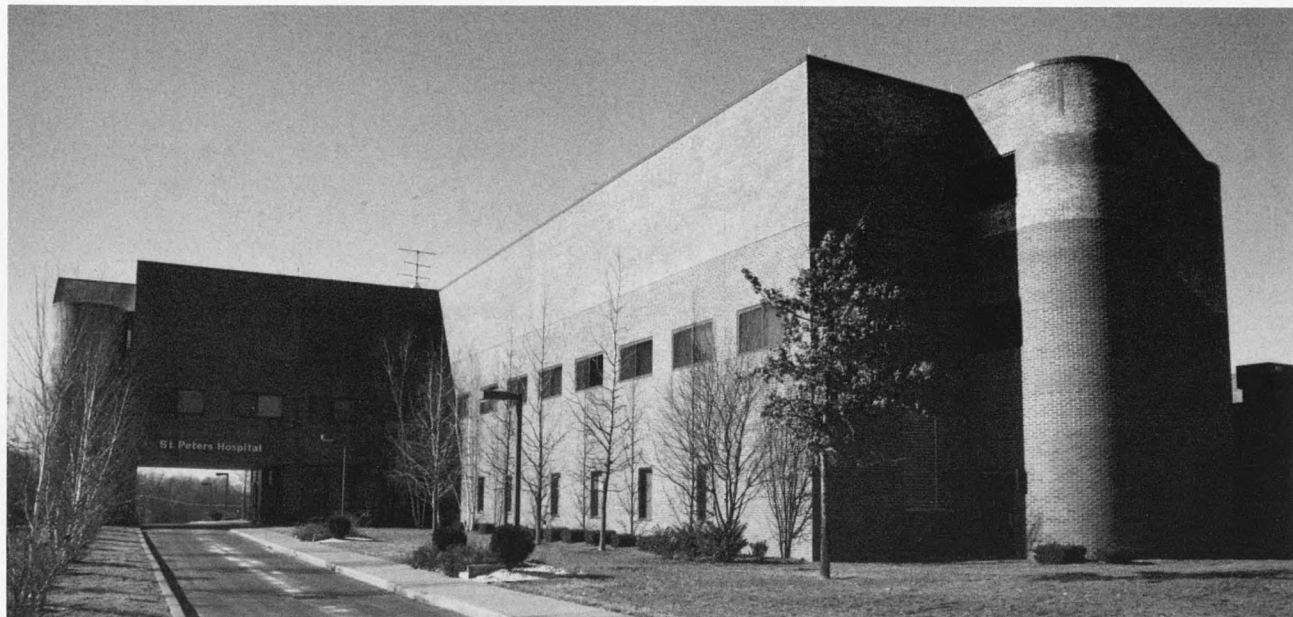


Bulletin

Barnes Hospital, St. Louis, Mo.
February 1988, Vol. 42, No. 2



The St. Peters Hospital complex, located in St. Charles, Missouri, includes the hospital and two medical office buildings. The hospital opened in 1980.

Barnes acquires St. Peters Hospital

Barnes has purchased 119-bed St. Peters Hospital in St. Charles County from HealthTrust, Inc., and will operate the community hospital as a separate corporation. Closing on the transaction was formalized January 29.

In addition to the hospital, two medical office buildings are included on the 21-acre site, which is located at 10 Hospital Drive, near the Cave Springs exit of Interstate 70.

Max Poll, Barnes president, said that the present management team at St. Peters would be retained and that the current medical staff will continue to provide service to patients. The medical staff bylaws of the St. Peters Hospital, including one that prohibits elective abortion, will also remain in effect.

Fred Woody, who has been at St. Peters since its opening in 1980, will continue as administrator. Other administrative staff include Elaine Piper, director of nursing; Randee Fendelman, controller, and Myra Sanders, personnel director. St. Peters employs approximately 400 staff members and has an active volunteer program of about 90 junior and adult volunteers. The medical staff consists of more than 200 doctors representing 30 medical and surgical specialties. The 24-hour emergency room is augmented by a lighted helicopter pad.

Employees and staff of both hospitals were informed of the purchase immediately preceding a news conference held at St. Peters Hospital. Mr. Woody said that the affiliation with Barnes will strengthen St. Peters' ability to provide quality health care as well as enhance relationships with one of the top ten hospitals in the United States.

In December, St. Peters opened a new obstetrics/gynecology wing which features "Suite Be-

Front cover: Social worker Lisa Jansen listens as a patient expresses his feelings about returning home after a recent kidney transplant. Established in 1910, the hospital's social work department currently assists more than 1,600 patients and their families each month. (See centerspread, pages 4 and 5.)

ginnings," a unique family-centered maternity service that allows labor, delivery, recovery and postpartum care all to take place in the privacy and comfort of the same room.

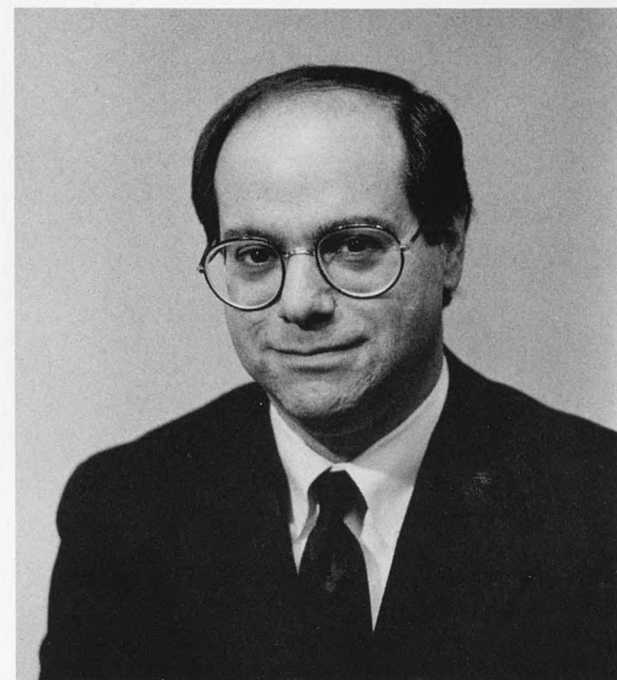
Other special programs at St. Peters include New Horizons, a treatment program for alcohol- and drug-dependent persons, which emphasizes outpatient follow-up after a short, intensive inpatient stay. Both New Horizons and St. Peters Stress Program are cooperative efforts of the hospital and the Stress Center of St. Charles County, and both have a staff that includes psychiatrists, psychologists, social workers, counselors, nurses and technicians.

St. Peters is the first hospital Barnes has acquired since adoption of a strategic plan in 1987 that calls for a broader coverage of services to local and regional healthcare markets, building a system that will provide a continuum of care for patients in outlying areas as well as in St. Louis.

William Behrendt named human resources VP

William M. Behrendt has been appointed vice-president for human resources at Barnes Hospital. Reporting directly to the executive vice-president, Mr. Behrendt is responsible for the administration of compensation and benefits, education and training, employee relations, employment, pastoral care, volunteers, the School of Nursing and graduate medical education.

Prior to joining Barnes' staff February 1, Mr. Behrendt served as the vice-president for recruitment and placement for Venture Stores, Inc., where he was responsible for all recruitment and placement, including an executive training program. Previously, he held the position of divisional vice-president for personnel administration for Venture. His duties included the administration of wage and salary, benefits, relocation and general office personnel policies and procedures. Prior to his years at Venture, Mr. Behrendt worked for The May Department Stores Co., where he served as director of executive development, director of strategic planning, director of consumer research, senior analyst and planning and research analyst.



William M. Behrendt, vice-president for human resources.

A graduate of Tulane University in New Orleans, Mr. Behrendt received his bachelor of science degree in psychology in 1972. He received his doctor of philosophy in clinical psychology from Washington University in 1978 and has extensive experience in training and training program evaluation, assessment and psychotherapy.

A resident of Chesterfield, Missouri, Mr. Behrendt and his wife, Susan, have two children.

Liver transplant spares new mother's life

When Cynthia Conrad developed flu-like symptoms late in her second pregnancy, she and her family assumed the illness would run its usual course. But a trip to the doctor revealed something much more serious—acute fatty liver disease, a rare complication of late pregnancy. The diagnosis initiated a whirlwind sequence of events that culminated in a history-making liver transplant at Barnes Hospital following a Caesarean delivery of a healthy son at St. Luke's Hospital.

Doctors here believe the transplant was the first performed anywhere to correct acute fatty liver disease of pregnancy, an accumulation of fat in the liver of unknown origin that eventually disrupts liver functions, and that can lead to liver failure in rare cases. It can be fatal if left untreated. The relationship of the disease to pregnancy is unknown, but the mortality rate is a sobering 50 percent, lowered from 80 percent in recent years.

Doctors credit coordinated teamwork between the two hospitals in helping to make the unprecedented transplant a success. Mrs. Conrad, a 35-year-old Ballwin resident, was first admitted to St. Luke's Hospital in west St. Louis County. Her obstetrician, Dr. Joseph Belew, performed an emergency Caesarean section when he detected vaginal fetal distress on December 10. Although the disease is often reversed after the underlying cause—in this case,

(continued on page 2)

Liver transplant

(continued from page 1)



Cynthia Conrad, escorted by her husband and daughter, was discharged January 8.

the pregnancy—is alleviated, Mrs. Conrad's liver continued to fail.

Doctors at St. Luke's contacted Barnes, the only hospital in the state to perform liver transplants, where liver specialist Dr. Marion Peters and transplant surgeon Dr. Douglas W. Hanto consulted on the case to coordinate tests necessary to determine the possibility of transplant. When her liver continued to deteriorate, Mrs. Conrad was transferred quickly to Barnes on December 11 and listed as a high priority candidate at the top of the national waiting list. Such patients have only a few days to live without a donor organ. Fortunately, the wait for a donor liver was short and within 36 hours of the transfer, the transplant team, led by Dr. Hanto, replaced the failing liver.

Ten days after the transplant—and just two days before Christmas—Mrs. Conrad was briefly reunited with the 6 lb., 7 oz., son she had never seen. Mrs. Conrad, her husband, Michael, and their 3½-year old daughter, Katie, invited the local media to attend the reunion to show their appreciation for and to heighten public awareness of the importance of organ donation.

"We want people to know what donating your organs means to somebody," said Mrs. Conrad. "That's the main reason we're sharing what happened to us. I wouldn't be here today if it weren't for that."

"Someone shared the gift with us," Mr. Conrad added. "That's the most important thing you can do for a person."

Mrs. Conrad's good health prior to the transplant and short duration of illness were key factors in her rapid recovery, said Dr. Hanto. Mrs. Conrad joined her family at home January 8.

New year heralds profit-sharing pay

The new year brought Barnes employees an extra paycheck reflecting 1987 profit-sharing pay. Distributed in late January, the check represented four percent of individual annual wage earnings, and marked the fourth straight year that Barnes employees received profit-sharing benefits reflecting the hospital's financial position. In past years, the profit-sharing formula equaled three percent of annual earnings, but a change in the overall profit-sharing formula increased that compensation portion by one percent.

"The key element of this profit-sharing pay is 'sharing,'" said hospital president Max Poll. "Employees put extra effort into the cost-saving measures implemented throughout the year, as well as into building volume through outstanding services. It is only fitting that the hospital reinvest in its staff, and that each employee share in the rewards of those efforts. The incentive pay reflects difficult choices, hard work and considerable sacrifice over the past months. The efforts have proven successful, and I am confident that we will strengthen our hospital's position in order to continue to provide superb care to patients."

In addition to the overall profit-sharing pay, employees in departments which reached 1987 productivity goals will receive an additional productivity payment, equaling up to two percent of annual wages.



Cy Woodrome, executive director of ARCH, (right) meets with Barnes' liaison Ken Hetlage, associate vice-president.

Cyril Woodrome named ARCH executive director

Cyril Woodrome has been appointed executive director of ARCH, Area Rescue Consortium of Hospitals, Inc., the regional helicopter ambulance service offered by St. Louis' three adult Level I trauma centers: Barnes Hospital, St. John's Mercy Medical Center and The University Hospital. Formerly an instructor with Barnes' department of education and training, Mr. Woodrome serves as chief administrative officer of the newly-formed ARCH.

As executive director, Mr. Woodrome is responsible for overseeing day-to-day operations, marketing and subcontracted functions performed by member hospitals. These functions include financial operations, personnel management and dispatch services. He serves as a liaison with St. Louis Helicopter Airways, Inc., the vendor supplying ARCH helicopters and pilots, and ARCH's medical advisory board, on which each member hospital has a representative, and reports to ARCH's board of directors. The ARCH administrative offices are located at 8401 Hanley Industrial Court along with the Abbott Ambulance Service, which handles dispatch services for ARCH.

With Barnes' department of education and training, Mr. Woodrome was responsible for facilitation, consultation and training to promote and support the organization's mission and values. Mr. Woodrome joined Barnes' staff as a registered nurse in cardiothoracic surgery in 1984, prior to which he served as a nurse assistant in the telemetry step-down unit at Missouri Baptist Hospital.

A graduate of Eastern Illinois University in Charleston, Mr. Woodrome received his bachelor of science degree in zoology in 1980. A registered nurse, he received his associate of arts degree in nursing from Maryville College in 1984. Mr. Woodrome is currently pursuing a master's degree in human resource development and health services management at Webster University.

Employee retirements

Five long-term employees retired recently with a combined total of 145 years of service to the hospital. Edna Poilet and Lettie Smith, nursing service; Bea Anderson, central service; Frankie McCree, operating rooms, and Dorothy Wilton, medical records, each received a certificate of appreciation from Barnes president Max Poll at receptions in their honor.

Mrs. Poilet, unit aide, began her tenure at Barnes 22 years ago on the neurosurgery division and worked most recently in the emergency department. "I've seen many changes. In fact, I was the first to escort a patient by wheelchair to the East Pavilion on the day it opened in the early 1970s," she remembers. Mrs. Poilet, who has nine children, 12 grandchildren and one great-grandchild, plans to travel and learn some new recipes for her favorite foods—fish and chicken.



Mrs. Smith, nurse assistant, spent every one of her 30 years at Barnes in the labor and delivery area. "I thank God that I walked into Barnes in 1957. Each day has been a blessing, and those I've worked with have been wonderful!" she says. Mrs. Smith, the mother of five, looks forward to spending relaxing vacations with her husband, who is also retired, this summer. She also plans to do some volunteer work for the hospital.



Mrs. Anderson's 30-year tenure with Barnes was also spent in the same department—central service. She remembers the hospital before the Queeny Tower and East/West Pavilion additions: "The face of the Barnes complex certainly has changed over the years." Mrs. Anderson has travel plans for her retirement, but only after a little rest and relaxation. Two of her five children live in Chicago as does one of her seven grandchildren, so the Windy City may become a second home, she says.



Mrs. McCree, operating room technician, started working at Barnes in 1957 as a nurse assistant and retired from the instrument room of the operating rooms. "I don't know where I haven't worked in this hospital! I've worked psychiatry, eye and ENT, but plastic surgery was my home for 25 years," she says. Mrs. McCree, who plans to travel and do



volunteer work, promises to visit her many friends at Barnes. She has four daughters.

Miss Wilton began her tenure at Barnes 33 years ago in the medical records department of the original Barnard complex at Theresa and Washington Avenues. She remembers well the complicated move to the medical school complex, which she helped to coordinate. Her plans are for relaxation and travel, including trips to Florida and Arizona to visit a cousin. She also plans to stay active in church activities. "My minister always has something going on!"



Robert C. West resigns from board of directors

Robert C. West, chairman of the board and chief executive officer of the Sverdrup Corporation, has resigned from Barnes Hospital's board of directors.

Mr. West, elected to the board in April 1981, served as chairman of the buildings and equipment committee and as vice-chairman of the board. He was also a member of the board operations, by-laws and executive committees.

Chairmanship of the buildings and equipment committee has been assumed by board member Robert R. Hermann, Sr., president of the Hermann Corporation. Vice-chairmanship of the board has not yet been filled.

Monthly series offered on impotency treatment

Male impotency—its causes, treatments and cures—is the subject of a monthly series of free, informal discussions hosted by Dr. John Daniels, male diagnostic specialist, at Barnes Hospital.

Each program includes slides and printed materials as well as a time for individual questions and answers.

Launched in February, the program offers presentations on the first Tuesday of each month. The next discussion is scheduled for March 1 at 7 p.m. Free parking is available in Barnes' sub-surface garage. Attendance is limited to allow time for ample discussion, so advance registration is required. Call (314) 362-5100.

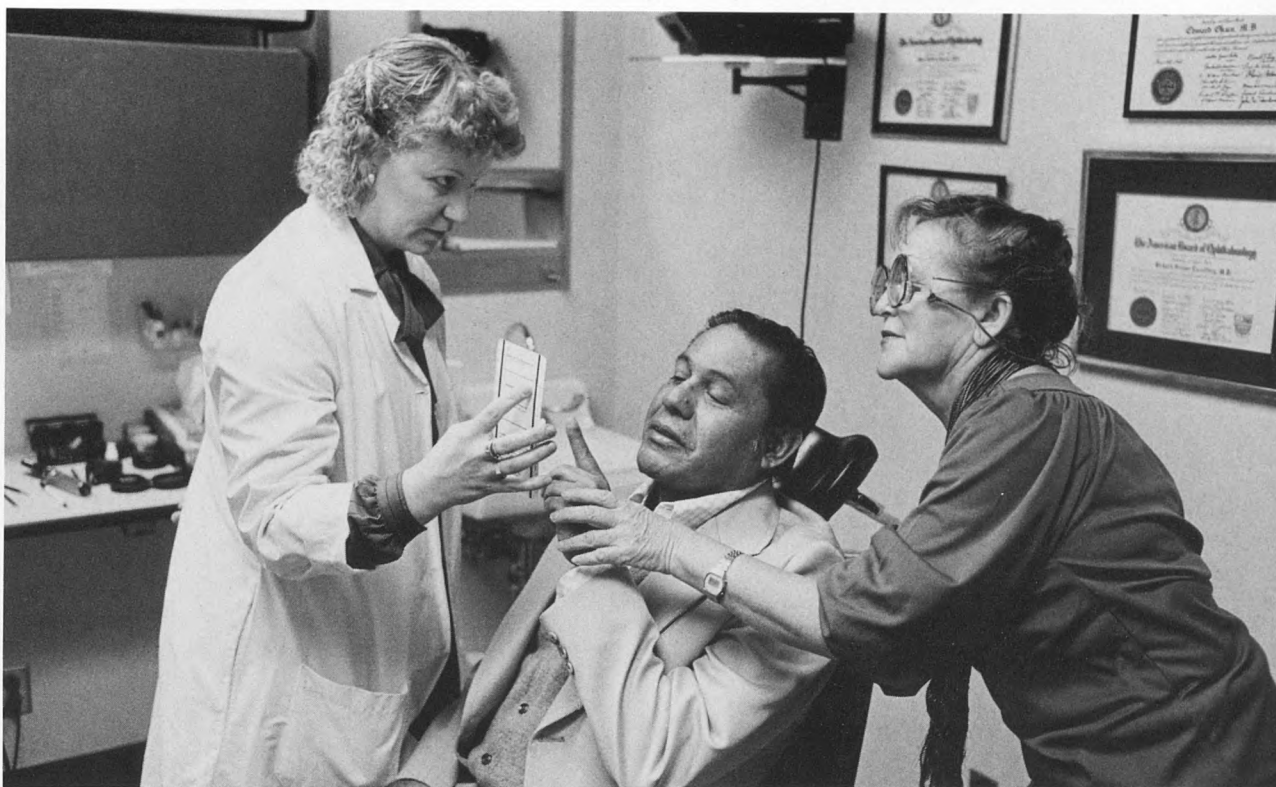
Community calendar

Wednesday, February 17

Research in Diabetes, another in a free series of monthly lectures on diabetes presented by Barnes healthcare professionals, will be held at 7 p.m. at the Belleville Area College in Belleville, Illinois. Dr. David Scharp, general surgeon, will be the speaker. For more information, call (314) 362-1390.

Wednesday, February 24

Schizophrenia will be the topic of this month's free "Ask the Doctor" seminar at 7 p.m. in the East Pavilion Auditorium of Barnes Hospital. Dr. Terry Early, psychiatrist, will conduct the informal program that includes audiovisuals, printed materials and a question-and-answer period. Registration is required; call (314) 362-5290.



Sra. Vidal serves as an interpreter during a recent check-up in Dr. Grand's office.

Partial sight restored for Mexican professor

It wasn't an ideal situation to test her knowledge of the English language, but Bertha Serano de Vidal of Yucatan, Mexico, couldn't have been more pleased with the results of a recent trip to St. Louis with her husband, Alfredo.

A diabetic, Sr. Vidal lost the vision in his right eye years ago, and recently lost the vision in his left eye due to severe proliferative diabetic retinopathy with retinal detachment.

Proliferative diabetic retinopathy is marked by the growth of new, abnormal blood vessels over the inner surface of the retina that may extend into the vitreous, the clear transparent jelly that fills the eyeball behind the lens. The vessels frequently bleed into the vitreous, blocking light from reaching the retina and causing vision to become cloudy. Connective tissue grows along with these vessels, causing additional distortion of vision. This tissue can shrink with time, pulling the retina and causing retinal detachment. A vitrectomy was recommended by Sr. Vidal's ophthalmologist in Mexico City.

A friend of the Vidal family, who had been through the procedure, performed by Barnes ophthalmologist Dr. Gilbert Grand, referred the Vidals to Dr. Grand's office in the Barnes Hospital complex—a long way from Merida, Yucatan.

Just weeks after the loss of sight in his left eye, Sr. Vidal and his wife met with Dr. Grand in early January. Sr. Vidal speaks no English, and Dr. Grand speaks only enough Spanish to instruct the patient in the eye exam or during surgery, so communication often depended upon Sra. Vidal's ability to speak the language. In Mexico, she teaches many subjects, including English and typing, to teenage students.

"Vitrectomy is still a relatively new operation done by retinal surgeons. The procedure dates back to the early 1970s and has been performed at Barnes since 1972," said Dr. Grand.

"In the procedure, Sr. Vidal's vitreous jelly, clouded by blood, was removed and replaced with clear fluid, and the blood vessels were cauterized to prevent future bleeding. Scar tissue was then cut away from the retina, and holes in the retina were sealed. A gas bubble was used to fill the vitreous cavity, holding the retina in place to heal," he explained. Sr. Vidal was dis-

charged the day after surgery, but he and Sra. Vidal remained in St. Louis, living with a local family, during his recuperation.

One week after surgery, a check-up revealed Sr. Vidal's ability to see light, shadows and major objects from his left eye. "Once the gas bubble resorbs, it is possible that Sr. Vidal will be able to read again," said Dr. Grand. His right eye, Dr. Grand has determined, is inoperable, but prescribed medication offers relief from discomfort.

When asked about his care and treatment, Sr. Vidal responded through his wife, "Marvelous!" "Our family will be so happy," Sra. Vidal added. The Vidals have two daughters and one son.

"We pray that God bless all who have helped us. We have met so many wonderful people here. The whole experience has been like a dream come true for us," said Sra. Vidal.

Hospital notes

The following doctors are reported on staff: Drs. **Richard S. Hotchkiss** and **Alex K. Mills**, assistant anesthesiologists; Dr. **Larry R. Kaiser**, assistant cardiothoracic surgeon; Dr. **Sharon Tiefenbrunn**, assistant dermatologist; Dr. **William F. Hickey**, associate pathologist; Drs. **Dennis M. Cassidy** and **Leslie E. Kahl**, assistant physicians, and Drs. **Mary V. Marx** and **Andrea H. McGuire**, assistant radiologists.

Dr. **Jack Hartstein**, ophthalmologist, has been elected president of the American Society of Contemporary Ophthalmology for 1988.

Dr. **Marvin Levin**, internist specializing in diabetes treatment, has co-edited the fourth edition of *The Diabetic Foot*. Barnes contributors include Drs. **Charles Anderson**, general surgeon-in-chief; **Louis Gilula**, **David Hardy** and **Daniel Picus**, radiologists; **Vilray Blair, III**, orthopedic surgeon; **Gregario Sicard** and **Willard Walker**, general surgeons; and registered nurse **Dolores Drury**.

Dr. **Jack Kayes**, ophthalmologist, has been sworn in as president of the St. Louis Metropolitan Medical Society.

Sara Schmeer, burn center social worker, will present "An Outreach Burn Prevention Program for Home Care Patients" at the American Burn Association Conference next month in Seattle, Washington. The paper focuses on home care as a means of distributing smoke alarms.

SOCIAL W

"Seeing those heart transplant patients out there, alive, hitting softballs and returning to jobs is the most rewarding work I've done in years of social work."

—Darlene Judd, social worker

“When you say ‘social work,’ people tend to automatically think of state welfare workers, who deal only with the financial concerns of the economically underprivileged. Financial concerns, however, are only a small part of the social work profession and an even smaller part of medical social work,” explains Carol Palmer, director of Barnes’ social work department.

“As medical social workers, we are concerned with how the total environment impacts the functional ability of a patient and his or her family. As trained professionals, we focus on helping the patient maintain emotional balance in order to achieve the best possible benefits from his or her healthcare treatment.”

Barnes’ social work staff members hold a bachelor’s or master’s degree in social work and are trained to identify and treat psychosocial problems that accompany specific illnesses. The 37-member department assists more than 1,600 patients each month through its clinical social work services, which include admission planning, community resource direction, counseling, crisis intervention, discharge planning, assurance of continuity of care and provision of support group systems for both patients and staff.

In addition to direct patient services, the department coordinates administration and operation of the Auxiliary-supported Barnes Lodge, a low-cost lodging facility just south of the hospital for outpatients and their families or for the families of long-stay hospital patients,

and sponsors a program of services for the hearing impaired, which includes specialized equipment and the assignment of interpreters, to provide hearing-impaired patients with full information about their care.

Social work services are offered in every specialty area of Barnes Hospital, including general surgery, obstetrics, gynecology, radiation oncology, plastic surgery, neurology, neurosurgery, orthopedics and renal medicine. Transplant services, all intensive care units and outpatient clinics related to inpatient specialties are covered as well, and the social workers’ jobs can be as specialized as the services they represent. Much more than financial intermediaries, social workers can clarify concerns, calm fears, provide alternative resources and pave the way for the fullest recovery possible. Medical social work is, perhaps, best understood by those who have devoted their lives to acting as resourceful liaisons for patients and families in medical crisis, who share, to some extent, the often painful struggle to acceptance and recovery.

“When I first introduce myself to the family members of a burn patient, they are often skeptical and don’t think they need a social worker. They don’t realize their son, daughter or spouse is going to need special care for a long time. I help the family gain a long-range perspective. Many of our patients are from out of town. They can’t sleep in the waiting room forever and may need affordable long-term housing near the hospital.

“Burn patients require painful therapy, and the family members may initially resent the care being given. I do a lot of clarifying to help them understand the patient’s treatment—explain that moving limbs is crucial to recovery. Otherwise, the skin may tighten over joints and become immobile. I’m not the one giving direct care to the patient and can act as an intermediary.

“After their discharge, burn patients often experience frustration. I coordinate the activities of a support group we call ‘Dealing with Feelings’ that answers questions like ‘Will I be scarred forever?’ Family members attend the meetings, too, and the interaction helps bring them closer together again.”

—Sara Schmeer,
burn center

“A heart attack, like any other serious illness, is a significant life crisis. This crisis can be intensified if it happens to an individual when he or she is experiencing other crisis situations—financial problems, divorce, etc.

“When such a crisis hits, people often feel a sense of loss of control in their lives. They may feel like ‘victims.’ This type of thinking and a feeling of powerlessness can immobilize a person.



Geriatric psychiatry staff members (from left) Patricia Stockdale, social worker, and Rita Wellinghoff, registered nurse, evaluate a patient’s ability to return to independent living.



A patient discusses his helicopter transport from Carle, Illinois, to Barnes Hospital with social worker Anne Harter.

WORK

"I first encourage the patient and family to speak with their physician to determine what possible limitations the patient may be facing. If the lifestyle must be altered, my goal is to help both the patient and family through the initial grieving process and then to help them cope with the illness—and the subsequent limitations it may impose—by calling upon their own coping strengths and abilities. I then assess other support systems like family members, friends, support groups and community resources to meet their particular needs."

—Anne Harter,
cardiology

"My role as a member of the transplant team begins with the social evaluation of the patient to receive a transplant. Next, I try to help the patient cope with the waiting for a transplant, which is very stressful."

"After the transplants, these patients may need counseling to cope with some very unfamiliar feelings. They all feel a degree of guilt about the donor's death. They want to know if their new heart will 'shake loose.' I let them know that these are all very common feelings. Within days of the transplant, these patients can usually be discharged to begin new lives. It's very exciting!"

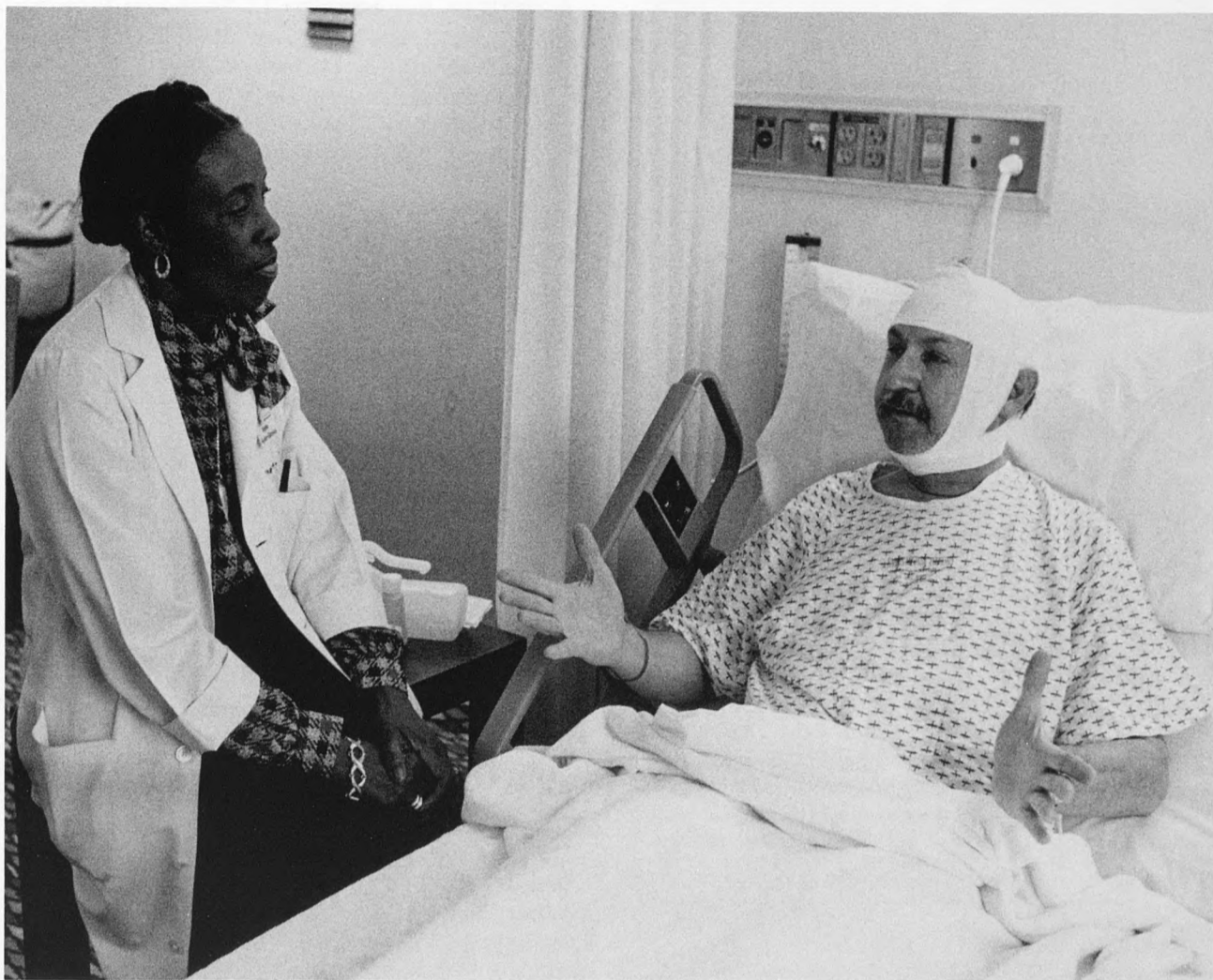
—Darlene Judd,
Heart Transplant
Association

"Elderly people may experience many losses in their lives—the death of a loved one, the loss of a job due to retirement or disability. On the geriatric psychiatry unit, we work with patients who are most often experiencing depression, which can diminish self-esteem and self-worth. As a social worker, I make an evaluation that takes into account the patients' environments at home—their support systems, their resources—and see how I can pull things together for them to return to independent living or, if that's not possible, help them make a change."

"We're working to develop a support group for adult children, who are taking care of parents. Because people are living longer, a growing number of adult children are taking on the responsibility of caring for their parents. There are many feelings they must deal with as they see their parent, upon whom they once depended, become more and more dependent on them. A group could also serve to teach caregivers about the nature of depression—what to expect and how to help."

—Patricia Stockdale,
geriatric psychiatry

"Life does go on, but sometimes our patients don't see that. In otolaryngology, I work primarily with cancer patients. Caught in a sort of triple jeopardy, they have problems that may



Marie Ayler-Graves meets with a patient to finalize discharge plans.

involve the inability to talk, eat or breathe normally—three very vital aspects of a person's daily life. There is a tremendous amount of adjustment involved, and these adjustments often affect their daily lives. I help to assess the situation in order to help the patient continue to live life with whatever disfigurement or difficulty he or she may have.

"With the loss of speech, for example, patients must change the way they communicate. This can be very devastating, since they have been communicating through speech since they were babies; it is a major adjustment to be unable to express yourself. I can help find resources to assist with other means of communication."

"In ear, nose and throat, disfigurements caused by the cancer and the treatment are obvious—they can't be covered up. Helping patients express their anxieties, fears and concerns is the first step in the adjustment process to go on with their lives."

—Marie Ayler-Graves,
otolaryngology

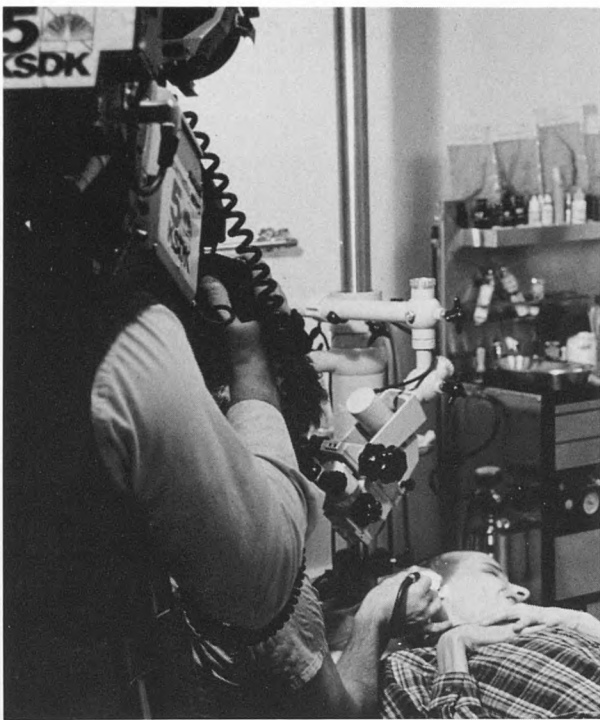
"It is challenging to work with young people, facing the possibility of death. Most of the patients in the bone marrow transplant unit are in their 20s or 30s, and they all have some form of cancer. Death is something that's supposed to happen when we're older, after we've lived our lives. To see a young person come in who may be newly married, have children or be at the height of his or her career, is a very intense experience."

"A bone marrow transplant is not an easy treatment to endure. It involves very intensive, high-dose chemotherapy before patients receive either their own or a donor's marrow. Patients are in the unit, confined to a room, from six to eight weeks in isolation. They can't leave the unit, because their white counts are so low and they are at high risk of infection. Visitors must wear gowns and, sometimes, masks. This all contributes to a feeling of isolation."

"I work a lot with the families. Each room has a sofa-bed in it, and a family member is encouraged to stay with the patient. So, the family really goes through treatment with the patient. I try to support the families in this truly crisis time of their lives. They have to put the rest of their lives on hold to be there for the patient. Financially and emotionally, this can cause problems, so I try to provide emotional support and direct them toward financial resources. Sometimes it helps to just talk with them or allow them the opportunity to talk. Many times patients and families will talk to a social worker about things they won't talk to each other about, like fear of death. Everyone tries to protect everyone else, so I encourage them to talk about the issues and feelings that they are experiencing."

"We have a family support group that meets once a week, and that's their time to talk about anything they want to talk about. It's gratifying to see how families reach out to each other to offer support or consolation."

—Barbara Koppe,
bone marrow
transplant unit



Daniel Hayes, age 16, of St. Lucia, West Indies, has stitches removed by Dr. John Leonetti, otolaryngology fellow, one day before flying home. Daniel had a very rare tumor removed from his right sinus and skull base. Diagnosed as angiofibroma, the non-malignant tumor occurs only in young men. The case was referred to Barnes because of expertise in skull base surgery. Dr. Peter Smith, neurotologist, headed the team. Dr. Smith and Dr. Robert Grubb, neurosurgeon, perform about 50 skull-base surgical cases a year. Metro media covered Daniel's final checkup and his departure on January 23.

Media spotlight

As a national leader in patient care and medical research, Barnes serves as an information resource center. In 1987, more than 1,300 queries from broadcast and print media representatives were 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 following:

Mortality statistics are just one yardstick by which to measure the quality of a hospital, Dr. **William D. Owens** told the metro media December 17, following release of data by the government for Medicare patients. Dr. Owens, chairman of the hospital's medical advisory committee, said the quality should be judged by factors including aggressive quality assurance programs, board certification of the medical staff, experience in medical specialties such as transplants and the quality of life for patients following discharge.

The **gift of two lives** captured metro media attention December 23. Cynthia Conrad, age 35, of Ballwin, met her newborn son, Christopher, for the first time since his birth two weeks earlier. Mrs. Conrad's liver failed during late pregnancy because of a rare complication. Her life was saved by a liver transplant shortly after the C-section delivery. Dr. **Douglas W. Hanto**, transplant surgeon, and Dr. **Marion Peters**, liver specialist, explained the case to the media.

A national public television documentary in observance of the **100th anniversary of the National Institutes of Health** was broadcast December 26 in St. Louis and included interviews with Barnes doctors. Drs. **Burton Sobel** and **Philip Ludbrook** discussed their work with TPA, a new drug that halts heart attacks. Drs. **Paul Lacy** and **David Scharp** were featured for their work in diabetes.

The best way to **shed excess weight** gained during the holidays is to return to normal, healthful eating, and not try a crash diet, Barnes dietitians said in media interviews. **Gail Crofton** was

interviewed January 3 on WMRY-FM, while **Mary Ellen Beindorff** was a guest on the KSDK-TV noon news January 7.

A story in the January 11 *St. Louis Business Journal* on **angioplasty** included an interview with Dr. **Philip A. Ludbrook**, cardiologist. Dr. Ludbrook said angioplasty is a non-surgical means to open blocked coronary arteries, but its success depends greatly on careful selection of the patient.

A study published in the January 14 edition of the *New England Journal of Medicine* found that the drug lovastatin, which lowers cholesterol, can **reduce mortality from heart disease** by 50 percent in diabetics. Dr. **Alan N. Weiss**, cardiologist, told KTVI-TV's Lisa Allen that the study is good news for diabetics who cannot control their cholesterol through diet alone.

Dr. **Jay M. Marion**, oncologist, answered listener call-in questions about **cancer** during a live program on KMOX Radio January 13. Dr. Marion answered the questions during the night program via telephone from his home study. He urged listeners to follow the warning signs of cancer put forth by the American Cancer Society.

Gifts to Barnes Hospital Funds

Listed below are the names of persons (honorees in **boldface**) who have made contributions during December 1987, 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 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.

Auxiliary Tribute Fund

IN MEMORY OF:
Dr. William T. K. Bryan
Dr. Guerdan Hardy

Eugene & Gertrude Jakel
Mrs. Carol Evans

Cheri Johnson
Barnes Ambassadors

Mrs. Lenore Loeb
Mr. & Mrs. Ralph G. Martin

Marie Loeffler
Mr. & Mrs. Hank Loeffler

Daughter Theta
Mrs. Larry Tucker

IN HONOR OF:
Birthday of Robert Busse
Mr. & Mrs. Charles Eyerhmann

Birthday of Mrs. Jerome L. Howe, Jr.
Mr. & Mrs. Charles Eyerhmann

Holiday Wishes to Dr. Michael Karl
Mrs. Ralph Wolff

Recovery of Mr. Moe Mathis
Mr. & Mrs. Harris Kramer

Washington University School of Nursing Alumnae Scholarship Endowment

Helen Wells, Lt. Col. Ret. USAF

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