Yet it would be expected to provide wisdom with which to strengthen the Health Science Center’s various foundations of support from governmental and other entities.

The Health Science Center already is fortunate in that community leadership — both public and private — understands its major missions. Among these is preservation and enhancement of Dallas’ reputation as a major medical center. The Center is able through mechanisms such as continuing education to provide city and area physicians with training in the newest and most significant advances in medicine, and, in this way, preserve the high quality of care in the community.

While the Center has enjoyed recognition for the achievements of the first 30 years, public judgment and community expectations are likely to be considerably more exacting and severe in the next 30.

The Health Science Center will need to project its accomplishments positively and listen to its public sensitively. It should plan in the long range and take care to effectively implement those plans.

It will not be enough to accomplish excellence; the Health Science Center must be able to explain and convince all segments of society that it is truly preminent.

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NEWSLETTER

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