Winter 1980

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The 65th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Inc. was held in the Georgia World Congress Center, Atlanta's superb facility, Nov. 25-30, 1979. The meeting was made available to a greater number of radiologists by offering a balanced program through an extended week, thereby enabling colleagues in radiology to attend the meeting on a split-week basis and accumulate the same number of CME points.

Included in the program were 144 refresher courses; 70 scientific sessions showcasing 492 papers; 254 scientific exhibits grouped by subspecialty interest, the largest array ever produced in radiology; and a vast display of technology in 247 technical exhibits. Two special exhibits reflecting current events were "The Albert Einstein Centennial Exhibit" portraying the events in the life and career of Albert Einstein and "Three-Mile Island, Fourteen Consecutive Days Of Headlines."

The Washington University Alumni Association sponsored a reception at the Omni International Hotel for alumni and staff of the Medical School and the Institute.

Contributing to the scientific program were 26 members of the staff of Mallinckrodt Institute of Radiology. Dr. Robert J. Stanley, as one of a select five member panel of authorities, brought distinction to the Institute when he was pitted against an unusual stack of uroradiographs before an audience of 3,000 fellow radiologists at the traditional Sunday night film session. Dr. Stanley approached these diagnostic challenges with confidence and correct interpretations.
Robert J. Stanley, M.D., one of five panelists, interpreted uro-radiology films.

PRESIDING OFFICERS
Nuclear Medicine, Barry A. Siegel, M.D.
General Diagnosis, Ronald G. Evens, M.D.

Dr. Barry A. Siegel presided at a scientific session on Nuclear Medicine.

REFRESHER COURSES
“Economic Aspects (Utilization, Cost, Revenue and Efficacy) of Head and Body Computed Tomography”, Ronald G. Evens, M.D.
“Optimal Urography”, Bruce L. McClennan, M.D.
“Management of Primary and Metastatic Carcinoma of the Lung”, Carlos A. Perez, M.D.

EXHIBIT
“Diagnostic Dilemmas in Knee Arthrography or What About the Other Five Per Cent?”, Rochelle M. Pudlowski, M.D., Louis A. Gilula, M.D., William A. Murphy, M.D., Chandrakant C. Tailor, M.D.

CATEGORICAL COURSE IN COMPUTED TOMOGRAPHY - HEAD
“Physics (Dosage, Image Quality, Artifacts, Density Values, Etc.)” Michel M. Ter-Pogossian, Ph.D.

CATEGORICAL COURSE IN COMPUTED TOMOGRAPHY - ABDOMEN
“Diseases of the Pancreas” Robert J. Stanley, M.D., Stuart S. Sagel, M.D.

Dr. Bruce L. McClennan lectured on the optimal urogram, emphasizing the need for understanding some fundamental principles of contrast media excretion as well as careful attention to basic radiographic technique.
Dr. Ronald Evens, in his refresher course, defined a "typical" CT installation and discussed significant variances throughout the country.

**PAPERS**

"Pitfalls in the Diagnosis of Hydrocephalus"  
**Thomas P. Naidich, M.D.**

"The Role of Pre-Contrast Scans in Renal Computed Tomography"  
**Barry Englestad, M.D., Bruce L. McClennan, M.D., Robert G. Levitt, M.D., Robert J. Stanley, M.D., Stuart S. Sagel, M.D.**

"Role of Computed Tomography in Staging Renal Cell Carcinoma"  
**Philip J. Weyman, M.D., Bruce L. McClennan, M.D., Robert J. Stanley, M.D., Robert G. Levitt, M.D., Stuart S. Sagel, M.D.**

"Limitations of the Post Lymphangiogram Plain Abdominal Radiograph as an Indicator of Recurrent Lymphoma: Comparison to Computed Tomography"  
**Joseph K. T. Lee, M.D., Robert J. Stanley, M.D., Stuart S. Sagel, M.D., G. Leland Melson, M.D., Robert E. Koehler, M.D.**

"Automated Pattern Recognition of Air-Contrast Radiographs of the Colon"  
**Michael W. Vannier, M.D., Robert E. Koehler, M.D.**

"Effect of Bladder Distension on Dosimetry in Gynecological Implants—A CT Study"  
**Miljenko Pilepich, M.D., Hywel Madoc-Jones, M.D., Satish Prasad, Ph.D., Carlos A. Perez, M.D.**

"Role of Metrizamide in Evaluation of Syringomyelia"  
**William O. Bank, M.D., Thomas P. Naidich, M.D., Robert H. Dorwart, M.D., David Norman, M.D.**

"Paget’s Bone Disease: Radiologic Documentation of Therapeutic Response"  
**William A. Murphy, M.D., Michael P. Whyte, M.D., John G. Haddad, Jr., M.D.**

"Knee Arthrography and Wear Particles"  
**William G. Sedgwick, M.D., Louis A. Gilula, M.D., Peggy A. Lesker, B.S., Leo A. Whiteside, M.D.**

"Ability of XE-133 Single Breath vs. Washout Ventilation Imaging to Aid Lung Scan Diagnosis of Pulmonary Embolism"  
**Philip O. Alderson, M.D., Abdur R. Kahn, M.D., Klemens H. Barth, M.D., Daniel R. Biello, M.D., Robert C. McKnight, M.D.**

**WORKS IN PROGRESS**

"Pharmacokinetic Imaging For Ga-67, Tl 201 And Tc-99m"  
**Robert M. Beihn, M.S., Michael Vannier, M.D.**

"Prognostic Significance of Contrast Enhancement for Low Grade Astrocytomias of the Adult Cerebrum"  
**Craig Silverman, M.D., James E. Marks, M.D.**

Between sessions, Drs. David G. Bragg, left, David O. Davis, and P. Ruben Koehler talk shop at the RSNA Message Center.
Following his presentation Dr. Michel Ter-Pogossian inspected the array of technical equipment.

"It's a miracle!" Virginia Trent couldn't believe her eyes when she saw the smiling face of Brother Dominic (Jack Eagle) from television commercial fame.

Dr. Edward Cohen is extended a cordial welcome to the Georgia World Congress Center by one of Atlanta's Southern Belles.

Mr. Armand Diaz, Technical Administrator of MIR, discusses CT equipment concepts.
There was time for fellowship.

Dr. and Mrs. John D. Armstrong at Washington University Alumni Reception.
The Medical Care Group of St. Louis (MCG) has been organized as a successor to the Medical Care Group of Washington University, it has been announced by Dr. Ronald G. Evens, chairman of the board of the newly established organization which offers both clinical and hospital service at a prepaid monthly rate.

Under the new structure, Medical Care Group, with approximately 21,000 members, will operate as a not-for-profit independent organization, sponsored by Metropolitan Life Insurance Company, the Washington University School of Medicine, Barnes Hospital, Jewish Hospital of St. Louis, and St. Louis Children's Hospital. MCG has been a program in the Division of Health Care Research of Washington University's Medical School since 1969 when it was established with a grant from Metropolitan Life, the W. K. Kellogg Foundation, and the National Fund for Medical Education as well as funds from the Washington University Medical Center. For the first three years, the practice operated as an experimental model designed to test the effect of the prepaid group practice concept on hospital utilization and health care within a medical school environment. Beginning in 1973, MCG was established as an ongoing activity of the School of Medicine.

Dr. Evens noted that the new organization will allow MCG to expand into a larger scale program and at the same time provide professional services by physicians who are members of the faculty of the School of Medicine. The sponsoring organizations have agreed to lend funds to the MCG to reimburse the School of Medicine for unrecovered costs related to development of the practice and Metropolitan Life will provide working capital through additional loans.

In addition to Dr. Evens, who is Elizabeth Mallinckrodt Professor and Head of the Department of Radiology at Washington University School of Medicine, Dr. Paul Entmacher, Metropolitan Life's chief medical officer, will serve as vice chairman of the 12 member MCG board of directors and Hugh Morrison, Jr. and Dr. Lawrence Kahn, MCG president and medical director, respectively, will serve as ex-officio members of the board. Mr. Morrison's most recent position was associate dean and associate vice chancellor. Dr. Kahn, who is professor in the Department of Pediatrics, was director of MCG for seven years.

The program is offered by group insurance carriers to individuals through employers or other groups as an option to conventional group insurance plans. The member and his employer pay a predetermined premium for a previously specified range of professional and hospital services. All hospital care is covered by the insurance carriers as a part of the prepaid program.

In addition to the staff of health care providers at MCG's primary facility at 4570 Audubon, there is a support staff of about 80 people. All hospitalization is provided in the Washington University Medical Center, Barnes Hospital, Jewish Hospital of St. Louis, and St. Louis Children's Hospital.

MIR Physicians

Listed Among "Best"

The Best Doctors in the United States is a newly published reference book by John Pekkanen, a Nieman Fellow of Harvard University, offering a specific name-by-name guide to many of the best specialists and medical centers in the country. The list of 2500 specialists whom other doctors would turn to if they or their families were seriously ill includes 157 radiologists, eight of whom are Mallinckrodt physicians. To find these names, more than 500 physicians were surveyed. The doctors named are tops in the medical profession but obviously, there are thousands of superior doctors who are not listed in this book.
Sally Hermann receives the Woman of Achievement silver plate for volunteer service from Globe Democrat Publisher G. Duncan Bauman.

Sally Hermann, 1979 Woman Of Achievement

The Cancer Information Center was included in G. Duncan Bauman’s tribute to 1979 Woman of Achievement, Sally Hermann, (Mrs. Frederick, Jr.). Presenting Sally with the traditional engraved silver plate and gold charm, at a luncheon on January 15, the publisher of the Globe Democrat said, “After 30 years of hospital volunteer work, Sally is now involved in a truly unique service, the Cancer Information Center at Barnes Hospital, directing a staff of eight who bring cheer, counsel and comfort not only to patients but also to their families.” Mr. Bauman noted the packets of valuable information which Sally has put together as well as her efforts in compiling a notebook filled with practical tips to help cancer patients lead a more normal life.

About 2½ years ago the MIR Division of Radiation Oncology acquired space for the CIC for patients, families, health professionals and students. When an expected grant failed to materialize, Sally volunteered. Sally insists that her work is “anything but depressing.” “People are often at their best during a crisis.”
Dr. Ter-Pogossian in T.V. Series

During the fall of 1979, Dr. Michel M. Ter-Pogossian participated in a TV science news feature on “Physics in Medicine” as part of a series sponsored by the American Institute of Physics through a $141,000 National Science Foundation grant. On October 18, David Kalson, AIP Broadcast Coordinator, and a production crew from Marathon International Productions in New York visited Mallinckrodt Institute where they video-taped an interview of Dr. Ter-Pogossian regarding his developments in physics, demonstrations of the PETT IV and V, and the two cyclotrons of Washington University Medical School. Last fall, the series was distributed across the country free of charge to local news directors, producers, and science editors with the hope that by keeping local TV news audiences abreast of physics and science developments affecting their lives, science will become a routine aspect of local news. AIP is a non-profit organization whose purpose is the advancement and diffusion of the knowledge of physics and its applications.

Dr. Fred Hodges Joins Staff

Dr. Fred Jenner Hodges, III, has joined the Institute’s staff as professor of radiology in neuroradiology. After completing his undergraduate and medical education at the University of Wisconsin, Dr. Hodges interned at Strong Memorial Hospital in Rochester. He served his residency in radiology at the University of Michigan Medical Center and remained on the staff as instructor in radiology from 1953-54. Following an academic appointment at the University of Washington in Seattle, Dr. Hodges spent one year in Gothenburg, Sweden on a NIH fellowship. From 1957 to 1966 he served as assistant professor of radiology at Washington University in St. Louis. Dr. Hodges comes to Mallinckrodt from Johns Hopkins Hospital where he was professor of radiology and associate professor of neurosurgery.

A charter member of the Association of University Radiologists and the American Society of Neuroradiology, Dr. Hodges served as president of the American Society of Neuroradiology from 1972-73.

Dr. Fred J. Hodges, III
The 21st annual meeting of the American Society of Therapeutic Radiologists was held in New Orleans on October 23-26, 1979. Among the participants sharing clinical research data were some 15 MIR Radiation Oncology staff members, representing both the Clinical Oncology and Physics Sections.

New data were presented on various treatment techniques for lung, brain, breast, cervix, prostate and head and neck cancers and Ewing’s sarcoma. Division staff also contributed to the sessions on biology, hyperthermia and physics.

The American Society of Therapeutic Radiologists, established in 1958 to promote an exchange of information in the field of radiation therapy, is now the largest society of radiotherapists in the world.

"Soft Tissue Sarcomas" was the subject of the November, 1979 Cancer Workshop sponsored by the MIR Division of Radiation Oncology and held in Scarpellino Auditorium. The three guest speakers and their areas of presentation included:

Dr. Michael Kyriakos, Professor of Surgical Pathology, Washington University School of Medicine
"PATHOLOGY AND CLINICAL IMPLICATIONS"

There are several kinds of sarcomas, with 10-15% still unclassified. Treatment is different for each type. Usually found in the lower extremities, sarcoma often appears as a lump or knot that is often painless and is usually benign (5:1 ratio). To determine the state of the tumor, a biopsy should be done in the periphery of the tumor, not in the center. Although radical surgery results in fewer recurrences than local excision, Dr. Kyriakos stressed that more than surgery is needed to heal sarcomas.

Dr. Marc Wallack, Head, Section of Surgical Oncology, Barnes Hospital, Washington University School of Medicine
"SURGERY AND ADJUVANT THERAPY"

With more comprehensive understanding of cell biology, we should change our outdated techniques in treating sarcomas. Unfortunately, 60% of sarcomas at presentation have spread beyond local or regional areas. Only 40% presenting with this group of disease can be cured.

The biopsy should be incisional, not excisional, with the operation planned after the biopsy results. If malignant, the aim of the surgery should be to reduce tumor burden to a number of cells that can be eradicated by other means. Chemotherapy has elicited a response in soft tissue sarcomas with systemic spread. With immunotherapy, there have been cases of spontaneous regressions, especially in children with immunologic deficiencies. Sarcomas may induce the immune response; thus if we reduce the tumor burden, immunotherapy may be effective.

Dr. Wallack suggested that clinical trials are needed in the area of chemoimmunotherapy as it may prove to be superior. He also urged early detection and systemic and local treatment to improve definitive treatment.

Dr. Herman D. Suit, Professor of Radiation Therapy, Harvard Medical School and Chief, Department of Radiation Medicine, Massachusetts General Hospital
"MULTIDISCIPLINARY APPROACH TO THE MANAGEMENT OF ADULTS WITH SOFT TISSUE SARCOMAS"

Because the number of sarcomas per year in the United States is only 4500, no single institution can evaluate the tumor biology by itself. Compounding this problem are the few cases of each histological type which retards generalization by type. Surgery and radiation therapy combined yield the best results. An improper biopsy, however, can ruin the chances of effective surgery.

Preoperative radiation will be effective if it kills more than 99% of the cells, spares normal tissue, and doesn’t delay surgery. Preoperative radiation will result in a smaller tumor at the time of surgery turning a non-resectable tumor into a resectable one.

Postoperative radiation started after healing should irradiate cell tissues handled at surgery and is appropriate for small lesions suitable for excisional biopsy.

Dr. Suit stated that local recurrences are fewer for radical resection and amputation than for local excision; however he stresses that we need clinical trials, especially for chemotherapy treatment.

The physicians seemed to agree that surgery plus irradiation was the best approach to treat these patients, with postoperative radiation for small lesions and preoperative radiation for large lesions.
Steven Gendel, CBS television correspondent (right) poses questions for Dr. Ronald Evens on advantages of CT. At left is Dr. Jack Wittenberg of Harvard and at right is Dr. James Youker of the Medical College of Wisconsin.
In the six short years since the computed tomography scanner was introduced in this country, it has been portrayed as both villain and hero. Supporters called it the greatest advance in diagnostic medicine since the discovery of the X-ray. Critics replied, the “CAT scanner” is one of the big reasons for soaring health care costs.

On October 22, 1979, the American College of Radiology assembled a distinguished panel of prominent radiologists in Washington, D.C. for a special Press Seminar which attracted many reporters, television correspondents and medical writers. The purpose was to examine the controversial issues surrounding computed tomography.

Dr. Ronald Evens, Director of Mallinckrodt Institute and a well-known authority on the economics of CT and its utilization, served on the eight-member panel of experts. Reporting that despite inflation, the costs of CT procedures have dropped, Dr. Evens referred to data from nearly 100 large institutions where he showed that the cost of a single head study fell from an average of $223 in 1976 to $206 in 1978, double head studies from $290 to $283; and body studies from $286 to $273.

Dr. Evens pointed out that both head and body CT units entail approximately the same annual technical operating costs $388,000 and $384,000 respectively while 341 head units in operation in 1978 generated an annual profit of $127,000 while 701 body units operated at an annual loss of $77,000.

This discrepancy reflects the head units operating at an average of 59 hours a week to study an average of 63 patients, Dr. Evens told the news media audience, where in contrast, body units operate 52 hours a week and examine only 34 patients. The result is that 73% of the nation’s head scanners but only 17% of the body scanners meet the current national guidelines stipulating that a unit should perform at least 2500 patient procedures per year. This has created a moratorium on new installations in communities where existing units do less than 2500 procedures.

Dr. Evens also pointed out that the annual cost of CT units to the nation — approximately $400 million for the technical cost and slightly over $600 million for the total charge — represents between 0.2% and 0.3% of total health care costs and 5% to 8% of all diagnostic radiology costs. Since the availability of CT scanning has dramatically reduced the need for a variety of other diagnostic procedures costing $450 million, Dr. Evens explained, the actual cost of CT utilization is reduced from $600 to $150 million.

In the November, 1979 issue of “Issues in Radiology,” Dr. Ronald Evens reports that CT has increased medical student interest in radiology residencies and has had significant impact on education in the specialty of Radiology. For example, he points out that at Mallinckrodt Institute of Radiology, the number of applicants for radiology residencies has tripled since the advent of CT. People pursuing radiology careers today often involve students with backgrounds in engineering or computer science or students with backgrounds in medical specialties such as pediatrics, internal medicine, and surgery.

According to Dr. Evens, the major role of the radiology department is to help medical students understand the diagnostic process and its place in patient care.

"Much of the radiologist’s job,” Dr. Evens emphasized, “is to inform the clinician of the appropriate order of tests in evaluating patients with various conditions.” He stressed the importance of educating future clinicians to regard the radiologist as a consultant who can help them make the best possible use of the many diagnostic modalities now available.

Private radiologists are demanding postgraduate courses on CT, ultrasound, and nuclear medicine to keep abreast of these dynamic modalities and acquire continuing medical education credits.

“I think it would be fair to say,” said Dr. Evens, “that more than half the courses at the postgraduate level are either purely CT or include major aspects of CT. Even a course on radiology of the lung will include some material on CT.” Dr. Evens concludes that for radiologic education to deal with CT and the rapid advances in imaging techniques, radiology departments may require a more sizable share of medical curriculum time in order to meet the growing demands of the specialty and the medical profession as a whole.
**TV Interview**

Dr. Ronald Evens was interviewed October 18, 1979 by Frank Thomas of KATV-TV, Channel 7, Little Rock, Arkansas on Mallinckrodt’s role in successfully containing or limiting hospital cost increases. Among the areas videotaped in Barnes Hospital and the Institute, were the computed tomography unit and the CLINAC 20 linear accelerator.

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**Visiting Professor**

Dr. Mokhtar Gado was Visiting Professor of Radiology at the Cleveland Clinic and Case Western Reserve University November 19-20, 1979. He was also the guest speaker at the annual meeting of the Cleveland Radiological Society.

Dr. Bruce McClennan will be a Visiting Professor at Iowa University, April 28-29.

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**Complete CPR**

Three MIR residents, Drs. Avery Brinkley, James McDonald, and Gregory Odrezin attended and successfully completed the St. Louis Heart Association sponsored course of instruction in basic life support. The course included detailed instruction and practice in adult as well as infant cardiopulmonary resuscitation, and proper diagnosis and aid to choking infants and adults. Written and performance tests were required for certification at the completion of the sessions.

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**Symposiums —— Lectures**

Dr. Joseph K. T. Lee was a faculty member in the American Medical Association’s Scientific Meeting in San Antonio, January 12. The title of his course was “The Role of Conventional Radiology, Sonography, and Computed Tomography in the Diagnosis of Disease of the Abdomen.”

Dr. Barry A. Siegel was the keynote speaker for the Los Angeles Radiological Society’s 32nd Annual Midwinter Radiological Conference, January 25-27. His topic was “Radionuclide Bone Imaging for Detection of Neoplastic Disease.”

Presenting workshops at the conference were Dr. Siegel, “An Overview of Nuclear Cardiology” and “Ventilation-Perfusion Imaging in the Diagnosis of Pulmonary Embolism” and Dr. Stuart S. Sagel, “Percutaneous Needle Aspiration Biopsy of the Thorax: Techniques and Indications” and “Computed Tomography of the Thorax.”

Dr. Bruce McClennan was a guest speaker at the Big Sky Urology Conference in Montana Feb. 28-Mar. 1.

Dr. Bruce McClennan will be a member of the faculty of a course on Diagnostic Radiology, 1980 at the University of California in San Francisco, March 2-7.

Dr. Barry A. Siegel will present his approaches and solutions to problems in GU Nuclear Medicine at the annual meeting of the American College of Nuclear Physicians in Washington, D.C., March 9-12. Dr. Siegel will also serve as a panelist describing the activities of the Nuclear Regulatory Commission and the Food and Drug Administration.
Dr. Joseph K. T. Lee will participate as one of the speakers on the scientific portion of the 1980 annual meeting of the Texas Radiological Society, March 13-15.

Dr. Bruce McClennan will speak on “Interventional Radiology and Cross-Sectional Imaging” as a faculty member of a course sponsored by George Washington University in St. Thomas, Virgin Islands, March 22-29.

Dr. Bruce McClennan will present two talks and a workshop on CT at the Sacred Heart Hospital in Spokane, Washington, April 10-12.

Dr. John Bedwinek presented a paper entitled “Primary Irradiation of Stage I and II Breast Cancer” at the American Society of Therapeutic Radiologists in New Orleans Oct. 23-27, 1979. He also lectured on the treatment of breast cancer and moderated and lectured a course on gynecologic cancer.

Dr. Todd H. Wasserman made the following scientific presentations at the ASTR: “Treatment of Malignant Gliomas with Irradiation and Misonidazole” and “Protection against Cytotoxic Chemotherapeutic Effects on Bone Marrow Colony Forming Units by the Radioprotector WR-2721.”

London Visitor

Dr. Ian Kelsey of St. Bartholomew’s Hospital in London visited the Institute Nov. 14-15, 1979, and presented the noon conference on “Medical Renal Disease and Urography.”

"CURRENT CONCEPTS IN MUSCULOSKELETAL RADIOLOGY AND ORTHOPEDICS"
presented by
THE MUSCULOSKELETAL SECTION OF THE
EDWARD MALLINCKRODT INSTITUTE OF RADIOLOGY
in
MONTE-CARLO
May 3-12, 1980

The second annual continuing medical education program, sponsored by the Mallinckrodt Institute of Radiology under the direction of Drs. Louis Gilula and William Murphy, will be held in Monte-Carlo. The outstanding faculty will be comprised of distinguished American and European physicians. Approximately 24 C.M.E. credit hours have been approved under Category I of the PRA of the AMA.

The course will be held at the Loews Monte-Carlo, the largest hotel complex on the French Riviera, offering a fabulous array of restaurants, a casino, night spots, and boutiques. The estimated cost, $1,049.00 per person, includes round-trip special Apex air fare from and return New York. Registration fee is $250. For further information, contact:
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Mr. Daniel P. Donohue, R.T., FASRT, the President of the American Society of Radiologic Technologists delivered the seventh annual Diaz Professional Education Lecture at Mallinckrodt Institute of Radiology on November 23, 1979. The nationally known lecturer in radiologic technology and author of multiple papers spoke on "Radiologic Technology, The Challenge of Unachieved Potential."

In arranging for the lectureship, the MSRT 4th District President, Mark S. Russell, Jr., R.T.T., said, "In choosing Mr. Donohue, we attempted to keep the original objective of this lectureship in mind, that is, to promote the standards and profession of radiologic technology as well as honor a champion of technology."

Mary Di Martino Kimberlin, B.A., R.T., has been named Program Director of Radiography in the Mallinckrodt Institute School of Radiologic Technology. In this position she will be responsible for the organization, administration, periodic review, records, continued development, and general policy and effectiveness of the radiography program.

Mary joined the MIR technology staff in October, 1979, and was appointed clinical instructor in April of that year. She formerly held the position of Program Director of Radiologic Technology at Baptist Memorial Hospital in Kansas City for fourteen years.

A graduate of the Menorah Medical Center School of Radiologic Technology in Kansas City, Mary received her B.A. degree from the University of Ottawa at Kansas City. She has held many offices in the M.S.R.T. including President of District #1, President-Elect of the State Society and a member of the Board of Directors. She has presented lectures for the Kansas City City-Wide Registry Review at M.S.R.T. student seminars and workshops, and has won seven first place awards for technology exhibits.
During the decade of the 1970's, running became one of America’s most rapidly growing, most discussed and written-about sports. As the ranks of runners grew from about two million to an estimated 30 million in this period, many MIR staff, trainees and alums became part of the movement.

Why do people run? The answers are many and varied.

“Running is one of the best exercises there is and certainly the simplest,” said Dr. Gary Shackelford, who has been running for 2 1/2 years. “I don’t know of any other activity where you expend more energy and gain more positive health benefits.”

There is a similarity about the MIR runners – they are trim and reflect weight loss. Nearly all runners find the activity relaxing, meditative and therapeutic. But as Dr. Shackelford states, “Running means different things to different people. It’s not a fad with me. I have a sense of accomplishment in this activity.”

Dr. Robert Baglan started cross-country running fifteen years ago. He has finished three marathons and won ten trophies. He won “The Turkey Trot” race at the University of Kentucky which is traditionally held the Tuesday before Thanksgiving, and his prize was a live turkey. “We ate it for Thanksgiving dinner,” he said, “but it was a pretty tough old bird.”

Dr. Robert Baglan is congratulated by his twin daughters, Kathy and Julie, in 1977 after winning (in his age group) the University City Memorial Day Run in Heman Park. The girls also ran!!

Dr. Lee Melson has been a runner since 1971, owns most of the popular books on running, and is highly informed on the subject. Dr. Melson tells us, “After a conversation about running with Dr. Ronald Evens at a party last year, he asked me what kind of shoes to buy and if I had books to read on the subject. He read the books, had a medical check-up and was soon off and running.” (One year later, Dr. Evens runs 20-25 miles each week.)

Drs. Melson, Evens, and Shackelford get up at 5:30-6:00 a.m. to run in their neighborhood or Forest Park before coming into MIR because they feel this makes the most efficient use of their time. Dr. Robert Stanley runs four or five times a week on the track in Irene Walter Johnson Institute, Dr. Baglan prefers to get in 10 miles daily by running to MIR from his home in University City. Dr. Keith Mullenger runs after work as does Dr. Gregory Odrezin who runs two to four miles, five times a week on the indoor and outdoor tracks of Washington University Main Campus.

More women are running than ever before. Mary Ann Fritschle, who volunteers in Radiation Oncology, runs two miles a day; staff technologist Carolyn Sullivan runs five miles before coming to work and five miles after she goes home; and Barbara Spitzer, receptionist, runs after work and on weekends with her eight year old son.

MIR alumni who share this enthusiasm for running include Drs. James Blakely, Matt Powers, Charles Robertson, Thomas Fuller, and William Miller. Dr. Blakely said his motivation comes from the “joy of running and fitness is a beneficial side effect.”

How far and how fast should one run? Again, there are no set answers.

“You shouldn’t compare runners,” said Shackelford. “Some people race, some don’t. Some like to run hard for a short distance; others like to maintain a slower pace for longer distances.” Many runners consider the marathon races (26 miles, 365 yards) to be their ultimate goal, and Drs. Baglan, Melson, and Shackelford are all veteran marathon racers.

“It is important for beginners not to over-estimate their level of fitness,” Dr. Melson advises. Probably the most important points to remember are: start slowly; buy good shoes; and if you’re over 40, have a checkup before you begin.” Many books for beginning runners are now available. One of the first written on the subject, The New Aerobics, by Kenneth Cooper, remains perhaps the best.

“If you are interested in running, give it a chance,” said Dr. Shackelford. “It takes at least a month or six weeks for your body to work out the soreness and adjust to the sport.”
"In Spite Of The Odds"

"I didn't want to tell anyone — I felt guilty — ashamed. Suddenly, all of the misfortunes during my life loomed up at me. My mind kept repeating: Why me?"

These are the words of Virginia Ruwe as she shared her concerns and frustrations upon learning she had cancer of the cervix.

"I found out last September at MCG when Mrs. Artis Porter, the nurse practitioner, suggested I have a Pap Test." Then Administrative Secretary in the Department of Anatomy, Virginia had gone by the Audubon facility to check into the possibility of changing from MCG to Blue Cross in January when she planned to start working part-time.

"Thanks to the understanding and knowledge of Mrs. Porter, I have come this far," said Virginia.

Yes, Virginia has come a long way! She has undergone a biopsy, diagnostic radiological procedures at Mallinckrodt, a radium implant, and weeks of external radiation therapy in MIR's Division of Radiation Oncology.

"My friends tell me I have a real positive attitude — that I've been able to cope," said Virginia. "I think I've learned in life to do the best you can in spite of the odds."

Virginia's husband died of Alzheimer's disease in 1973. She has a married son and daughter.

Throughout Virginia's account of her bout with cancer, there is an underlying message. The doctor-patient relationship she encountered each step of the way contributed to her positive mental attitude. "Dr. Thomas Morgan, the surgeon, Dr. Richard Baron, the radiologist, Dr. John Bedwinek, the radiation oncologist — they listened, they explained every step of the way, they brought their expert skills and understanding to me. They encouraged — and they cared."

"Of course my constant prayer is that the cancer doesn't pop up again. Every day is a gift," said Virginia, who has generously shared her multi-talents and interests of knitting beautiful items for family and friends, gardening, gourmet cooking, interior decorating, and attending the St. Louis Symphony to name a few. A warm and gracious personality, Virginia knows what it means to give a gift — and to cherish a gift.

"She always greets us with a laugh and a smile," say Patti Oltman, R.T.T., left, and Rhonda Fahey, R.T.T., pictured with Mrs. Virginia Ruwe before her radiation treatment on the 35 MEV.
You're A Good Boy, Billy Braml

You can usually locate 14 year old Billy Braml by the sound of his laughter — it's spontaneous and heartwarming. And so is Billy! No wonder his favorite T.V. program is "Make Me Laugh." Just being around Billy makes you want to laugh with him — and smile, too. He has that certain something extra! Call it courage or strength — it's the determination to push on regardless of the circumstances — and those are formidable.

Billy is suffering from cystic fibrosis, a genetic disease that causes the body's protective mucus to become so thick that it interferes with breathing and digestion. It leaves its victims with recurring wheezing, persistent coughing, a salty taste to the skin, enlargement of fingertips and low resistance to pneumonia. Life expectancy of C.F. patients is between 15 and 20 years. But Billy is praying for a cure, a reversal, a miracle!

He first visited Mallinckrodt's pediatric X-ray when he was five years old, his lungs clogged and one collapsed. Since that day nine years ago, Billy has been in and out of St. Louis Children's Hospital many times, so it's no wonder that Billy is the "King" in Pediatric X-ray. "Everyone knows Billy," said Phil Sotir, the technical supervisor. "Phil is my real pal," Billy replies, sipping a Coke which has become his trademark as the sodas help supply his daily fluid needs. Billy takes enzyme pills with every meal to prevent the diarrhea that can kill C.F. victims and inhales a lung clearing mist daily to dissolve excess mucus. During his hospital stays, he undergoes postural drainage where Roxanne Scarborough, his therapist, works with Billy to loosen the mucus, then holds him upside down to drain the lungs. At 14, Billy weighs 52 pounds and is five feet tall. "I could eat mashed potatoes and gravy for breakfast, lunch and dinner," Billy tells us. Last year he attended regular school where his favorite subject was art, especially drawing dogs. "My friends really looked after me at school," said Billy. "They wouldn't let me play vigorous sports or get into fights."

"I like to come into the hospital," said Billy. "So many of my friends are here." One resident seeing

Billy in the Emergency Room called out, "You in here again, Braml?" "I wanted to laugh even though I couldn't," said Billy.

"I even met my best girl in the hospital," said Billy. "Her name is Allison. She's nine years old and one day her mom came into my room at Children's Hospital and said that Allison was going to have surgery the next day and was pretty scared and would I keep her company while she left the room to have a cup of coffee. I said 'Sure.' It was love at first sight!"

Another good friend of Billy's in Pediatric X-ray is Bob Kowalik, R.T.. Bob devotes much of his summer vacation to assisting at the C.F. camp which Billy attends. "It's very rewarding to work with these young people in outdoor activities," said Bob. "They're so enthusiastic, and it gets them away from their studies for awhile."

"People in the medical world have helped my son in many ways," said Billy's mother, Mrs. Beverly Bartlett of O'Fallon, Illinois — "Dr. Strominger, Dr. James Corry, Phil Sotir in Pediatric X-ray, as well as the people in Children's Hospital. The attitude of all of these have given me strength and made his disease much more bearable. Billy gets 'down' only when he hears about his friends dying."

Billy's courage and positive attitude is reflected in the comments of those around him, such as transporter, Tracy Pennington, who describes Billy as "One of the greatest kids we've ever had in the hospital."
MIR CALENDAR OF EVENTS

March 10, 1980
CITY WIDE RADIOLOGY CONFERENCE
Scarpellino Auditorium, Mallinckrodt Institute, 5:30 P.M.

March 20, 1980
4th DISTRICT M.S.R.T. MEETING

March 23-28, 1980
THE ASSOCIATION OF UNIVERSITY RADIOLOGISTS
SCARD/A3CR2 - Tucson, Arizona

April 14, 1980
CITY WIDE RADIOLOGY CONFERENCE
Scarpellino Auditorium, Mallinckrodt Institute, 5:30 P.M.

April 17, 1980
4th DISTRICT M.S.R.T. MEETING
Missouri Baptist Hospital

April 23-24, 1980
CPR SEMINAR
Scarpellino Auditorium, Mallinckrodt Institute

April 19-25, 1980
AMERICAN ROENTGEN RAY SOCIETY
Las Vegas, Nevada

May 3-12, 1980
2nd ANNUAL CURRENT CONCEPTS IN MUSCULOSKELETAL
RADIOLOGY AND ORTHOPEDICS
Monte-Carlo

May 12, 1980
CITY WIDE RADIOLOGY CONFERENCE
Scarpellino Auditorium, Mallinckrodt Institute, 5:30 P.M.

May 15, 1980
4th DISTRICT M.S.R.T. MEETING
Missouri Baptist Hospital

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