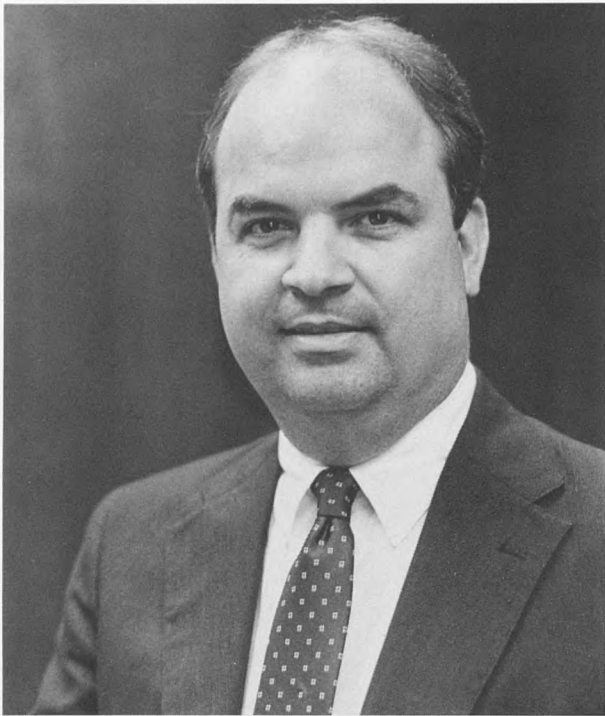


Bulletin ^{Barnes}

Barnes Hospital, St. Louis, Mo.
September, 1986, Vol. 40, No. 9



John Finan, executive vice-president

Reorganization, promotions announced

A reorganization designed to allow greater individual impact by each employee, regardless of job, is being implemented this month at Barnes.

Max Poll, Barnes president and chief executive officer, pointed out that many hospitals are reorganizing under a corporate model with top-heavy, disjointed administrative structures, resulting in what can be a nonresponsive bureaucracy that puts administration too far away from the primary activities or functions of the organization.

"We are putting together a responsive administrative system rather than a bureaucracy. A system tends to be flexible and dynamic, helping those in the organization to pull together to accomplish both group and individual goals. A bureaucracy, on the other hand, tends to be rigid and often becomes a hindrance to getting the job done," Mr. Poll said.

"Barnes is and shall remain, first of all, a hospital—one of the top hospitals in the nation. Our organizational plan reflects this, while at the same time, we are broadening our scope to include a wide range of healthcare services to complement our primary mission of providing state-of-the-art hospital care."

John Finan, a Barnes vice-president since 1984, becomes executive vice-president and chief operating officer responsible for the day-to-day handling of all the operational activities and functions of the hospital. All line administrators as well as the vice-president for human resources will report to him.

A successful candidate either from within the hospital or from a national search will fill the



Marlene Hartmann, senior vice-president

new position of senior vice-president for finance. This chief financial officer, reporting directly to the president, will have responsibility for all information, data and reporting systems in addition to the financial areas.

Under the new system, a senior vice-president has also been named to oversee all departments involved in providing various components of patient care. To fill this position, Barnes has selected Marlene Hartmann, R.N., who has been vice-president for nursing since 1982 and nursing director since 1980. In addition to line responsibility through administrators for "nursing" and "other direct patient services," Ms. Hartmann will have a staff relationship with administrators over areas providing patient care services, pre- and post-hospitalization, in both inpatient and outpatient settings. Mr. Poll said that new payment mechanisms are fragmenting the focus of care and that concentrating responsibility for the components of care should increase responsiveness both between hospital and patient and between physician and hospital.

"The goal is to unify the components of care through integration of services, facilitating relationships among individually strong departments and resulting in a coordinated care continuum that is quickly responsive to all of a patient's needs," according to Mr. Poll.

Attention also is being given to other administrative areas. As an example, Mr. Poll reiterated the truism that hospitals are "people-intensive," making human resource activities, by definition, one of Barnes' most critical areas. Barnes is in the process of putting in place improved systems at all levels and has helped departments develop productivity measures to provide bonus opportunities for departments and individuals who accomplish their missions more efficiently and effectively. Some benefits have been revamped and others, including such areas as child care and pension plans, are under study. New and innovative ways to strengthen communications with both active and retired employees are also being explored. "By establishing and administering systems which benefit both the employees and the hospital, we can

increase the quality of patient care while simultaneously making Barnes a better place to work," Mr. Poll said.

"Administrators in areas of ancillary services, facilities and materials flow will continue their focus on improving services, environment and support as cost-effectively as possible in order that each patient receiving care is assured of getting full value from Barnes," he added.

Staff departments charged with corporate communications and consisting of planning, marketing and public relations, will continue to report directly to the president, with a goal of integrating the functions so that they are complementary and best serve the needs of the hospital in an ever-increasingly competitive environment.

Other specific details of the reorganization will be announced this month, but Mr. Poll summed up his overall philosophy: "Our goal in reorganizing is to have a responsive administrative system that encourages the best in each employee as we provide care and services, and rewards employees for jobs well done. We believe our future success will depend on how well we accomplish this. Barnes is only as good as our employees make it."

Board allocates funds for heart devices

Barnes' board of directors has approved a \$400,000 allocation of funds for the purchase of equipment and training of personnel to expand the cardiothoracic surgery division to include use of a new air-driven ventricular assist device as an intermediary measure and the artificial heart as a bridge to transplantation. The devices will be used only as temporary measures to support a patient's natural heart until sufficient recovery or to temporarily sustain a heart transplant candidate whose own heart irreparably fails before a suitable human donor heart is located.

"The artificial heart has received a lot of attention in the last few years and not necessarily in the best sense," says Dr. James L. Cox, Barnes cardiothoracic surgeon-in-chief. "We believe its most important contribution at this point is only as a temporary device to sustain an identified heart transplant candidate whose own heart fails before a suitable human donor heart becomes available. This is the only situation in which the artificial heart will be used at Barnes Hospital and it will benefit a very select patient group under stringent guidelines.

"The ventricular assist device (VAD) right now appears to offer the most promising assistance to a greater number of cardiothoracic surgery patients and will always be the first choice if there is any chance that the natural heart will recover. The VAD does not require replacement of the patient's heart, but improves blood flow to the body during a limited period of time while the heart recovers. When possible, augmenting the natural heart in such a way is always preferable to replacing it with an artificial device."

(Continued on page 2)

Front cover: Youngsters enjoy the new playground equipment in Hudlin Park, immediately south of the hospital. Barnes maintains the park, which features tennis and racquetball courts, jogging paths and the playground.

Heart devices

(Continued from page 1)

According to Dr. Cox, approximately 1,000 patients undergo corrective open-heart surgery at Barnes each year; a small percentage of these have difficulty being weaned from the heart-lung machine. It is this group of patients who require VAD assistance.

The VAD, the size of a small fist, diverts blood from the damaged heart chamber into a small reservoir and pumps that blood back into the arteries to sustain vital organs such as the brain, liver and kidneys. The temporary device may be used for up to three weeks and remains outside the body, connected by special catheters. The air-driven pump Barnes is acquiring has a gentler pumping mechanism than earlier models and is less traumatic to blood cells. It also may be used as a temporary, assistive bridge to transplant in tandem with the patient's own heart.

While the VAD is expected to benefit a specific group of patients requiring assistance, the artificial heart will be used only in dire emergency cases when death is imminent. The only candidates eligible to receive the device are patients who have already met the established criteria for heart transplantation (age, poor cardiac prognosis, healthy non-cardiac functions, emotional stability, medical cooperation and ability to follow a complex post-operative medication regimen) and whose condition has deteriorated to a point where death is imminent without immediate transplantation.

The artificial heart, a Jarvik-7 model, is a polyurethane, air-driven pump connected to an external power source by two lines above the patient's abdomen. It is available in a standard size suitable for most adults.

Patients implanted with the device would be expected to receive priority status on the national organ retrieval network, keeping artificial implant time at a minimum. Barnes' central location allows an almost unlimited retrieval range in the United States, increasing the likelihood that time on the artificial heart would be minimal.

Barnes personnel—including surgeons, anesthesiologists, perfusionists, operating room and intensive care unit nurses—are expected to begin training with VADs at the hospital within the next four to six weeks. The staff will travel to Salt Lake City, Utah, in late fall for training with the artificial heart.

Award ceremony honors 73 junior volunteers

More than 70 junior volunteers were honored for their service to Barnes at an awards ceremony August 14 in Wohl Auditorium. The JVs have donated more than 7,400 hours of service to date during 1986 in 21 departments throughout the hospital, including plant engineering, central service, home health and education and training.

During the awards ceremony, each JV received a service bar representing length of service. A total of 49 JVs completed their first summer of service, 17 their second year, six their third year, and one, Renita Perry, her fourth year. In addition, 16 junior volunteers were awarded 100-hour pins, while three—Amy Baer, Kisha Fulton and Meredith Walker—were honored with red and white striped caps marking 300 hours. Three-year volunteer Joe Doerhoff received a tie bar signifying 700 hours of service.

Pre-admission testing saves time, money

The healthcare revolution of the 1980s is changing traditional thinking within and about hospitals. As healthcare facilities streamline services to meet new demands, changes are being made in virtually every dimension of care, from outpatient surgery and home health care to shortened maternity stays and—most recently—pre-admission testing.

Hospital costs and time away from home and work are concerns of every patient and Barnes' new pre-admission testing program seeks to address those concerns. In the past, patients who required surgery were admitted to the hospital at least one day before their scheduled operations to undergo necessary tests. Today, healthcare providers realize that most otherwise healthy people requiring, for example, surgical repair of a hernia or deviated septum, do not want or need to be hospitalized prior to surgery.

The goal of pre-admission testing is to enhance convenience while reducing costs. Patients using the pre-admission testing program save more than \$200 by eliminating an unnecessary overnight expense. The program enables patients to undergo preliminary tests on an outpatient basis up to seven days before surgery.

Through the program, pre-admission nurses in the admitting department assist patients with completing insurance, permission and anesthesiology forms, answer questions and help with tests, which may include blood tests, urinalysis, electrocardiograms, x-rays and other procedures by the patients' doctors. The pre-admission testing process is normally completed within two hours and sessions may be scheduled between 10 a.m. and 7 p.m. weekdays. Patients report directly to the admitting department, where most routine tests are available.

Out-of-town patients and others who cannot visit the hospital for pre-admission testing during the week before surgery may opt for Barnes' same day admission program, which offers the required admission procedures early on the morning of scheduled surgery. Upon completion of necessary forms and tests, same day surgery patients are escorted to the operating room area or to their assigned rooms, depending upon the time of the surgery.

Patients in the pre-admission testing and same day surgery programs receive a phone call from a pre-admitting nurse the night before surgery (or Friday evening for Monday surgery). The nurse answers any last minute questions and gives instructions about eating restrictions and any other special preparations for surgery.

For more information about the programs, call Barnes admitting department at (314) 362-4242.

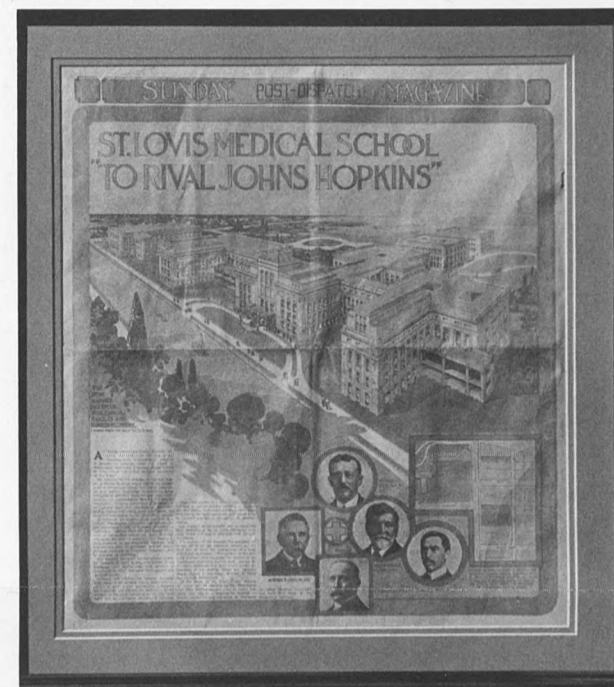
Conference to celebrate social work anniversary

A one-day conference focusing on health care policy will mark the 75th anniversary of the founding of the social work departments of Barnes and Children's Hospitals. The seminar will be held Friday, September 19, beginning at 9 a.m. in Cori Auditorium at WUMS. A reception and dinner will follow. The conference is open to the medical and hospital staffs, social work students, and all past and current social workers at Barnes and Children's.

The conference will feature health policy ana-

lyst Emily Friedman as the main speaker addressing "The Future of Healthcare: Three Quests for a Policy." Respondents include former Barnes social work director Evelyn Bonander who now is social work director at Massachusetts General Hospital, Barnes physician Dr. J. William Campbell, and director of WUMS health administration and planning program James O. Hepner. Discussion of current programs and a historical overview will be followed by tours of the hospitals.

The Barnes and Children's social work departments began in 1911 as a single department, one of the first in the country. At that time, hospital social service centered upon the needs of sick children. Reorganized throughout the years to meet increasing demands, the social work department remained a single unit until 1972 when Barnes and Children's Hospital established separate entities to better serve the needs of each facility's patients.



This February 25, 1912, Post-Dispatch news clipping was recently donated to Barnes Hospital by Frances Craine.

Newspaper packing yields historical legacy

When St. Louis resident Frances Craine began to dismantle the wooden chest that had been in the family's attic for many years, she didn't expect to find much of interest. But she stumbled across a bit of history that seemed to bear a sense of prophecy: A February 25, 1912, edition of the *St. Louis Post-Dispatch*, tucked neatly into the lining of the chest as padding, proclaimed plans for a St. Louis medical center to "rival Johns Hopkins" and illustrated an artist's rendition of Barnes Hospital.

Mrs. Craine sent the full-page, color clipping to Barnes, in the hopes that "this will find a special place in your memorabilia." The article has been preserved and framed, and now hangs in the office of the hospital president.

Barnes' commitment to fulfill the 1912 prophecy is evident in surveys conducted over the last 20 years that consistently rank Barnes as one of the top hospitals in the country. In addition, Barnes is featured in a recent book by physician-historian Dr. Kenneth Ludmerer that chronicles the history of medical education and the teaching hospital in the U.S. The book, nominated for a Pulitzer Prize in history, refers to Barnes as leading the "second epoch in American medical education" in the tradition of the Johns Hopkins institutions.

"Health Matters" series moves to Channel 5

Barnes doctors and healthcare professionals will take their expertise to the airwaves this year when the 1986-87 season of "Health Matters" premieres on KSDK-TV, Channel 5, beginning October 11. Barnes Hospital is sponsoring the informational program, which will air Saturday evenings at 5 p.m.

"Health Matters," produced by MedStar Communications of Allentown, Pennsylvania, is a 30-minute educational program focusing on current healthcare topics such as Alzheimers' disease, sports injuries and weight loss. Each of the 22 segments features a 15-minute documentary presentation followed by a 15-minute panel discussion with doctors and healthcare experts from Barnes Hospital. Channel 5 medical reporter Tom O'Neal will host the program.

Upcoming program topics include stroke and stroke rehabilitation, arthritis, seizures, back pain, being female and being athletic, brain surgery, cancers which affect women and caring for the terminally ill.

In past years, "Health Matters" was sponsored by several institutions at Washington University Medical Center, including Barnes, and appeared on KETC-TV, Channel 9, the local public broadcasting system station. Repeat segments of the 1985-86 season will air on Channel 9 through September 27.

Mammography tests offer look into future

Technology that can detect breast lumps two to three years before they can be felt is available to women at a reduced charge through a mammography outreach program sponsored by Barnes and Mallinckrodt Institute of Radiology (MIR). The program, which began August 11, offers mammography screenings for asymptomatic women for \$50, a savings of more than 50 percent over current mammography charges. (Women with symptoms, such as a palpable mass, will receive a physical exam and radiology report at the time of the mammogram and the special \$50 fee will not apply.) Free information and instruction in breast self-examination also is available.

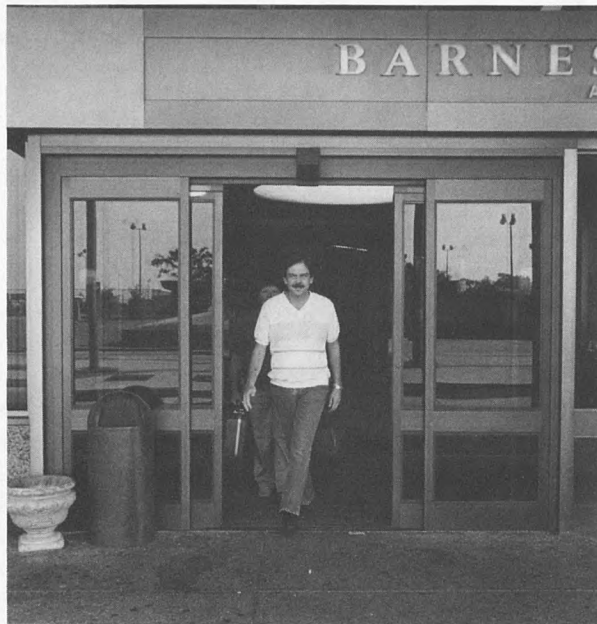
A mammography is a low-dose x-ray of the breast that figures prominently in the early detection and treatment of breast cancer. "A mammography can detect a growth long before a mass can be felt," says Dr. Ronald G. Evens, Barnes radiologist-in-chief and director of MIR. "The cure for breast cancer when detected at that early stage jumps from less than 50 percent to greater than 90 percent. Through the outreach program, we hope to make mammography more easily accessible and affordable for all women in the St. Louis area."

The American Cancer Society (ACS) recommends that all women age 35 to 40 receive a base-line mammography, followed by bi-annual screenings between 40 and 50 years of age. After age 50, the ACS recommends annual mammograms. Women age 30 to 35 with a personal or family history of breast cancer also are advised to undergo mammography. The ACS estimates that only 13 percent of the 56 million women nationwide who should have mammograms receive the screening.

The mammography outreach program is being conducted through Barnes Health Education and Screening Center (HESC), located on the ground floor of the main East/West Pavilion

lobby, and MIR. Hours are 8:30 a.m. to 5 p.m. Monday through Friday, and 8:30 a.m. to noon Saturday. No appointment is necessary. Screening participants will be directed to MIR for the mammography procedure.

Corporate and business personnel unable to visit the hospital may receive mammography screenings through Barnes/Sutter Healthcare Downtown Center by appointment and through a new mobile unit operated by MIR. For more information about the mammography outreach program, call (314) 362-3535.



Michael Carey left Barnes just 18 days after his liver transplant.

Liver recipient sets short-stay record

If anyone had told Michael Carey four months ago that he would one day need a liver transplant, he probably would have laughed in disbelief. But, incredibly, what would have seemed like a bad joke became reality when Mr. Carey was diagnosed with liver cancer in June and a transplant became his only hope for a cure.

Mr. Carey, of Grafton, Illinois, underwent transplant surgery at Barnes July 21, ten days after being placed on the waiting list. The 36-year-old father of three had been diagnosed with primary cancer of the liver just one month before. He amazed his doctors from the start, spending only three days in the surgical intensive care unit following the 10-hour operation. He was discharged from Barnes August 8 less than three weeks after surgery, setting an 18-day record for liver transplant recipients. The average stay for a liver transplant is five to seven days in the unit and up to three months or more in the hospital.

Transplant surgeons Drs. M. Wayne Flye and Douglas W. Hanto attribute Mr. Carey's remarkable progress to his age and the health of his other systems. Many liver transplant candidates suffer from renal, vascular and other damage stemming from their liver disease. Mr. Carey's cancer was detected early, before such additional damage occurred.

Although the outlook is bright for the Careys now, they remember bleak days following the cancer diagnosis and the decision to pursue a transplant. Michael was quite depressed," recalls Mrs. Carey. "He was convinced that time was running out for him.

"One day, Dr. Flye called us at home to check on Michael and I mentioned his hopelessness. Dr. Flye assured Michael that his chances were excellent. He had such confidence that he even turned down two available livers because he wanted a perfect match for Michael. That was when we began to believe it all might work out. And, thankfully, it has."

Public invited to sinus treatment forum

Sinus sufferers who may have resigned themselves to the irritating symptoms of their disorders will have the opportunity to learn about the latest advances in nasal/sinus treatment at a free program open to the public October 1. The informal presentation will begin at 7 p.m. in Barnes' East Pavilion Auditorium on the first floor.

Dr. Stanley E. Thawley, otolaryngologist, will discuss nasal and sinus disorders such as polyps, chronic infection and other conditions, and will present information about the latest advances in treatment, including endoscopic surgery which offers surgeons improved visualization of the labyrinthine nasal/sinus passages.

The program will include slides and printed materials, as well as time for individual questions and answers. One of a series to be presented by Barnes physicians and surgeons, the program is designed to give interested persons an opportunity to explore options, learn about charges and insurance coverage, ask questions and hear about the latest advances available today—without the expense of an office visit.

Although there is no charge for the program, advance registration is required by calling (314) 362-5290. Free parking will be provided in the subsurface garage.

Wellness weekend beckons area women

Osteoporosis, cosmetic surgery and stress reduction are just a few of the topics to be addressed at "Women Only: The Image of Today," an educational conference focusing on women's health issues October 10-12. The conference, sponsored by the department of education and training and the Health Education and Screening Center, will be held at the hospital and will cover health-related issues, personal appearance and exercise, and individual health risk profiles.

Designed as a get-away weekend, the conference will run from Friday afternoon to Sunday. "Women Only" coordinators say the goal of the program is to promote personal involvement in health and wellness. "It is possible to effect very positive changes in our own lives," says Nancy Hesselbach, DET instructor. "We want to teach participants to assess their own needs and determine appropriate steps to change."

Barnes doctors, instructors, dietitians and therapists will present the educational programs. In addition, cosmetic sessions, exercise and relaxation activities, fashion consultations and color analysis will be featured.

"Women Only" will conclude Sunday afternoon with a health risk profile for each participant. The profile, based upon lifestyle, medical history and current blood pressure, glucose, cholesterol and triglyceride levels, evaluates an individual's health risk index and offers simple changes to reduce risk factors.

For information about fees or registration, call HESC at (314) 362-1390. Enrollment is limited to 50 participants. Overnight accommodations for participants who wish to spend the weekend may be arranged through Queeny Tower at 362-5301.

Of Sounds

Most of us take our sense of hearing for granted, paying little heed to the bits of flesh, bone and nerve endings that miraculously transform meaningless vibrations of air into extraordinary sounds of laughter, music and words. For those who live with a hearing impairment, though, the precious sounds of everyday life become a gift, usually muffled, often distorted, sometimes reduced to the crudest of noises.

The latest scientific, medical and surgical advances in otolaryngology and audiology are offering some form of restored hearing to more persons than ever before. It is estimated that approximately 10 percent of the U.S. population experiences some hearing impairment. Of these 20 to 25 million, about 250,000 are profoundly deaf.

To understand the loss of hearing and the avenues available to overcome that loss, one must first understand the normal hearing process. The ear is divided into outer, middle and inner sections. The outer ear, also called the pinna or auricle, is the visible portion of the ear that catches sound waves in the air and funnels them through the auditory canal, about one inch long and one-quarter inch wide, to the thin, tympanic membrane known as the eardrum.

Sound waves striking the eardrum are transmitted to the air-filled chamber of the middle

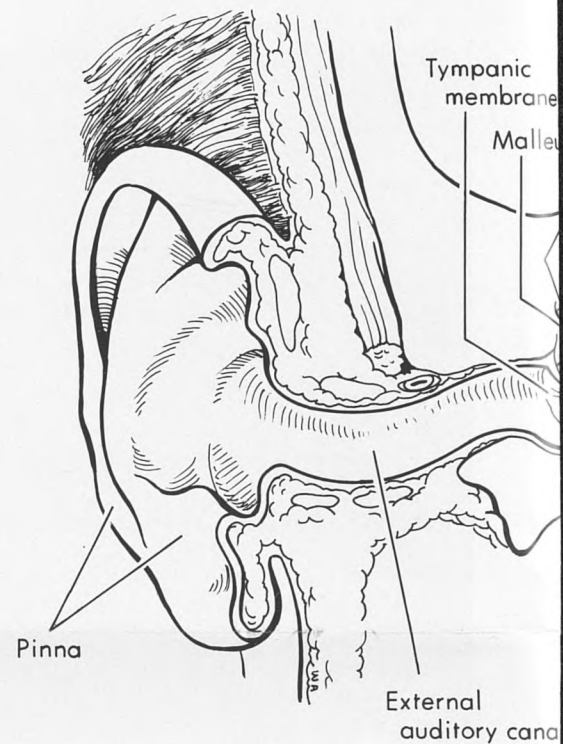
ear where three tiny bones—malleus, incus and stapes—amplify and transmit the vibrations to the structures of the inner ear. The middle ear also contains the opening of the eustachian tube, leading into the back of the throat, which equalizes pressure on both sides of the eardrum and allows fluid to drain from the middle ear.

The fluid-filled inner ear contains the labyrinth, which is the body's center of equilibrium, and the snail-shaped cochlea with its tiny hair cells tuned to vibrate at different frequencies. As the last bone of the middle ear, the stapes, strikes the oval window leading into the inner ear, the inner ear fluid moves and the resulting waves bend the sensitive cochlear hair cells, which activate nerve impulses sent through the auditory nerve to the brain. The brain interprets the impulses as meaningful sounds.

Interference with any part of the auditory system causes hearing impairment to some degree. Forms of hearing impairment are generally categorized as conductive—due to a mechanical failure in the outer or middle ear that prevents the proper transmission of sound waves—and sensorineural, caused by damage to the hair cells or nerve of the inner ear. While most conductive hearing loss can often be rectified, sensorineural loss is typically irreversible.

Conductive hearing loss can be brought on by something as simple as wax build-up. Other common sources are ruptured eardrums, which usually heal with minimal hearing loss, and middle ear infections. Middle ear infections occur commonly in children following colds or respiratory infections as fluid accumulates because of blocked eustachian tubes that are not fully developed. Conductive hearing loss also can be caused by congenital malformations in the outer or middle ear that often can be corrected surgically. Otosclerosis, a disease in which structures of the middle ear harden, also causes conductive hearing loss.

A sensorineural loss is characterized by normal mechanical transmission of sound with a breakdown of interpretation in the inner ear; nerve impulses are not transmitted to the brain for processing. Deterioration of the hair cells is a natural process of aging which commonly can be first detected by age 40. Natural deterioration of the cells can be compounded by prolonged exposure to excessive noise and federal guidelines now regulate the use of ear protection plugs in noisy working environments, including some industry and the military. Loud music and today's popular portable headsets also can contribute to hearing damage. Sensorineural loss also can be caused by viral and bacterial infections, and some ototoxic drugs.



Intricate structures of the ear transmit air vibrations to be converted into what we know as sound.

Overcoming Hearing Loss

Medical intervention is the solution for conductive losses caused by wax build-up or infection. An otolaryngologist can dislodge wax build-up, remove foreign objects and prescribe medication to combat infection.

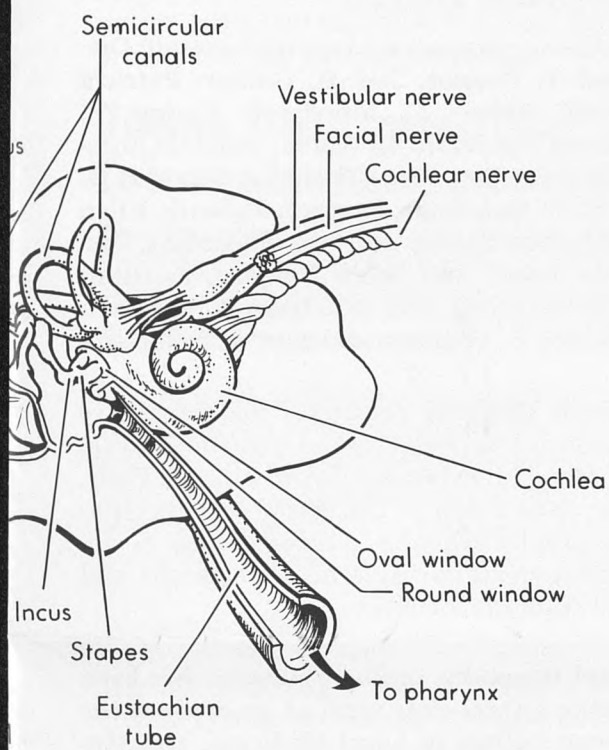
Surgical procedures may be the answer for many persons with congenital malformation of the outer or middle ear. Middle ear infections in children often can be reduced or eliminated with the insertion of tiny tubes to improve drainage until the eustachian tube fully develops. Otolaryngologists at Barnes can surgically rebuild or replace damaged middle ear bones and perforated eardrums for some patients.

Cochlear implants offer a new world of limited, rudimentary sound to many profoundly deaf persons today. Implanted during a surgical procedure, such devices utilize any residual hearing by amplifying sound within the ear and stimulating the nerve cells. The intracochlear devices are believed to offer the best results for severely deaf patients because of the proximity to the nerve cells; that same proximity, however, also can result in continued nerve damage. Extracochlear devices, implanted next to the round window in the middle ear, are usually implanted when bone growth or hardening within the cochlea prevents placement of an intracochlear device. Both types of cochlear implants are powered by small batteries and connected by wires and electrodes to an external receiver. Most cochlear implant recipients still



Special telephone transmitters available through the social work department enable hearing impaired patients at Barnes to communicate more easily. Sign language interpreters also are available on a 24-hour basis.

and Silence



verted to electrical impulses, processed by the brain, to produce

cannot distinguish speech, but are able to hear a horn honking, dog barking or phone ringing.

Middle ear implants are on the horizon for some three million hearing impaired persons who may benefit from electromagnetic stimulation of improperly functioning middle ear bones. The device, developed by Barnes otolaryngologist-in-chief Dr. John M. Fredrickson, will stimulate the bones to start a natural chain of sound wave transmission to the inner ear and brain. Clinical trials are expected to begin within the next three years.

Implantable bone conduction aids designed for those who can't be fitted with conventional hearing aids due to an improperly formed ear canal or ongoing drainage can be surgically attached to the mastoid section of the temporal bone in the skull. Conduction of sound waves through bone instead of air diminishes the quality of sound but enables improved hearing.

Conventional hearing aids worn behind or in the ear benefit patients with conductive or sensorineural hearing loss by amplifying the volume of sound input. Problems with such traditional aids have been distortion and feedback, but continuing improvements in design and sophistication of components have brought about marked improvements over the past several years.

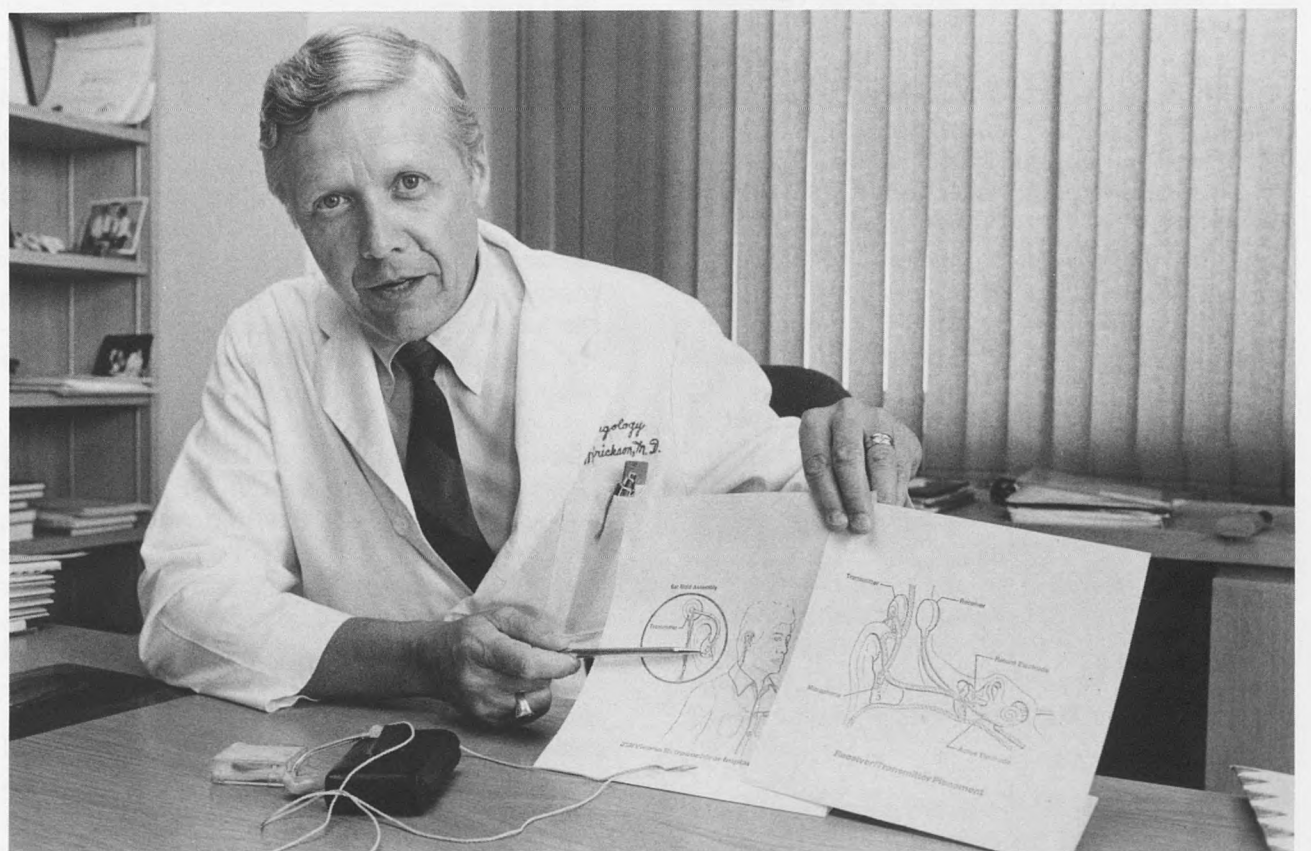
Other external assistive listening devices have been developed in recent years to make televi-

sion, telephones and theatrical productions more accessible to the hearing impaired. Infrared assistive devices attached to the loudspeaker of a television or amplifier convert acoustic signals to infrared light. The hearing impaired person wears a receiver that converts light signals back to amplified sound. Numerous assistive devices aid telephone communication for the hearing impaired, including simple amplifiers and electromagnetic acoustic converters. Vibrotactile devices attached to the skin also are available for profoundly deaf persons to use sound vibrations to better understand speech.

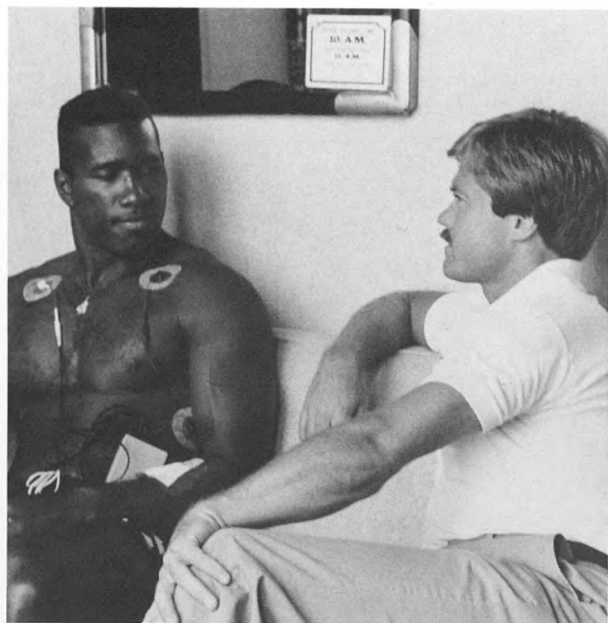
Aural rehabilitation is a vital component of hearing restoration that begins with sophisticated evaluation of impairment, careful selection of an aid and counseling about the reality of hearing expectations. Hearing impaired persons fitted with any type of hearing aid need instruction on how to properly clean or care for the device, and on other practical aspects. Aural rehabilitation further involves teaching strategies to better control the environment for more effective communication, formal speech reading (lip, facial movement and gesture) skills and auditory training to improve personal listening skills. The full range of aural rehabilitation services are available through the audiology department, which may be reached at (314) 362-7489.

To learn more about hearing impairment and devices available today for auditory assistance, attend one of Barnes/Washington University's free, half-day audiology seminars being offered November 7 and 8 from 8:30 a.m. to 1 p.m. at the hospital. The program topics include symptoms, evaluation and treatment of hearing loss, hearing aid selection and fitting, strategies to improve speech understanding, new assistive listening devices, implantable aids and living with impaired hearing.

Infrared assistive devices will be available during the seminars for those who request them at registration. A sign language interpreter also will be in attendance to translate for the profoundly deaf. Please call (314) 362-1390 for more information or to register. Free parking will be provided in Barnes' sub-surface garage immediately south of the hospital.



Dr. Fredrickson explains cochlear implant devices which offer restoration of rudimentary hearing to many profoundly deaf persons.



KTVI sports reporter Greg Gizinski interviewed St. Louis football Cardinals free agent fullback Eric Drain August 14 in his suite at Barnes Hospital. Mr. Drain, a rookie who played at Missouri, was experiencing cardiac arrhythmia caused by bruised heart muscle.

Media spotlight

As a national leader in patient care and medical research, Barnes serves as an information resource center. To date in 1986, more than 1,200 queries from broadcast and print media representatives have been made to the public relations department requesting that Barnes medical and professional staff explain current health care concerns and discoveries. Highlights of the media's coverage of Barnes during the last month include:

The elderly are among people most **susceptible to summer heat**, Joe Burke, emergency department administrative director, said during a July 10 interview on KMOX-AM. Dr. **Vernon Bolster**, medical director of Barnes/Sutter Healthcare Downtown Center, added that outdoor laborers also must take precautions. Dr. Bolster was interviewed the same day on KMOV-TV. Dr. **Harlan Grogin**, emergency department resident, gave general heat tips on July 11 on KTVI-TV.

Cancer patients "CanSurmount." A program which pairs former cancer victims with current hospital patients—dubbed CanSurmount—was depicted in the *Central West End Journal* July 16. Interviewed were Dr. **Gary A. Ratkin**, oncologist, **Lois Howland**, coordinator of the Cancer Information Center, and **Karen Greening**, social worker.

Additional government regulation of organ retrieval and transplant is not needed, Dr. **Charles B. Anderson**, general surgeon-in-chief and pioneer kidney transplant surgeon, said in interviews July 16 on KTVI-TV and July 17 in the *St. Louis Post-Dispatch*, *St. Louis Globe-Democrat*, and on KMOX-AM.

The **success rate of bone marrow transplants (BMT)** for leukemia patients has been steadily climbing, according to Dr. **Geoffrey P. Herzig**, director of the BMT center. Dr. Herzig answered questions July 17 on KSDK-TV about new techniques to alter donated bone marrow to reduce the chance of rejection.

Reconstructive techniques for burn victims were discussed on KPLR-TV's "Night Talk" July 19. Guests were Dr. **V. Leroy Young**, plastic and reconstructive surgeon, and patient Doug Freeman.

Home health services were outlined by **Lynne Davis**, director of the Barnes service, in a special July 21 healthcare issue of the *St. Louis Business Journal*. Ms. Davis said Barnes makes

more than 4,000 visits each month. **Kim Cherry**, coordinator of the hospital physician referral service, also was interviewed.

Treatment in the event of a radiation accident was the topic of a special report on KTVI-TV July 22 related to the transfer by rail through St. Louis of radioactive material. Reporter Lisa Allen interviewed **Joe Burke**, emergency department administrative director, and **John Eichling**, Ph.D., head of the radiation safety committee. One room of the emergency department is specially equipped to treat radiation victims.

Approval by the Food and Drug Administration of a monoclonal **anti-body drug** to prevent kidney transplant rejection prompted an interview on KTVI-TV with Dr. **M. Wayne Flye**, transplant surgeon who has participated in national clinical trials. The drug, Orthoclone OKT-3, can prevent rejection in a majority of difficult-to-treat cases.

A link between the taking of **estrogen after menopause** and a decreased risk of heart disease was explained by Dr. **Jacob Klein**, obstetrician/gynecologist, in a story by KSDK-TV's Tom O'Neal July 28.

The **value of home blood pressure monitoring** was evaluated in a report by KSDK-TV consumer reporter Nanette Baker on July 29. Dr. **Benico Barzilai**, cardiologist with the cardiac diagnostic laboratory, said users should check the accuracy of home readings by comparison in a doctor's office.

New endoscopic equipment that makes surgical treatment of chronic sinus infection possible as an outpatient was presented on KTVI-TV July 31. Dr. **Stanley E. Thawley**, an ear, nose and throat specialist, and patient Richard Evola invited the station's cameras into the operating room.

Nutritional "sins" including salt, sugar, alcohol and caffeine were discussed by **Linda Gobberdiel**, registered dietitian and president of the St. Louis Dietetics Association, on "Briefings," a KSDK-TV program, August 9.

ADRC hosts seminar for healthcare workers

Area healthcare professionals will have the opportunity to increase their knowledge of the diagnosis and management of Alzheimer's disease through a six-week program presented by the Alzheimer's Disease Research Center (ADRC). The ADRC, sponsored by Washington University School of Medicine's department of neurology and Barnes Hospital's Health Education and Screening Center, is dedicated to conducting research and disseminating information about Alzheimer's disease, a neurological disorder with no known cause or cure that affects an estimated two million Americans.

The upcoming program will be offered Tuesday afternoons beginning September 9 from 4 to 5 p.m. in Barnes' West Pavilion Auditorium on the tunnel level. Topics include the mysteries and myths of dementia, September 9; causes and mechanisms of dementia, September 16; memory functions, September 23; practical management techniques, September 30; practical management of social aspects, October 7, and legal issues, October 14. "Legal Issues" will be presented in Wohl Auditorium at the Barnes complex.

For more information or to register for a program segment, call (314) 362-2881.

Dr. William Catalona receives top AUA award

The American Urological Association (AUA) presented its prestigious Gold Cystoscope Award to Dr. William J. Catalona, Barnes urologic surgeon-in-chief, at the organization's 1986 scientific session. The Gold Cystoscope Award honors outstanding new urologists (those who have completed their residency education less than ten years before) for significant contributions to the field of urology.

Dr. Catalona, who joined the Barnes staff in 1976 and was named chief of urologic surgery in 1984, is the tenth urologist selected by the AUA to receive the award, established in 1977. The AUA represents some 6,000 international urologists.

Hospital notes

The following doctors are reported on staff: Drs. **Michael T. Connor**, **Joel B. Gunter**, **Patricia Hartwell**, **Robert C. Morrisson**, **George E. Romkema** and **David K. Winke**, assistant anesthesiologists; Drs. **Joyce Boehmer**, **David H.B. Cort**, **Faith Holcombe**, **James Lefkowitz**, **Ellen Li** and **Robert Steele**, assistant physicians; Drs. **Herbert Lepor** and **Ellen Shapiro**, assistant urologic surgeons; and Drs. **Dean K. Naritoku** and **Selden E. Spencer**, assistant neurologists.

Dr. **Keith Bridwell** presented his experience with Cotrel-Dubousset spinal instrumentation at the Third International Symposium in Paris, France, June 2 and 3. The spinal instrumentation is rapidly evolving to replace other posterior instrumentation systems for scoliosis and related spinal deformities.

Dr. **Saul Boyarsky**, urologic surgeon, has been elected to a three-year term as governor of the American College of Legal Medicine. The 350-member college represents most of the doctor-lawyers in the country.

Dr. **Gregorio Sicard**, vascular surgeon, presented two papers at the 14th world congress of the International Union of Angiology. Dr. Sicard discussed abdominal aortic aneurism and the role of early platelet deposition in predicting short-term patency of vascular grafts. In June, Dr. Sicard presented a paper to the Society for Vascular Surgery in New Orleans.

Barnes hosted the **Hospital Emergency Administration Radio (HEAR)** system conference/workshop August 28. HEAR provides the day-to-day communication among hospital emergency departments and emergency vehicles, and coordinates area disaster plans and drills.

Ilene G. Wittels has joined the staff of the Alzheimer's Disease Research Center as executive director. Ms. Wittels holds a bachelor's degree and a Ph.D. in psychology from Washington University.

Dr. **Saul Boyarsky**, urologic surgeon, has been reappointed as a member of the gastroenterology-urology devices review panel of the Food and Drug Administration (FDA). Dr. Boyarsky has served as a consultant to the FDA in a variety of capacities over the past 20 years.

Dr. **Alex P. Kaplan**, psychiatrist, was recently voted president-elect of the American College of Psychoanalysts. He also co-authored the lead article, titled "The Dying Psychotherapist," in the May, 1986, issue of *The American Journal of Psychiatry*.

Free course helps patients breathe easier

A free course on coping with chronic lung disease is being offered by Barnes Hospital for people with lung disease and their families. Classes will meet from 1:30 to 3:30 p.m. every Tuesday from September 9 to October 14 in the discharge waiting room on the ground floor of Barnes Hospital.

The course is designed to help people with emphysema, chronic bronchitis, asthma and bronchiectasis learn more about their disease and its treatments, improve their nutrition, develop a more positive self-image and reduce the need for hospitalization. Members of Barnes' respiratory care team will teach the classes, which include pulmonary hygiene, exercise, medications, diet and coping with obstructive lung disease.

For more information or to register for the course, call (314) 362-5214. Free parking will be provided in the subsurface garage.

Jonas fund provides for equipment purchase

The Jonathan Adam Jonas Cancer Research Fund has provided for the recent purchase of equipment to benefit ongoing cancer research in two areas.

The surgical pathology area expanded its cryo-storage space with the acquisition of a liquid nitrogen refrigerator for the preservation of biopsy tissue. Comparison of periodic biopsies over an extended time period may offer insights into why a patient's tumor resisted therapeutic treatment and may offer a new direction for continued therapy.

The ophthalmology area acquired a computerized system to measure visual evoked responses which test chemotherapy's toxic effects on the optic nerve. The research goal is to ensure the life of the retina during temporary retinal artery occlusion caused by some chemotherapy agents.

The Jonas fund was established in tribute to former cancer and BMT patient Jonathan Adam Jonas. Jonathan, 19, was instrumental in establishing the fund with his family shortly before his death in March, 1985. The purpose of the tribute fund is to further cancer research by supporting the purchase of equipment and materials. The cryogenic freezer and ophthalmology computer are the first purchases through the cancer research fund.

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BARNES HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

Gifts to Barnes Hospital Funds

Listed below are the names of persons (honorees in **boldface**) who have made contributions during the period August 1 through August 31 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.

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Jonathan Adam Jonas Cancer Research

IN TRIBUTE TO:
21st Birthday of Jonathan Adam Jonas
His parents and brothers

Jonathan Adam Jonas
Esther G. Jonas

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M/M Robert Greenberg

Nettie Jablonow
M/M Robert Greenberg

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Sally Librach
M/M Bruce Vittert

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IN HONOR OF:
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Ida Rose

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IN MEMORY OF:
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M/M Jerry Ruckman
Theresa K. Vasquez
M/M Eugene Voorhees

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IN MEMORY OF:
Sister of Charm Matthews
Mother, Rose
Zena Hellman

IN HONOR OF:
Boyers on her birthday
Zena Hellman

Wife, Elizabeth
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Mother of Jim Wolf
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Birthday of Lew Takach
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Father of Mrs. Mednikow
Father of Mr. Ashley Boguslaw
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Mac Mandel Renal Fund

IN MEMORY OF:
Mac Mandel
Charlotte Mandel

Barnes Cancer Fund

IN MEMORY OF:
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Rosemarie Dunn

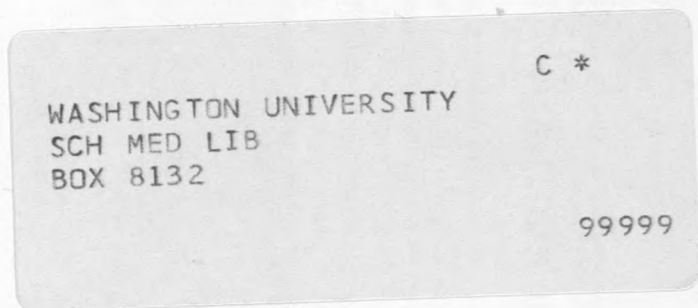


Up and Coming: Anna Ikeda-Tabor, Helen Russell and Mary Saum were among the more than 50 Barnes nurses and medical and orthopedic residents providing health services to 1986 Junior Olympic contenders August 4-9 at Washington University's Francis Field. The Junior Olympics attracted approximately 4,500 youngsters, age 9 through 18, from throughout the country.



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