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 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)
Heart devices
(Continued from page 1)

According to Dr. Cox, approximately 1,000 pa-
tients 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 both lung 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, controlled by special cathe-
ters. 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 pa-
tient's own heart.

While the VAD is expected to benefit a specific
group of patients requiring assistance, the art-
ficial heart will be used only in dire emergency
cases when death is imminent. The only can-
didates eligible to receive the device are pa-
tients who have already met the established cri-
teria for heart transplantation (age, poor car-
diac prognosis, healthy non-cardiac functions,
emotional stability, medical cooperation and
ability to follow a complex post-operative med-
ication regimen) and whose condition has de-
teriorated to a point where death is imminent
without immediate transplantation.

The artificial heart, a Jarvik-7 model, is a po-
lyurethane, 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 na-
tional organ retrieval network, keeping artifi-
cial implant time at a minimum. Barnes' cen-
tral location allows an almost unlimited re-
trieval range in the United States, increasing
the likelihood that time on the artificial heart
would be minimal.

Barnes personnel—including surgeons, anes-
thesiologists, perfusionists, operating room and
intensive care unit nurses—are expected to be-
gin training with VADs at the hospital within
three to 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 cere-
mony August 14 in Wohl Auditorium. The JVs have
donated more than 7,400 hours of service
to date during 1986 in 21 departments through-
out the hospital, including medical plant engi-
neering, 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—Amy Baur, Kisha
Fulton and Meredith Walker—were honored
with red and white striped caps marking 300
hours. Three-year volunteer Joe Doerhoff re-
ceived a tie bar signifying 700 hours of service.

Pre-admission testing
saves time, money

The healthcare revolution of the 1980s is chang-
ing traditional thinking within and about hos-
pitals. As healthcare facilities streamline ser-
vice to meet new demands, changes are being
made in virtually every dimension of care, from
outpatient surgery and home health care to short-
term maternity stays and—most re-
cently—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 add-
dress those concerns. In the past, patients who
required surgery were admitted to the hospital
at least one day before their scheduled opera-
tions to undergo necessary tests. Today, health-

care providers might 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 us-
ing the pre-admission testing program save
more than $200 by eliminating an unnecessary
overnight expense. The program enables pa-
tients to undergo preliminary tests on an out-
patient basis up to seven days before surgery.

Through the program, pre-admission nurses in
the admitting department assist patients
with completing insurance, permission and anesthe-
siologist forms, answer questions and help with
tests, which may include blood tests, urinalysis,
electrocardiograms, x-rays and other proce-
dures by the patients’ doctors. The pre-admis-
sion testing process is normally completed
within two hours and sessions may be sched-
uled between 10 a.m. and 7 p.m. weekdays. Pa-
tients report directly to the admitting depart-
ment, where most routine tests are available.

Out-of-town patients and others who cannot
visit the hospital for pre-admission testing dur-
ing 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 comple-
tion of necessary forms and tests, same day sur-
gery 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
foundation 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 re-
ception 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 ad-
dressing “The Future of Healthcare: Three
Quests for a Policy.” Respondents include for-
mer Barnes social work director Evelyn Bon-
der who now is social work director at Mas-
sachusetts General Hospital, Barnes physician
Dr. J. William Campbell, and director of WUMS
health administration and planning program
James O. Hepner. Discussion of current pro-
grams and a historical overview will be folled
by tours of the hospitals.

The Barnes and Children’s social work depart-
ments 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 es-
established separate entities to better serve the
needs of each facility’s patients.

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 ex-
pect 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 ren-
dition 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 proph-
ecy 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 physi-
cian-historian Dr. Kenneth Ludmerer that
chronicles the history of medical education and
the teaching hospital in the U.S. The book, nomi-
nated for a Pulitzer Prize in history, refers to
Barnes as leading the “second epoch in Amer-
ican medical education” in the tradition of the
Johns Hopkins institutions.

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

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ican medical education” in the tradition of the
Johns Hopkins institutions.
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 Mailleerckdt 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 90 percent or more." 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 biannual 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) 362-5355.

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.

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 surgery 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.
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 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.

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
and Silence

The diagram illustrates the anatomy of the ear, including the semicircular canals, vestibular nerve, facial nerve, cochlear nerve, cochlea, oval window, round window, incus, stapes, Eustachian tube, and the mechanism by which sound is transmitted from the ear to the brain. The text explains various aspects of hearing, including the ability of the ear to distinguish speech and the limitations of traditional hearing aids. It also describes the development of middle ear implants and implantable bone conduction aids, which can be surgically attached to the mastoid section of the temporal bone to improve hearing through bone conduction. Conventional hearing aids are also discussed, along with the challenges they present, particularly for patients with sensorineural hearing loss. The text highlights the importance of aural rehabilitation, which includes evaluation, selection of an aid, and counseling about hearing expectations. The availability of assistive listening devices, such as infrared assistive devices and vibratory devices, is also mentioned. The text encourages individuals with hearing impairments to learn more about the programs offered by Barnes/Washington University, which includes seminars on hearing impairment and assistive devices.
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 KTIV-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 KTIV-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 KTIV-TV July 31. Dr. Stanting 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 Gobber-diel, registered diettitian 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 Catalonia receives top AUA award

The American Urological Association (AUA) presented its prestigious Gold Cystoscope Award to Dr. William J. Catalonia, 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. Catalonia, 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. Morrison, 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. Nartoku and Selden E. Spencer, assistant neurologists.

Dr. Keith Bridwell presented his experience with Cotrel-Duboussset 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-laws 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 acquired a cryostorage 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 chemotherapeutic 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.

Barnes Bulletin
September, 1986
Vol. 40, No. 9

Published monthly for employees, doctors, volunteers, Auxiliaries, donors, former and retired employees, patients and other friends of Barnes Hospital. Available at no charge by contacting the public relations department, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110, (314) 362-5200. Circulation: 13,000 copies.

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Member, VHA/Voluntary Hospitals of America

BARNES HOSPITAL
AT WASHINGTON UNIVERSITY MEDICAL CENTER

Jonathan Adam Jonas Cancer Research Fund
IN TRIBUTE TO: 21st Birthday of Jonathan Adam Jonas
His parents and brothers
Jonathan Adam Jonas Esther G. Jonas
IN MEMORY OF: Grandma Gluk M/M Robert Greenberg
Nettie Jakubow M/M Robert Greenberg
Mother of Mr. & Mrs. Fred Kimmel M/Larry Trochtjen
Motto Kraus M/Curt Hammerman
Sally Libraeh M/Bruce Vittert
Mother of Mr. & Mrs. Leo Newman M/Larry Trochtjen

Lynn Kohane Schukar Memorial
IN MEMORY OF: Lynn Kohane Schukar Mrs. A. H. Goodman Mrs. Samuel Schukar

Hospice Program
M/M Kevin M. Fitzpatrick M/M Robert E. Kaempfe M/M Jerry A. Montgomery

IN MEMORY OF: Anna Agris Carmelino M. Viviano

IN MEMORY OF: Barbara Bianco Mary & Paul Bein M/M Donald E. Kilker M/Gary L. Reeves
Joseph A. Hopen M/L Leo Prestan UW Local 597

Gifts to Barnes Hospitals 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.

Auxiliary Tribute Fund
In MEMORY OF: Mabel Cohn M/Irving Edison Employers of Edison Brothers Stores, Inc. Sally S. Lify Arthur Mains Darlene Roland M/M Meyers Schwartz Wishing Well Gift Shop: Alice Achenback Virginia Amoss Lynn Buice Martha Griffin Lee Hayward Pat Hoppe Dorothy Hollenbeck Barney Morgan Rita Pika
Blanche Reich J. Tichack Jeanette Yock
Cletus Ramsey Alice Marshall
Daughter, Theria Mrs. Larry Tucker
In HONOR OF: Retirement and Years of Service of Robert E. Frank M/M John Backman
35th Wedding Anniversary of Mr. & Mrs. Robert Sauer M/M Charles Eyermann

Alarms for Life
Mary Institute
Patient Care Fund
Ethel E. Peters Melody A. Patterson M/M Donald E. Payne Alice Achenback David Rubenacker M/MM Charles Sadowski Lois M. Still Myrtic Louise Swinger

Arthur H. Stein, Jr. Endowment
In MEMORY OF: Earl P. Holt, Jr., M.D. Beverly C. Buder
Anonymous

IN MEMORY OF: Joseph H. Ogles, M.D. E.E. Steffey
M/MM Robert E. Frank D/M Thao. Hainmann

Faculty Scholarship
Barnes Hospital School of Nursing
Geraldine Epp Smith

David L. Jones Cancer Research
In MEMORY OF: David L. Jones M/MM Robert H. Jones

Heart Transplant Research
Yvonne D. Curry

IN MEMORY OF: Geraldine Davis Geraldine M. Guccionne

SHARE Tribute
IN MEMORY OF: Sister of Charm Matthews Mother, Rose Zena Hellman
IN MEMORY OF: Mrs. David Glazer Mrs. Samuel Schukar M/MM Eugene Voorhees

IN MEMORY OF: Honor of Mrs. Madeline Zena Hellman

IN MEMORY OF: Birthday of Lee Tashak Veta Tashak

IN MEMORY OF: Mac Mandel Charlotte Mandel

Barnes Cancer Fund
IN MEMORY OF: Vivo Benedetto Rosamarian Dunn

IN MEMORY OF: Harry Roth M/MM Dan Sokol
IN MEMORY OF: Birth of Great-Granddaughter of Ida Rose Ida Rose
Recovery of Adele Bogard
Recovery of Donna Nambloom M/MM Bruce Vittert
Speedy Recovery of Betty Timke
Joan Platterer

IN MEMORY OF: Charles Sakowski
Tribute Card Gifts: M/MM Herbert Fixbury M/MM Mrs. David Glaser

IN MEMORY OF: Abe Kohane Samuel Schukar Louis M. Schukar

IN MEMORY OF: Norman L. Groitzer M/MM Daniel W. Anderson Linda F. Anderson Shirley Groitzer Stewart M. Krause Joyce and Phil Edi M. Voehrer

IN MEMORY OF: James Love Alina King

IN MEMORY OF: Gertrude K. Schneider Meyer A. Schneider Allied Fisher Scientific Edward Seymanski
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.