

# Bulletin <sup>Barnes</sup>

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Dr. Anderson

## Dr. Anderson named chief of general surgery

Dr. Charles B. Anderson, head of Barnes kidney transplant surgical team, has been named the hospital's general surgeon-in-chief and head of the division of general surgery for the Washington University School of Medicine. He succeeds Dr. Harvey R. Butcher, Jr., who has served as acting chief since 1978.

Dr. Anderson is best known for his work in transplantation and vascular surgery. His studies showing that blood transfusions from the donor to the recipient prior to transplant surgery significantly decrease organ rejection have received international acclaim. Dr. Anderson also has evaluated and helped develop a variety of other techniques to prevent kidney rejection, including the use of radiation and chemotherapy.

A 1962 graduate of Yale University School of Medicine, Dr. Anderson interned at Barnes and served as Barnes' chief resident in general surgery from 1968-1969. He joined the Barnes/WU staff as assistant general surgeon in 1971. He was named associate surgeon in 1975 and surgeon in 1979. This year Dr. Anderson became one of the first surgeons in the United States to be certified in vascular surgery by the American Board of Surgery.

Dr. Anderson's professional memberships include the American Association for the Advancement of Science, American College of Surgeons, American Surgical Association, Society of Clinical Surgery, Society of University Surgeons, Society for Vascular Surgery and Transplantation Society. He has published more than 125 articles on his research in vascular surgery and kidney transplantation.

**Front cover:** New research being conducted by Barnes/WU neurologist Dr. Erwin B. Montgomery, Jr., one day may help solve the mystery of Parkinson's disease, an often baffling disorder that predominantly strikes those over age 50. In the meantime, a multidisciplinary approach to care is essential. (See center-spread.)

## Dr. Monafó to direct emergency department

In reorganizational changes designed to smooth the transition next year into the new trauma center facilities currently under construction and to improve patient care, Dr. William W. Monafó, Barnes/WU surgeon and director of Barnes burn center, has been named the emergency department's medical director and Joe Burke, registered nurse and former patient care manager, has assumed increased responsibilities as the department's administrative director.

With the reorganization, Washington University School of Medicine's department of surgery and Dr. Monafó assume responsibility for the medical direction of the emergency department. The change was implemented to improve the overall efficiency of the department, which sees more than 31,000 patients per year and is one of two Level I adult trauma centers in the St. Louis area.

Dr. Monafó, a pioneer in the surgical treatment of severe burn injuries, was originally named to the Barnes/WU staff in 1964, after serving both his internship and residency in general surgery here from 1957 to 1962. In addition to his new duties, Dr. Monafó will continue serving as director of the burn center, a position he has held since 1980.

The author of over 90 articles on surgery and burn treatment, Dr. Monafó holds a bachelor's degree from Harvard University and a medical degree from Tufts University. He is currently serving as chairman of the St. Louis Committee on Trauma of the American College of Surgeons. Other professional memberships include the American Association for the Surgery of Trauma, American Burn Association, International Society for Burn Injuries (was U.S. representative to executive committee), St. Louis Medical Society and the American Trauma Society.

Mr. Burke has been a member of Barnes staff since 1974, when he joined the department of laboratories as medical technologist. After obtaining his licensure as a registered nurse, he began working in the emergency room first as an intern and then as a staff nurse. In 1978, he was named head nurse of the ER and in 1981, he was appointed patient care manager. He holds a bachelor of science degree in biology and chemistry from Illinois State University in Bloomington/Normal and is currently pursuing a master's degree in public health from St. Louis University.

## Semi-annual dinner to honor 161 employees

More than 2,500 hours of dedicated service and 161 employees will be honored November 9 at the semi-annual Service Awards Dinner. The festivities are being held at the Radisson St. Louis Hotel, 9th and Convention Plaza, beginning with a 7 p.m. social hour, followed by an 8 p.m. dinner, entertainment and awards ceremony.

Accounts payable supervisor Madge Geringer heads up this fall's list of honorees with 45 years of continuous service to Barnes. Other top honorees who'll receive special recognition at the dinner include 35-year veteran Mildred Brocksmith, a reg-

istered nurse for Barnes operating rooms, and 30-year employees Maxine Loucks, Ida Morris, Irma Norris, Glen Noser, Delores Travis and Dorothy Wilton.

Other honorees will include those employees who are celebrating 10, 15, 20 and 25 years of service during the second half of 1984. In keeping with the awards program implemented last year, all honorees may choose their own gifts, based upon their years of service.



Mr. Cella, Dr. Knowlton and Robert E. Frank, Barnes president.

## Dr. Knowlton honored with \$750,000 endowment

Barnes Hospital has received a \$750,000 gift from St. Louis businessman Charles J. Cella to establish an endowment fund in honor of Dr. Norman P. Knowlton, Jr., Barnes/WU internist. The endowment was announced officially during a September 8 dinner held at the St. Louis Country Club.

Income from the Norman P. Knowlton, Jr., Chair of Excellence endowment will be used annually to fund salaries of Barnes internal medicine residencies and to honor those residents "who exemplify the 'Knowlton Spirit'" and "his high calibre of excellence in patient care, professional accomplishments and clinical training."

"With the price of health care looming ever more important and the growing philosophy that medical education should not be financed out of patient care income, gifts such as Mr. Cella's are essential," says Mr. Frank. "Such generosity ensures that the high standards of patient care to which Barnes subscribes will be perpetuated through the proper training of young doctors."

Dr. Knowlton is a 33-year veteran of the Barnes/WU staff, having joined the hospital in 1951 as an assistant physician after serving both his internship and residency here. (He was chief resident in medicine from 1950-51.) A graduate of Harvard University's medical school, Dr. Knowlton served as president of the Barnes Hospital Society from 1970-72. He has been the Cella family physician for many years. Mr. Cella is president of Southern Real Estate & Financial Company.



Dr. Burgess and visiting professor Dr. Stuart L. Fine go over slides prior to opening of the 1st Retina Research & Development Foundation lectureship series.

## Retina foundation here sponsors lectureship

The first Retina Research & Development Foundation Lectureship series was held September 7 at Barnes/WU before a large audience comprised of ophthalmology specialists, residents, fellows and other health care professionals. Dr. Dean Burgess, Barnes/WU ophthalmologist and foundation member, served as moderator, while Dr. Stuart L. Fine, an ophthalmologist with the Johns Hopkins Medical Institutions, was visiting professor.

The Retina Research & Development Foundation was established in 1969 to provide a voluntary, nonprofit base of support for the training of retina specialists and research and development in the field of retinal surgery. The new lectureship series was made possible through the establishment last May of the David and Mary Seslen Endowment Fund, which was initiated with a generous donation by the Seslens in honor of their fiftieth wedding anniversary.

Throughout the years, the foundation has been involved in several major clinical investigations and has helped develop new techniques for the evaluation and treatment of diabetic retinopathy, macular disease and retinal detachment. Most recently, Dr. Burgess has worked closely with Dr. Fine in a national study evaluating argon and krypton laser treatment for three ocular conditions: senile macular degeneration, ocular histoplasmosis and idiopathic choroidal neovascularization.

Dr. Burgess is a chief investigator for the Macular Photocoagulation Study, which is taking place at only 11 other centers in the United States. The five-year study already has shown that laser therapy can prevent serious vision loss in persons suffering from presumed ocular histoplasmosis, an eye disease that is the second leading cause of blindness in young adults in this region. Drs. R. Joseph Olk and Lawrence H. Schoch, Barnes/WU ophthalmologists and foundation members, also are serving as MPS investigators.

In addition to Drs. Burgess, Olk and Schoch, other members of the Retina Research & Development Foundation's medical advisory board are Drs. Edward Okun, Glen Johnston, Isaac Boniuk, Neva P. Arribas, Richard Escoffery and M. Gilbert Grand. All of the foundation's advisory board members hold joint appointments on the Barnes/WU staff.



Shirley Mitchell

## LPN saves drowning victim using CPR skills

Shirley Mitchell, a licensed practical nurse on one of Barnes orthopedic surgery floors, never thought she'd have to use cardiopulmonary resuscitation (CPR), but at her head nurse's insistence, she signed up for the two-day course offered through the hospital's department of education and training.

Twice she failed the written exam by one point, having had little time or desire to study. By this time a co-worker, who also is a licensed CPR instructor, joined the head nurse in encouraging Ms. Mitchell to get her CPR certification. "Everyone should know CPR," they told her, "especially someone in health care."

Finally, on the third try and with her pride at stake, Ms. Mitchell successfully completed the certification process by passing the written exam and producing a perfect electrocardiogram strip on the CPR training dummy. She still didn't believe that CPR would "really work," or that she'd ever be called upon to use it, but at least the mounting campaign at work to get her certified would cease.

One week later, as she and her nine-year-old daughter Tiffany left their apartment for a Saturday shopping trip, a 42-year-old man jumped into the complex's swimming pool to cool off and quickly sank to the bottom instead. Bystanders and the

young lifeguard managed to pull the drowning victim out of the pool, but his heart had apparently stopped and he wasn't breathing.

Calls for help jolted Ms. Mitchell into action. She threw down her purse and raced to the pool. Barking instructions to the stunned lifeguard, she checked for a pulse—none—and breathing—none—and began CPR. After a few moments of chest compression and mouth-to-mouth resuscitation, the basic components of CPR, the man's pulse returned. Then he began vomiting.

As the ambulance and paramedics arrived on the scene, the man's breathing was restored and he regained consciousness. He was whisked to a nearby hospital, where, after a couple of days in intensive care, his condition stabilized. He eventually returned home, fully recovered.

"I honestly didn't think CPR would really work, even after I had passed the test," says Ms. Mitchell. "But, when the time came to use it, everything we had talked about in class became real and I understood the correlation between my actions and the victim's response. It all became so clear, and it happened just the way they had all said it would!"

Now, Ms. Mitchell is grateful for the "or else" pressure she received to acquire CPR from her head nurse, Susan Dollarhide, and registered nurse, Karen Sanders, a fellow staff member on the seventh floor of Rand-Johnson. "I am so thankful that they motivated me to learn CPR," she says. "I believe everything happens for a reason, so now if anyone has any doubts about the value of CPR, they can just ask me!"

## "What is cancer?" topic of October meeting

Dr. Jay M. Marion, Barnes/WU oncologist, will be the guest speaker for the October 25 meeting of S.H.A.R.E (Support Has A Reinforcing Effect), the breast cancer support group started here in 1981. He will discuss "What is cancer?," followed by a question and answer session.

The meeting, which is free and open to all women who have, or have had, breast cancer, will begin at 7 p.m. in Barnes Health Education and Screening Center, located on the ground floor of the West Pavilion. In addition to monthly educational meetings, S.H.A.R.E. sponsors a yearly breast cancer conference and operates a telephone hotline and lending library. For more information about S.H.A.R.E. or the next meeting, call Karen Greening, 362-5585.

## Mental health series open to public

Barnes activity therapy department is continuing to host a series of educational programs for patients, family members and the general public on various aspects of mental illness. The bi-monthly sessions, which are free, provide information on topics ranging from managing stress to adolescent depression and suicide.

Upcoming sessions include: "Adolescent Depression" by Dr. Felton J. Earls, Barnes/WU psychiatrist, on October 16; "Schizophrenia—Its Diagnosis and Course" by Dr. Keith E. Isenberg, Barnes/WU psychiatrist, on October 30; "Alcoholism and the Antisocial Personality" by Dr. Collins E. Lewis, Barnes/WU psychiatrist, on November 13, and "Frameworks for Understanding Depression" by Kathy Orms, coordinator of the support group for families of patients suffering with depression.

Each program begins at 7 p.m. and is held in the activity therapy conference room on the 14th floor of the West Pavilion. Reservations are not required.

## Gourmet tray service expanding next month

Who says hospital food has to be dull? Beginning in mid-November, Barnes patients may order (their diets permitting) such dinner selections as London broil, shrimp tempura and breast of chicken from the food and nutrition department's gourmet tray service.

Previously available only to patients in Queeny Tower suites or in the "red carpet" maternity division on the fifth floor of the East Pavilion (5500), the gourmet tray service is being extended to all hospital areas in response to patient requests for this type of "special" meal, according to Gil Sherman, food and nutrition director.

Patients utilizing the gourmet tray service will enjoy the same menu selections that were introduced in the Queeny Tower Restaurant last month, Mr. Sherman says. All items on the gourmet tray menu will be prepared individually and cooked-to-order in the restaurant, rather than in the hospital's main kitchen. The meals will be served on standard trays with Queeny Tower china and glassware and will be delivered to patient rooms by restaurant personnel.

"We have a unique opportunity because of the restaurant facility to offer our patients a variety of cooked-to-order, high quality foods," says Mr. Sherman. "Very few other hospitals, if any, can provide this type of service. It is one more option we can give that will help make being in the hospital a more pleasant experience."

Family members and friends also may utilize the service to share a special meal with the patient. Gift certificates may be purchased in the restaurant; all orders will be placed through the patient's dietitian assistant. Each meal carries an additional charge that is not covered by insurance. Patients staying in the Queeny Tower suites or on 5500 are still entitled to one gourmet meal-for-two as part of the cost of their rooms. Menus are currently being printed and will be distributed to all patient rooms before the new program begins.

## "Health Matters" series begins on Channel 9

Stroke, modern childbirth, child safety and space age surgery are just five of the 26 topics to be presented on Channel 9 by Barnes and four other institutions of the Washington University Medical Center as a public service to viewers. The half-hour television documentaries on health care and technology will be telecast at 7:30 p.m., Sundays, and repeated at 11:30 a.m., Saturdays, beginning October 7.

Upcoming segments include: stroke (October 7); modern childbirth (October 14); child safety (October 21); cancer treatments (October 28); colorectal cancer (November 4); space-age surgery (November 11); spinal injury (November 18), and depression (November 25).

The segments were produced by Medstar Communications, Inc., in conjunction with Barnes, Jewish and Children's Hospitals, the Mallinckrodt Institute of Radiology and the Washington University School of Medicine. Doctors and other health care professionals from each institution have been interviewed.

Space-age surgery, featuring Dr. V. Leroy Young, Barnes plastic and reconstructive surgeon, and Pam Grasse, occupational therapist, director of the hand center, is the first of six segments videotaped at Barnes that will air as part of this program; the remainder will air during January, February, and March, 1985.



Miriam Leutje

## Nursing student selected for national council

Miriam E. Leutje, a second-year student at the Barnes Hospital School of Nursing, has been appointed to a one-year term on the National Advisory Council on Nurse Training. She is one of only three fulltime nursing students in the nation chosen this year for the 19-member panel and is the first Barnes student ever selected.

Miss Leutje was nominated last spring for the honor by the school's first level instructors, who cited her involvement with the student government association and extracurricular activities. She was notified of her appointment this summer and attended her first meeting in August.

The purpose of the council, chartered by the Department of Health and Human Services, is to improve the distribution and utilization of nursing skills, expand quality nursing practices for primary care and participate in the team approach to the delivery of health services.

## BHS gift provides audiovisual equipment

A generous donation from the Barnes Hospital Society coupled with matching funds from Barnes board of directors will soon result in improved audiovisual programs for patient and community education. A total of \$13,500 will fund the purchase of upgraded equipment by the department of education and training that will increase the quality and kinds of videotapes and sound tracks that can be produced in-house.

The new equipment includes an upgraded, portable camera similar to those used by professional television studios and editing equipment that will enable DET to produce sound tracks that combine music and narration (voice over), for example. Previously, DET has either had to rent such equipment or travel to outside studios to produce many of the audiovisual aids and programs desired by the hospital's patient education subcommittees.

The BHS contributed half the funds necessary for the purchase after reviewing DET's proposal, according to BHS president Dr. Willard B. Walker, a Barnes/WU general surgeon. "The BHS felt the improved equipment would enhance the education of the public and patients in general and in the long run help the hospital and clinical staff," he says. "We had invited hospital staff to apply for some funds we had set aside, and this seemed a most valuable choice."

## Barnes School of Nursing receives \$35,000

The Barnes Hospital School of Nursing has received a \$35,000 endowment from Dr. James G. Owen, a retired general surgeon and 1943 graduate of the Washington University School of Medicine who is now living in Vancouver, Washington. Dr. Owen gave the endowment in honor of his wife, the late Lois Johnson Owen, a 1944 graduate of Washington University's School of Nursing, who died in 1965. (Barnes began operating the school in 1955.)

Income from the endowment will be used to establish the Lois Johnson Owen Nursing Scholarship, which will be awarded to undergraduate students who are in financial need and show great promise in nursing "in the hope that the recipients will bring to Nursing and to their families the calm strength, dedication and devotion that characterized Lois Johnson." The first recipient should be named in December.

## MHA candidates join night administration

Mark F. Berlin, Debra Ann Halladay and Gregory T. Wozniak have joined Mark S. Shaker and Steven Whitson on Barnes evening/night administration team. All five are students in Washington University School of Medicine's Health Administration and Planning master's degree program.

Mr. Berlin comes from the University of Chicago Hospitals and Clinics, where he served as supervisor for the linen services department. Prior to his position in linen services, Mr. Berlin worked as a supervisor for the laboratory messenger service. He holds a bachelor's degree in business administration with an emphasis in economics and finance from Loyola University of Chicago.

Ms. Halladay's health care experience includes three years as risk management coordinator and two years as an administrative assistant for the University of California-Davis Medical Center in Sacramento. She received a bachelor's degree in criminal justice from California State University, also in Sacramento. Ms. Halladay is pursuing a joint degree in hospital administration and law.

Mr. Wozniak is a second-year student at Washington University, where he is pursuing graduate degrees in both hospital and business administration. He received his bachelor's degree in business administration with a major in accounting from John Carroll University in Cleveland, Ohio. Mr. Wozniak has worked at The Jewish Hospital of St. Louis as an administrative intern.

## Rev. David W. Gray dies, was Barnes chaplain

The Reverend David W. Gray, a Barnes Hospital chaplain and pastor of the Hillsboro Presbyterian Church, died August 4 after a five-year battle with leukemia. He was 32 years old.

Although the Rev. Gray had been a chaplain at Barnes for less than a year, he was well-known throughout the hospital, having worked in the blood bank from 1974-1979, first as a technician and then as a technologist. He left Barnes in 1979 to attend Eden Theological Seminary in Webster Groves, returning as a chaplain in October of 1983.

The Rev. Gray is survived by his wife, Susan, who is a student at the Barnes Hospital School of Nursing; two sons, Nathan and Aaron; his parents, Mr. and Mrs. Wayne Gray of Franklin, Illinois; and two brothers, Michael, of Jacksonville, Missouri, and Gary, of Columbia, Missouri.

# Parkinson's

The symptoms of Parkinson's disease creep up on people slowly; often the symptoms are ignored for years, attributed to everything from being "overtired" to arthritis or merely "old age."

Hands jitter as they grasp an early morning cup of coffee, stiff muscles make getting dressed difficult, swallowing may take concentrated effort, speech becomes unpredictable. In its later stages, Parkinson's can sporadically "freeze" its victims in mid-motion; joints stiffen, backs stoop; feet shuffle and arms tremble.

Because of the vast array of symptoms, it is a disease that is difficult to diagnose. Blood and other lab tests are futile; CT (computerized tomography) scans turn out normally.

Yet, it is a disease that strikes a surprising  $\frac{1}{100}$  persons over the age of 50—over two million in the United States alone. And, with the "graying of

America," this number is steadily increasing. "It is a very common disorder of the elderly and one that is increasingly becoming a problem for more and more people," says Dr. Erwin B. Montgomery, Jr., a Barnes/WU neurologist that specializes in Parkinson's disease.

Parkinson's was first described as an illness in 1817 by Dr. James Parkinson, a London surgeon. Through the years it has accumulated more than its share of misconceptions and misnomers. Contrary to popular belief, Parkinson's is not fatal, contagious, hereditary or an obscure form of cancer. Nor is it strictly a disease of the elderly—children and young adults have been diagnosed as having the disease, while others may not show any symptoms until they're well up into their eighties. And, while tremors are probably considered a classic symptom of Parkinson's, as many as 40 percent of its victims never experience any episodes of shakiness or uncontrolled movement.

Parkinson's occurs when a collective group of neurons deep within the brain become damaged. These neurons, called the substantia nigra, normally transmit important messages concerning movement via a chemical called dopamine to the basal ganglia, another area of the brain. In Parkinson's, the supply of dopamine is severely limited or cut-off, thus impairing function. What actually causes this destructive chain of events in unknown, although researchers theorize that the chemical imbalance may be triggered by the build up of a toxic substance within the brain.

While there is no cure for Parkinson's and its cause is a matter of scientific speculation, there is hope for persons afflicted with the disorder. Effective medications that replace dopamine within the brain and relieve the diseases' symptoms are widely available, while exercise and physical, occupational and speech therapy are enabling many patients to continue leading productive, fulfilling lives.

An accurate diagnosis early into the disease is important, however, as the patient's prognosis in the latter stages of Parkinson's is often related to how the disorder was treated initially, according to Dr. Montgomery. A diagnosis of Parkinson's disease is based primarily on clinical findings, although ongoing research being performed here by Dr. Joel Perlmutter, a neurology fellow with the medical school, is showing that the PET (positive emission tomography) scan may soon prove to be a valuable diagnostic tool for the disorder. Because the symptoms of many other neurological disorders

can mimic those associated with Parkinson's, Dr. Montgomery recommends that any diagnosis of the disease should be confirmed by a neurologist.

Treatment for Parkinson's can range from a loosely-structured exercise program and non-interference to aggressive drug therapy. "As long as the patient's symptoms are mild and do not interfere with his lifestyle, we (Barnes/WU neurologists)

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**For younger patients, the biggest concern is "How can I hide this?"**

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do not recommend the use of drugs," says Dr. Montgomery. "Too often, Parkinson's disease patients are given large doses of L-DOPA or Sinemet from the onset of their first symptoms without regard to the long-term consequences for the drugs' side-effects, which can be severe."

L-DOPA, available since the 1960's, effectively relieves the symptoms of Parkinson's by restoring the brain's supply of dopamine. The problems with the drugs begin to surface about four or five years into treatment, causing sporadic outbursts of involuntary movement, or, at the other extreme, episodes of paralysis.

"Not every patient who takes these drugs for a number of years will experience these side-effects, but because we know they are a potential problem, we try to reserve such medication as our last option," explains Dr. Montgomery, who, along with Dr. Perlmutter and Dr. William M. Landau, Barnes/WU neurologist-in-chief, will be participating in a clinical trial of a new drug, ciliadopa, that shows promise of relieving Parkinsonian symptoms without any longterm side-effects. Barnes/WU will be one of only six centers in the nation testing the drug, which mimics the action of the other drugs without actually being converted into dopamine.

Currently, however, the best treatment is that which is tailored to the individual, according to Dr. Montgomery. "Parkinson's can affect its victims in vastly different ways," he says. "What works for one individual may not work for another patient, while what works during one stage of the disorder may not be effective at all for that same patient at another time. The symptoms can fluctuate wildly from day to day; it's a constant balancing act."

Subsequently, exercise programs and other forms of therapy must be designed on an individual basis as well, according to Dr. Montgomery. "We en-



A weekly movement disorders clinic helps monitor the progress of Parkinson's disease patients. Here Dr. Montgomery has Stella Tomic perform a simple exercise to test her range of motion.

courage our patients to continue with their normal activities for as long as possible," he says. "Many of our patients play golf and tennis, while others swim, garden or play bridge. If they enjoy what they're doing, it helps ensure continuance."

Exercise and activity are especially important for Parkinson's disease patients, whose muscles and tendons are prone to stiffness and rigidity. Without the stimulation exercise provides, the muscles can atrophy, leaving the patient unable to care for himself and bed-ridden. "Even patients with severe physical limitations caused by the disease can benefit from physical and occupational therapy," says Dr. Montgomery. "Unfortunately, as the disease progresses, many doctors view muscle atrophy as inevitable and neglect to involve their patients in any form of therapy."

There are some days, however, when even a physically active Parkinson's disease patient will not be able to get out of bed, or be able to dress himself in less than a few hours. "Medication can only relieve the symptoms, it cannot halt the progression of the disease, which can be very unpredictable," Dr. Montgomery says. For this reason, the Parkinson's disease patient's condition must be monitored closely as even the slightest change can indicate the need to adjust a medication level or dosage schedule.

"I have some of my patients call in only once every six months or so because their symptoms are so mild, while others I see or talk to as often as two or three times a week," says Dr. Montgomery. He also holds a movement disorders clinic with Drs. Perlmutter and Landau every Wednesday morning on the ground floor of McMillan. Working with specialists from the Irene Walter Johnson Institute of Rehabilitation (IWJ), they have designed a battery of tests which indicate each individual's response to treatment. Weekly staff conferences covering each patient also are held.

Patients also benefit from this team approach to care whenever their condition requires hospitalization. Many of the IWJ therapists who work with Barnes neurology patients in the movement disorders clinic also staff the rehabilitation satellite located on the hospital's neurology floor (eleventh floor, East Pavilion). Patients from the division, which is one of the few devoted solely to neurologic disorders in the St. Louis area, visit the rehab area for physical, occupational and speech therapy. Non-ambulatory patients can be given their therapy in their rooms. Nurses on the division have received extensive training in neurologic diseases

from Barnes neurology nurse specialist, Kathy Kater. If a patient's condition becomes critical, a six-bed neurologic intensive care unit is located on the floor as well.

Following discharge from the hospital, continuity of care is further enhanced through Barnes home health department, which is associated with IWJ.

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***"Knowledge and information are probably the most important factors in determining a person's ability to cope with this disease. It's the unknown that's terrifying."***

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"We have a special team of nurses and therapists who work with us through the home health program," says Dr. Montgomery. "They have quite an expertise in Parkinson's and are very involved in treatment. Also, since they can spend more time with the patients through the home visits, they gain a better understanding of how the disease is really affecting each patient. It's hard to assess the impact of the program at this point, but I think it's going to be very beneficial for everyone concerned."

While a multipronged approach to treatment can alleviate many symptoms associated with Parkinson's and enhance the quality of life for most patients, it doesn't halt the slow, inevitable progression of the disease. Subsequently, the emotional impact of the disorder can be devastating. "There's a wise old saying which holds that most people can stand a lot of pain for a short time, but that very few can stand a little pain for a long time," acknowledges Dr. Montgomery. "Parkinson's disease patients are very often in the situation of experiencing a little pain for a long, long time. We try to let them and their families know that we understand it is a difficult illness to deal with and give them the opportunity to talk if they want to."

To help patients cope, two support groups have been established at Jewish Hospital. One is for persons over age 55, the other for those younger than 55. "We've found that each age group has different concerns and issues they have to deal with because of Parkinson's," says Dr. Montgomery. "Many people in the younger age group are still out there earning a living, caring for a family and meeting other responsibilities. Their biggest concern often is 'How can I hide the fact that I have Parkinson's?'"

Barnes also is starting a St. Louis chapter of the American Parkinson's Disease Association, a sup-

port group whose volunteers will be involved in fundraising to further research and promote public and professional education concerning the disease. The APDA also recently awarded Dr. Montgomery a \$25,000 grant to establish a regional Parkinson's information center at Barnes that will provide printed materials on the disease to individuals and libraries, as well as publish a quarterly newsletter and operate a Parkinson's disease hotline. (Monday through Friday, 8 a.m. to 4 p.m., 362-3299). Persons who are concerned that they may have Parkinson's and would like the name of a doctor specializing in the disease in their immediate area can call the hotline number also.

"There is a widespread need for education about Parkinson's disease both for the general public and health care professionals," says Susan Levin, a longtime volunteer with Jewish's Parkinson's support groups and educational programs who has been named director of Barnes new center. She is also coordinating the new APDA chapter here. "There are so many misconceptions surrounding Parkinson's—misconceptions that make the disease even more difficult to deal with."

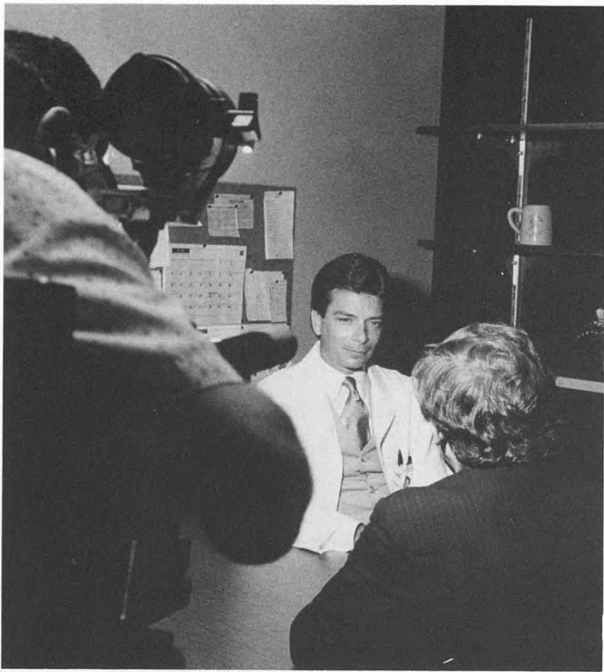
"Knowledge and information are probably the most important factors in determining a person's ability to cope with this disease," agrees Dr. Montgomery. "It's the unknown that is terrifying. We're hoping that the information center will help meet the special needs and requirements of our patients—needs that are not being met by medical practice in general. As a physician, I have a lot to learn from patients with Parkinson's disease. Now, they'll have even more of an opportunity to teach me and others about their illness."



Thanks to a \$25,000 grant from the American Parkinson's Disease Association, a regional information and referral center has been established at the medical center to promote public and professional education. Here center director Susan Levin checks the month's agenda with WU neurology department secretary Pam Pigg.



Physical, occupational and speech therapy for Parkinsonian patients is provided by specialists from the Irene Walter Johnson Institute of Rehabilitation. Patients hospitalized at Barnes receive their care at the IWJ satellite located on the neurology nursing division; discharged patients may be treated through the movement disorders clinic or through Barnes/IWJ Home Health Care program.



KMOX-TV medical reporter Al Wiman interviews Dr. Thomas on reconstructive surgery.

## Media spotlight

As a national leader in patient care and medical research, Barnes serves as an information resource center. In 1983, more than 900 queries from broadcast and print media representatives were made to the hospital requesting that Barnes medical and professional staff elucidate current health care concerns and discoveries. Highlights of the media's coverage of Barnes during the last month include:

**Fat suction** (blunt suction lipectomy), a relatively new technique available at Barnes in which high-powered equipment is used to suction body fat and provide attractive body contouring, was the subject of radio interviews in California and Nevada and a United Press International (UPI) article that was published during the month of August in newspapers in California, Florida, New York, Oklahoma, Pennsylvania and Texas. Dr. **V. Leroy Young**, Barnes/WU plastic surgeon, was interviewed.

Barnes **new home health department** was featured in an August 17 Jerry Berger column in the *St. Louis Globe-Democrat*. The department offers a wide variety of routine and highly specialized nursing therapies and ancillary services.

The **lithotripter**, a \$4 million machine that disintegrates kidney stones without surgery, and Barnes' application for a Certificate of Need from the Missouri Health Facilities Review Committee for this new technology, were the subjects of an August 22 article in the *St. Louis Post-Dispatch*, as well as segments on local television and radio stations. Dr. **William J. Catalona**, Barnes urologist-in-chief and head of the department for the Washington University School of Medicine, was interviewed.

Barnes' plans to begin performing **heart and liver transplants** within the next year were highlighted in articles in the *South Side Journal* on August 22. The ethical questions raised by these and other organ transplants also was the subject of an in-depth article by Bill Smith in the *St. Louis Globe-Democrat's* magazine section on September 8. Barnes/WU kidney transplant surgeons Dr. **Charles B. Anderson** and Dr. **Edward E. Etheredge**, were quoted, as well as Dr. **Stephen R. Waltman**, Barnes/WU ophthalmologist and cornea transplant specialist.

Chief cashier **Paul Hartwell** and his work as coordinator of Barnes' monthly blood drives were highlighted in the *St. Louis Globe-Democrat's* "Applause for . . ." column.

Barnes' \$1.3 million expansion of its **outpatient surgery** program, scheduled for completion in ear-

ly January, was featured in an August 27 article in the *St. Louis Business Journal*. Barnes performed 4,994 outpatient procedures in 1983 and expects to perform nearly 6,000 such procedures by the end of this year.

Plastic surgery that reconstructed a young boy's nose after it had been bitten off by a dog was featured in two segments August 24 on KMOX-TV. Medical reporter Al Wiman interviewed Dr. **J. Regan Thomas**, Barnes/WU otolaryngologist and facial plastic surgeon, for the segment.

Over-the-counter (non-prescription) diet pills were the subjects of a September 6 segment on KSDK-TV. Dr. **John S. Daniels**, Barnes/WU physician, was interviewed.

Health hazards associated with **fad diets** and tips for sensible weight loss were discussed by Barnes dietitians for a series of programs that aired on Continental Cablevision September 9-15.

**Mary K. Shrewsbury**, labor and delivery head nurse, was interviewed for a KMOX radio segment on the **August baby boom**.

**Facial cosmetic surgery classes** for potential patients and for persons who are scheduled for surgery were highlighted in Jerry Berger's August 22 column in the *St. Louis Post-Dispatch*. The classes feature tips on cosmetics and hairstyling to enhance surgery results and to best disguise temporary bruising and swelling caused by the surgery, and a question-answer session with Dr. **J. Regan Thomas**, Barnes/WU otolaryngologist and facial plastic surgeon.



Fannie Davis

## Six longtime employees retire from hospital

Six longtime employees, Fannie Davis, Sylvia Rajnoha, Peggy Paul, Shirley Cozean, Mary Blount and Margie Huelskamp, retired recently from Barnes with a combined total of over 123 years of service. All six received certificates of appreciation from hospital administration.

Fannie Davis, a control clerk on the sixth floor of the East Pavilion, retired June 30 after 36 years of service. She first joined the hospital in 1948 as a nurse assistant on the fifth floor of the old McMillan Hospital. She continued working with otolaryngology (ENT) patients for several years, moving in the 1970's with the division to the eighth floor of the East Pavilion. She became a control clerk in 1979.

"I'm going to miss Barnes," says Mrs. Davis, "especially all of the nice people I've met and the

friends I've made. It gives me a lump in my throat to think about it; Barnes has really been good to me."

Sylvia Rajnoha, an instructor in the food and nutrition department's dietetic internship program, retired August 3 after 22 years of service. Since joining the department in 1962, Mrs. Rajnoha has helped train over 250 dietitians. Before retiring, she compiled a history of Barnes dietetic internship program, which was founded in 1918. Her area of expertise was in food service management.

Peggy Paul, assistant director of the Queeny Tower Restaurant, retired recently after more than 17 years of service. She began her career with Barnes in 1966 as a pantry person for the restaurant. She was promoted in 1974 to steward and began ordering all the restaurant's food and supplies. In 1981, she was named assistant director. "I've enjoyed every job I've had here," says Mrs. Paul. "Not everyone can say that!"

Shirley Cozean, a licensed practical nurse and certified surgical technician for Barnes operating rooms, retired in August after 17 years of service. "When I first came to Barnes, I was afraid it was going to be too big," says Miss Cozean. "But once I got to know the people here and became close to them, Barnes didn't seem big at all. It was a big decision to retire; I'm going to miss everyone here, we're all like family."

Mary Blount, a licensed practical nurse on the twelfth floor of Queeny Tower, retired August 28 with nearly 16 years of service. Her first position at Barnes was as a nurse assistant for a general medicine ward, then located on the first floor of the Peter's building. In 1969, she joined the dermatology nursing division on the third floor of Barnard Hospital and began training for licensure as a practical nurse. She became an LPN for the division in 1971. She stayed with dermatology throughout the years, including moves to Queeny Tower, the East Pavilion, and, most recently, back to Queeny Tower.

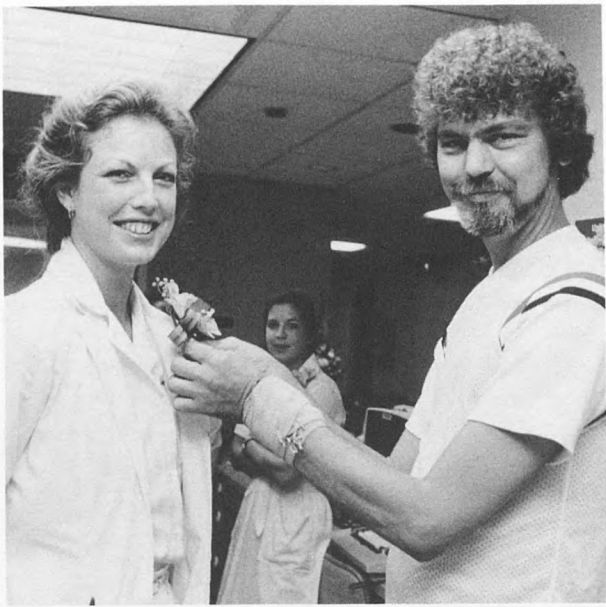
Margie Huelskamp, a registered nurse who also worked on the dermatology nursing division, retired July 26 after 15 years of service to Barnes. She began her career here in 1969 as the health nurse for the Barnes School of Nursing. In 1978, she transferred to dermatology and stayed with that division until her retirement. "My co-workers have always created a good atmosphere in which to work," says Mrs. Huelskamp. "I've enjoyed my years at Barnes and will miss all the nice people I've come in contact with over the years."

## Hospital notes

The following are reported on staff: Drs. **Benico Barzilai**, assistant physician; **Lester I. Bluth**, assistant anesthesiologist; **Randy A. Brown**, assistant physician; **Ralph P. Bucy**, assistant pathologist; **Kim A. Carmichael**, assistant physician; **Sandra S. Hoffmann**, assistant physician; **Richard D. Jacobs**, assistant physician; **Surekha K. Joshi**, assistant anesthesiologist; **Peter B. Kurnik**, assistant physician; **Sheldon H. Preskorn**, associate psychiatrist, and **Erick M. Reiman**, assistant psychiatrist.

**Julio Happa**, chief technologist of surgical pathology's histotechnology laboratory section, has been invited to present a seminar on histotechnology at the annual meeting of the Argentine Pathological Society, November 21-24.

**Rhonda Comrie**, a medical-surgical nursing instructor for the Barnes Hospital School of Nursing, presented a study on the importance of touch for patients with spinal cord injuries at the 1984 meeting of The American Physiological Society held in August in Lexington, Kentucky.



Former patient Ken Jones pins corsage on AHN Barbara Moore.

## Kidney transplant patient says "thanks" with flowers, cake

After 39 days in the hospital, including two weeks battling insidious complications following kidney transplant surgery, Ken Jones had had plenty of time to form a strong opinion about Barnes and the type of care he had been receiving.

Both he and his wife, Renee, agreed that they couldn't have asked for anything better. In fact, the compassion, concern and medical expertise they had received made the months of preparation, kidney dialysis and 37-mile trip (one way) from St. Charles County not only bearable, but worthwhile.

Shortly after his discharge from Barnes in August, Mr. Jones let the nursing staff on the kidney transplant floor know how he felt about them: He brought in a corsage for each employee and an oversized sheet cake decorated with the words, "To All The Special People on 5300—Thanks."

"Of all the times I've been in the hospital, this floor has been the most like home," says Mr. Jones, who is also a diabetic. "The people really work together as a team," says Mrs. Jones. "It makes you feel good to know that the person you have in the hospital is getting that kind of care. I'd even call at midnight, after I'd finished my shift at the hospital where I work, and whoever was on duty would always listen to my concerns and answer my questions patiently. They were very supportive."

Mr. Jones is back home now, regaining his strength and planning his return to work. At 32 years of age, with a "new" kidney donated by his mother and the ongoing support of the Barnes kidney transplant team, life looks "pretty good" again for Mr. Jones, his wife and their 8-year-old son. And the nurses on 5300 will always have a "special place" in their hearts.

# Bulletin <sup>Barnes</sup>

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**Nora Carr, Editor**

**Daisy Shepard, Director**  
**Charlene Bancroft, Assistant Director**

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## Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who have made contributions during the period August 10 to September 10 to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office. (Donations through MasterCard or Visa are welcome.) The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects.

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# Barnes Bulletin

October, 1984

Barnes Hospital, St. Louis, Mo.



Wedding bells rang recently at Barnes Hospital when Richard Glenn, a patient on the 10th floor of the East Pavilion, gave his daughter, Cora, away in marriage to Brad Peterson. The brief ceremony was performed before family members by the Honorable Judge Jim Dowd, Mr. Glenn's son-in-law. The couple had planned originally to marry in Italy enroute to the groom's new position as a chef for a Swiss hotel, but moved the wedding to Barnes following Mr. Glenn's unexpected hospitalization.

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