Barnes Hospital Bulletin

October, 1969

United Fund Goal at Barnes is Set at $52,000

Barnes' United Fund Goal for 1969 is $52,000—an increase of 7.5 per cent over the 1968 actual pledge of $48,263. Last year’s total pledge was the largest ever given by a hospital in St. Louis. United Fund provides financial support to 110 health, welfare and child-serving agencies in the St. Louis area. All hospital employees will be contacted during this time for their "fair share" contributions.

**Barnes is UF Agency**

The Greater St. Louis goal for 1969 is $13 million. A portion of the total funds collected in the area-wide campaign will come to Barnes, as the medical center is a United Fund contributor. "Fair share" label pins are awarded to employees who pledge one hour’s pay per month for a total of one year. The pledges are equally divided into 26 pay periods. Most pledges are automatically deducted from the paycheck.

Prior to the kick-off of the 1969 drive, solicitors and employees viewed movies showing United Fund activities. A program chart with Barnes’ "fair share" and the hospital’s divisional goals is located in the employee cafeteria and updated. Last year, employees topped the fair share goal.

**15-Bed Coronary Care Unit Dedicated**

The million dollar coronary care unit at Barnes was opened with a ceremony Wednesday, Oct. 1, when Raymond E. Rowland, chairman of the Barnes Hospital Board of Trustees, unveiled a dedicatory plaque honoring the two major donors who made the unit possible: the Barnes Hospital Auxiliary and the Albert M. Keller Trust Fund.

Mrs. Raymond Meisenthal, president of the Auxiliary, represented her organization, which, through fund-raising projects, has realized $400,000 for construction and equipment in the facility. The bequest from the Keller estate was $310,000.

The new unit is the first in this country to use computers to continuously monitor patient heartbeats instantaneously as they are picked up from the patient.

The computer application is being financed by a portion of a grant from the department of research resources of the National Institutes of Health. Dr. Gerald Wolff is the director of the new unit. Twenty-three registered nurses and eight licensed practical nurses have received eight weeks of special courses in cardiac care nursing, and they will become part of the professional medical team which will care for the patients. The computer application will be under the direction of Jerome Cox, Sc.D., director of the Washington University Biomedical Computer Laboratory. Floyd Nolle of the computer laboratory will serve as project engineer. The facility includes a six-bed maximum care area and a nine-bed graduated care unit.

Maximum care patients are those who have had recent heart attacks or require the most intensive care and observation. The intermediate patients are recovering and require less observation. Patients in the unit will eventually progress to another area of the hospital.

"The principle behind any intensive care area is to bring together the sickest patients, the most sophisticated equipment, and highly trained personnel," said Robert E. Frank, Barnes Hospital director. "In this unit, we have the monitoring equipment, just as we have had previously in the former 4-bed pilot coronary care facility at Barnes. But in the new unit, the monitors can be programmed to analyze the data it is receiving as it is being received by the computer."

"In the conventional cardiac intensive care unit, the nurse watches the monitors." Dr. Wolff pointed out. "She must at once identify a danger sign, such as the first sign of an irregular heartbeat, because certain types of patterns can mean that a patient’s heart is about to stop. We know that a patient who has sudden ventricular fibrillation, or a wildly erratic heartbeat that stops blood circulation, has a 90 per cent or better chance for survival if he is treated within one minute. If treatment is delayed for three minutes, the survival rate is less than 10 per cent."

"However, a patient with premature ventricular contraction, as the danger sign is called, may show this sign for some time. The nurse may not recognize a trend if it develops gradually, such as, say, three PVC’s between 8 and 9 p.m. and five between 9 and 10. But the computer will be programmed to analyze the data it is receiving from the monitor and show the figures on a screen, so the nurse can tell immediately that the patient’s condition is slightly worse. She will know then that the patient needs additional medication, and other attention.

"The unit is planned to provide for additions of other new equipment which is expected to emerge from the experimental stage soon," said Mr. Nolle. "We expect the design of the unit, (Continued on page 6)"
Your United Fund Shows How You Care

Naturally, a hospital's first and foremost function is to render its services and facilities to individuals who are in ill health. But what else does a hospital do for a community other than provide services?

A hospital also furnishes jobs, a payroll, and, as demonstrated during the current United Fund drive, this hospital is setting standards for good citizenship. This hospital has a payroll in excess of $3.6 million a month. But as significant as that may be, we are gaining a growing respect for our efforts in behalf of another phase of community life.

Last year, employees at Barnes Hospital contributed $48,263 to the United Fund of Greater St. Louis, Inc. This year's "fair share quota" was set at $52,000. Before the year is over United Fund participants will have raised nearly $13 million for 119 agencies in the St. Louis area.

Many community leaders fail to realize that the drive here is conducted without pressure. Employees are merely given an opportunity to participate. We have the advantage of a unique situation, however, as far as motivation is concerned—Barnes is a donor and a recipient of United Fund monies.

In recent years, we have received considerable donations from the United Fund for clinical and ward expenses. Seeing the United Fund contributions in action, first hand, undoubtedly is a major contributing factor to the success of the drive here annually. Barnes is also proud to play a leading role in helping support the deserving participators. Both institutions are striving to help those in need.

Barnes Hospital under terms of a $160,712 grant from the John A. Hartford Foundation, Inc., of New York City. Announcement of the three-year study allocation was made jointly by Raymond E. Rowland, chairman of the Barnes board of trustees, and Harry B. George, president of the Hartford Foundation.

The study, under the direction of Walter F. Ballinger, M.D., Barnes surgeon-in-chief, will focus on acute gastrointestinal ulceration and on changes in blood coagulation due to massive injuries. Research will be carried out in the Hartford Burn Unit and in other areas of the hospital where seriously injured patients will be cared for. Associated with Dr. Ballinger in the project are John A. Collins, M.D., assistant surgeon; Leslie Wise, M.D., assistant surgeon; and Harry Margraf, technical director of the surgical research laboratory.

The Hartford Foundation has supported successful studies of burned patients in Barnes Hospital for the past six years. "The recently achieved survival of severely burned patients in significant numbers has created an opportunity to study problems concerning other severely injured patients," Dr. Ballinger said. "This study shifts the investigational emphasis to a consideration of all types of massive bodily injury. The study of the similarities as well as the dissimilarities between severely burned patients and other severely injured persons should shed light upon many currently controversial pathophysiologic problems."

"Stress ulceration in injured and sick patients is becoming a more serious cause of morbidity and death," Dr. Wise explained. "Its causes are unknown, but probably not related simply to overproduction of acid by the stomach as would be the case in most patients with duodenal ulcers."

Theories advanced to explain this complication include changes in blood flow in the membranes lining the stomach and duodenum of injured patients, alterations in normal defenses against digestion of these linings, the formation of blood clots or aggregated blood cells in the blood vessels in these areas, overproduction of steroid hormones in response to injury, and a relative increase in the amount of acid produced in relation to the amount needed.
Footballer's Career In Jeopardy Following Knee Surgery

Half-back May Turn Toward New Career as Surgeon

Charles (Frenchy) Latourette, a punt and kick-return specialist for the St. Louis Football Cardinals, lay immobilized as a patient at Barnes with a heavy cast on his right leg.

The daring Latourette suffered a severely torn knee August 29 in a pre-season football contest with the Kansas City Chiefs. The injury occurred in the third quarter when Latourette apparently grew tired of downing opposing player, Jan Steneroud's booming kick-offs in the end zone. Finally, Latourette decided to run one back.

Taking the kick-off inside his end zone, Latourette accelerated instantly to a point behind his blockers at his 25-yard line. Then as usual, with reckless abandon, he tried to vault through the oncoming line of defense. Only this time Chuck hit an immovable mass of humanity and the ligaments of his right leg were shattered, requiring surgery.

"The vault was my downfall, but what else could I do—I was trapped," Latourette said. Team physicians who performed the operation said they made necessary repairs, but the operation means that Latourette is virtually through for the entire year—and possibly forever as a player. "I know my football career may have ended. The team's physician 'laid it on the line,' and besides, I've watched these scalpel operations performed before," he said. Frenchy depended upon his powerful gait to make long kick returns. It was this same right leg that did the punting for the Cardinals—and so well—65 times for a 41-yard average last season.

However, don't pity Frenchy—he is a rough and tumble player who asks no quarter and gives none in return. Standing 5-11 and weighing "only" 195 lbs., the flea-like Latourette has com-

FATEFUL PLAY—St. Louis Cardinal star kicker Chuck Latourette (26) suffered an injured right knee as he returned a kickoff in an exhibition game against the Kansas City Chiefs. "The vault was my downfall," Latourette said.

Ark., as a high-school freshman, Chuck worked part-time for a pathologist in a local hospital. "I was impressed with the whole bit. I stained slides and cut tissue with a microtome and helped with autopsies. This is when I decided on a medical career. Someday I hope to be a con-

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gent surgeon. Football is only a temporary livelihood and I feel fortunate to have even made the grade in pro football," Latourette said. He vowed he would attend Memphis State at Memphis this fall.

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Frenchy just completed his second of six terms in trying his ill-fated kick-return derring-do, he showed his poise in Barnes by being cheerful at answering repetitive questions concerning the status of his injury: "The doctors and I don't know. WE'RE taking this thing day by day. . . ."

If by chance his career has come to a thudding halt, like hitting a would-be-tacker head-on, Latourette would take the same enthusiastic ap-

proach to his new profession that he would in running for daylight" with a football. If Latourette is unable to return to football, then, as the saying goes: "One man's loss is another man's gain." Certainly the medical profession would benefit sooner with Frenchy's talents.

Volunteer Workshop Set; 180 Invitations Mailed

The third workshop for all volunteer work-

ers at Barnes Hospital will be held Oct. 30 at the Kirkwood United Methodist Church, 201 West Adams. The event is sponsored by the hospital.

Invitations and brochures have been sent to about 180 volunteers to attend, according to Mrs. Harry Holmes, volunteer chairman.

Registration will start at 9:30 a.m. Some Barnes' administrative officials will be present. Featured speaker will be Dr. Gerald Wolff, cardiologist who is in charge of the new Barnes Coronary Intensive Care unit.

39 Nurse Grads to Stay

Thirty-nine of the 71 members of the 1969 Nursing School graduating class from Barnes will re-

main. Tentative assignments are: Sandra Arico, 4 Maternity; Audrey Beasley, 2418; Gail Bea-

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ity; Charla Fountain, 10200; Barbara Frick, 11200.

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Pat Maune, 11200; Mary Lee Millier, 4 Wohl; Mary Stanton Minton, 7 McMillan; Vickie Olson, 6 Maternity; Donna Ottmeyer, 5 Wohl ICU; Katherine Schneider, 12200; Jane Spurrier; 3 Wohl ICU; Kathryn Straatmann, 10100; Lynne Tecklenburg, 3 Renard; Andra Carol Thomas, OR; Rebecca Williams, 3 Renard.

3 Barnes Publications Cited

The Barnes speakers' bureau bulletin, "Barnes Speaks To You," won a citation for excellence in the "over 500-bed" category at the MacEachern Award dinner of the Academy of Hospital Publi-

cations, held in August at Chicago. Two other Barnes publications, the annual report and The Bulletin, received honor awards in the competi-
tion with hospital publications from across the nation. The Barnes public relations department, managed by Mrs. Constance Barton, edits these publications.
"To Every Thing There is a Season . . .

The Season: For the United Fund

“No man limps because another is hurt . . .”
Alone in a fast-moving world, this inner-city aged resident turns to The Faith Healer for cure and consolation. The UF agencies have programs which offer hope to the aged and the afflicted.

What Your Pledge is Doing

- Outdoor and camping activities for 303,248 young people.
- Cultural, citizenship, athletic activities for 196,408 youths, plus 269,313 individual interviews.
- Counseling and casework for 32,901 families.

“Health is almost a reality for this man, escorted by Mrs. Sandra Shirley, RN, on 1200. Although he may not be able to pay all the costs of his surgery, he could still confidently come to the hospital to be treated, because "people who care" shared the good things in their lives, as they do when they contribute to the United Fund."
"At the narrow passage there is no brother and no friend . . ." The passage is narrow for the child who is neglected, especially if she is sick, or hungry. And, even in our affluent times, there are children in St. Louis who suffer. United Fund agencies provide havens for these children.

"The miserable have no other medicine, but only hope . . ." There is hope for the child who receives proper care. All children have a right to clear vision and normal hearing and speech. Here, Barnes nurse Miss Carolyn White, LPN, helps a little girl drink her milk. This child has no parents to help her, but her eyes will be as good as the best medical techniques and treatment available today can make them. Some of the funds which pay for her care are UF dollars.

By contributing to the United Fund, you're helping half a million people help themselves. Over 100 United Fund agencies are recipients of United Fund contributions. These local agencies work day in, day out, wherever people are, solving local problems. Your UF contribution provides these vital community jobs: aid for the handicapped; dynamic youth programs; new life for the aged; preschool centers; and counseling and casework for families. This year, 13 hospitals, including Barnes, are recipients of UF monies. Barnes is receiving $155,263 and Barnard Hospital is receiving $13,875. These allocations help provide in-patient and out-patient care for persons unable to pay for treatment. Those who contribute to the United Fund can feel proud that they are taking an active interest in the welfare of the community in which they live. This feeling of pride can only come through an actual sharing of what one has with others who are less fortunate.
Taught by Patient Via Phone

College Course Being Taught by Patient Via Phone

A history professor at Webster College, Dr. Alice Cochran, decided to explore the possibility of having a patient at Barnes teach her students who assemble in a room on the Webster campus. "The doctors and nurses, as well as the other students, were all very enthusiastic." Dr. Cochran said. "They felt that it would be an exciting experience for them, and they were eager to learn from the patient's perspective.

As the school year approached, Webster College officials and Barnes doctors met to discuss the possibility of installing the hook-up system. "We felt that it would be a valuable learning experience for our students," said Dr. John A. Collins, director of the trauma unit at Barnes. "They would have a chance to learn from a patient's point of view, and would be able to see the world through the patient's eyes.

"The Dept. of Social Work does not make contact the Dept. of Social Work here, seeking names of persons interested in adopting children. "The Dept. of Social Work does not make adoptive placements, but our social worker in Maternity Hospital is in contact with the adoption agencies," according to George Dixon, director of Social Work. Hospital personnel interested in adoption agencies may contact Mrs. Ava Parks, Sta. 527 or Mr. Dixon, Sta. 414.

Hospital Happenings

Messenger-of-the-Month is Mrs. Phyllis Lashley, an escort messenger who has been employed here about eight months.

Two resident interns, Robert Williams, a captain in the Air Force from Jacksonville, Fla., and Jay Purvis, Knoxville, Tenn., began their administrative internships here in early September. Williams will leave in mid-January for Scott Air Force base to complete the second half of his administrative residence. Purvis will be here for the entire year.

Various child-placing agencies frequently contact the Dept. of Social Work here, seeking names of persons interested in adopting children. "The Dept. of Social Work does not make adoptive placements, but our social worker in Maternity Hospital is in contact with the adoption agencies," according to George Dixon, director of Social Work. Hospital personnel interested in adoption agencies may contact Mrs. Ava Parks, Sta. 527 or Mr. Dixon, Sta. 414.

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privacy Is Important to Recovery

Having more privacy is an important improvement over the old coronary care unit, according to Dr. Gerald A. Wolff, cardiologist who will be in charge of the new facilities. Dr. Wolff said, "It's very important that the medical staff is able to see all our patients at one time. However, since all patients in the coronary intensive care are extremely ill, we want to preserve each person's dignity and his right to privacy. I think it's a factor in helping the patient recover more quickly." The new unit is unique in many ways: patient EKG data can be processed on-line by computers; most cardiac monitoring units are only four-bed units, while the new unit at Barnes will be 15 beds; and Barnes' nurses are trained to handle additional duties that previously had been performed exclusively by the doctors. About 750 patients will be admitted each year to this unit.
MSG in Baby Food ‘May Cause Brain Damage
In Young Infants,’ Psychiatrist States

Young infants, in whom blood-brain barrier mechanisms and various enzyme systems are not yet mature, could possibly suffer brain damage from the ingestion of monosodium glutamate (MSG) in baby foods, according to Dr. John W. Olney, Assistant Psychiatrist at Barnes Hospital and Assistant Professor of Psychiatry, Washington University Medical School.

Monosodium glutamate is the sodium salt of glutamic acid, which exists naturally in the central nervous system. Its source in the ordinary diet is protein and it is released slowly by digestion, to be absorbed into the bloodstream. However, when pure MSG is ingested, it is absorbed more rapidly because it requires no digestion. This results in high glutamate blood levels which may be hazardous for the very young.

Pure MSG is a food-flavoring agent marketed for use in restaurant and home cooking. It acccents the flavor of many foods, giving a rich, brothy taste to meat and vegetable dishes. It is employed widely by the food industry to enhance the palatability of processed foods, particularly those containing meats and vegetables. A number of years ago the FDA rated MSG safe for use as a food additive, based largely on a series of unpublished experiments undertaken with adult animals by the MSG manufacturing industry.

Several years ago baby food companies began adding MSG to processed baby foods in a competitive effort to gain marketing advantages over one another. Dr. Olney emphasized that this practice has become widespread on the part of the baby food companies despite the fact that neither the FDA nor industry researchers have conducted studies to ascertain the effects of MSG on the infant central nervous system. He also pointed out that studies as long ago as 1957 demonstrated retinal degeneration in infant mice following treatment with MSG.

Dr. Olney has been studying the immature central nervous system in an attempt to discover occult mechanisms by which brain damage might occur in the fetus or young infant. His experiments have demonstrated that hypothalamic centers in the infant brain show irreversible damage within a few hours following treatment with MSG. The dosage of MSG required to produce brain damage in infant animals was relative low (0.5 grams per kilogram of body weight), and damage occurred just as readily from oral intake as from parenteral administration. He has observed brain damage from glutamate in every species of experimental animal he has tested, including mice, rats, rabbits and rhesus monkeys. Brain damage occurred in the infant monkey without its manifesting outward signs of a central nervous system disturbance.

In a paper published in the May 9, 1969, issue of Science, Dr. Olney described abnormalities resulting from the injection of baby mice which did not become apparent until the animals grew older. As adults, they showed marked obesity, stunted skeletal development and female sterility.

Recent hearings before Sen. George McGovern’s Select Committee on Nutrition and Human Needs disclosed several facts relevant to the use of MSG in baby foods. A spokesman for one baby food company testified that his company adds MSG to various protein-rich foods that already have a high natural glutamate content. For example, 615 milligrams is added to a 4 1/2 ounce jar of strained meat and vegetables labeled “high meat dinner.” This represents added MSG in a concentration of 0.5%, by weight, which is as much as adult processed foods usually contain. Dr. Olney considers this a dangerous amount for the very young.

According to Dr. Olney, the baby food companies acknowledged at the hearings that they began putting MSG into baby foods in these concentrations to make the foods more appealing to the mother’s palate, even though an infant’s taste buds are not developed enough to derive flavor enhancement from MSG.

Dr. Olney abhorred the fact that the baby food companies have been reluctant to suspend use of MSG although as far as the baby is concerned, the additive, at best, does nothing to enhance the food’s palatability or nutrition, and, at worse, may cause permanent brain damage.

The potential hazards of MSG may be further discussed at the White House Conference on Foods and Nutrition in December and Dr. Olney is hopeful that the baby food companies will by that time seize the initiative and remove monosodium glutamate from their products. He said it has been suggested to him frequently that the first company to do so could launch a tremendous advertising campaign—with the slogan: “Our Baby Food Contains No Brain-Damaging Additives.”

Barnes Hospital
School of Nursing
Class of 1969
St. Louis, Mo.

Missing from the composite photograph is Karen Linke
Surgery Helps Larynx Cancer Victims Talk

Early surgical techniques used to treat cancer of the larynx could be likened to “throwing out the baby with the bath water.” When a malignancy was found, all tissue within a wide radius of the tumor, including the larynx, vocal cords, and even portions of the tongue, pharynx, and esophagus were removed. This left the patient without a voice box and often with no adaptable organs or tissues for swallowing or breathing normally.

Beginning in 1955, a surgical team in the otolaryngology department of Barnes began animal experimentation and research using a new therapy based on the high rate of cure of larynx cancers. Under the supervision of Dr. Joseph H. Ogura, otolaryngologist-in-chief, the team considered reducing the amount of tissue removed around the tumor in order to save many of the organs needed for breathing, swallowing, and speech.

Removals of cancers of the mouth, tongue, sinuses, and jaw are also frequent tasks for the five-man surgical team. It is estimated by Dr. Ogura that five to eight operations are performed each week for cancers of the head and neck. Because of the large number of cancer operations and new surgical procedures relating to the ear performed in the otolaryngology department, Barnes has become one of the major centers for this work and is visited frequently by physicians from throughout the world.

In other research projects in the department, headway has been made in re-innovating the larynx by use of a drug for the purpose of regaining the function of a vocal cord. This is particularly important as larynx functions can be saved if just a portion of one of the two vocal cords is intact.

Dr. Ogura Pioneers Transplant Technique

The world’s first larynx transplant patient speaks well today, five months after surgery, according to Dr. Paul Kulesskens, director of the otolaryngology department of the University of Ghent hospital, Belgium, who performed the transplant Feb. 11, using the larynx of a cadaver donor.

Dr. Kulesskens admitted following technique pioneered in dogs by Dr. Ogura.

The transplant was performed on a 62-year-old police officer. “The patient has adequate voice function and swallows without difficulty now. His breathing is still somewhat labored, but it continues to improve,” Dr. Kulesskens said.

Another project underway involves coordination between the otolaryngology and pulmonary divisions on a study of inter-relationships between upper airway obstructions and the lower respiratory tract or lung. It has been found, both in humans and animals with upper airway obstructions, that the total pulmonary airway resistance is increased. Thus, when the nose is stopped up, resistance is felt all the way to the lungs, even though respiratory tests indicate the lungs to be normal. As it is estimated that 90 per cent of the population experiences some degree of nasal obstruction, the long-term effects of this lung resistance is being studied in terms of reversibility through nasal surgery.

A Family Affair at Barnes . . .

Mrs. Bernice McDaniel, electrocardiogram technician at Wohl Clinic, is the fourth person in her family to have been employed in the Barnes complex. Others in her family who have worked here are: her son, Roosevelt Clemens, a blood-drawer supervisor; her mother, Mrs. Rosiebell Virge, who was an aide in the clinic lab; and her grandmother, Mrs. Pullee Moore, who was an aide for the blood bank in the clinical lab.

BARNES HOSPITAL
Barnes Hospital Plaza
St. Louis, Mo. 63110

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