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” lapel 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 for 1968.

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 Meisenheimer, 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 division of research 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.

“Although computer monitoring of the patient assistant director of nursing services, hangs a United Fund poster in the corridor of Wohl Hospital at the start of the annual campaign.

The computer will be interfaced with small relatively inexpensive computers, which will then continuously record the patient’s electrocardiogram, or heart rhythm.”

In the nine-bed maximum care area of the Coronary Care unit, EKGs can be on the nurses’ reading console. Nurses have been trained to recognize warning signs of possible heart attacks. Uniform procedures are then followed. New concepts of doctor-computer-nurse relationships may evolve from this unit. Discussing the console’s features are Cardiovascular Clinical Specialist Pat Shaffer, left, and nurses, Joyce Howard and Dorothy Bewie.

Barnes. But in the new unit, the monitors can 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.

“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. Frank. “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 $1.6 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 participating agencies who are the recipients. Both Barnes and UF have similar goals in that both institutions are striving to help those institutions who are the recipients. Both institutions are striving to help those in ill health. Both are making a fair share to those who are in ill health.

Large numbers of our employees have participated generously in past years, a clear indication of the high level of good citizenship practiced by the employees of this hospital. Knowing full well the results of UF contributions, we should make every effort to extend ourselves during the campaign in order to ensure the continued success of the drive. Everyone's participation is essential and meaningful in achieving our quota.

—Robert E. Frank
Director of Barnes Hospital

Raymond E. Rowland was elected recently as board treasurer of Washington University Medical School and Associated Hospitals (WUMSah), which is composed of the medical school, the Barnes Hospital Group, St. Louis Children's Hospital and Jewish Hospital.

Miss Anna Marie Floyd, a nursing student at Barnes, and her brother Frank, 11, had a harrowing experience while visiting their older brother at Biloxi, Miss., during the rage of Hurricane Camille. Water forced them to evacuate their brother's home. The Floyds then found shelter in the nearby home of their sister-in-law's uncle.

A surprise party was given on Sept. 5 in Stores for Howard Hehner, 56, who has completed 40 years as a Barnes employee. Hehner is manager of stores.

Seven Students Complete Requirements in Anesthesia

Seven students recently completed requirements to graduate from a two-year anesthesia course. Graduates seated are, left: Judith Fontenot, Pauline Horn, Margaret Dokmanus, Margaret Delaney, president. Standing are, left: Mrs. Dean Hayden, director of the School of Anesthesia; Caroline Derman, Wayne Berkbigler, Marsha Ault, and Louise Grove, educational director. Another nine new students started class this month.

Barnes Receives $160,712 Hartford Grant
To Study Effects of Severe Injuries on Blood

Gastrointestinal and clotting complications in severely injured patients will be studied at 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.
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 darting Latourette suffered a severely torn Footballer's Career In Jeopardy Following Knee Surgery with a heavy cast on his right leg. 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 laid immobilized as a patient at Barnes 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 play- er. "I know my football career may have ended. The team's physician 'laid it on the line,' and besides, I've watched these scalpell 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 come up to 600 feet and the atmospheric because there were two tempera- ture inversions involved. Normally, warm air is close to the ground and cooler air exists at higher altitudes. Thermal inversions occur when a warm air mass traps a cold air mass below it. A high pressure system in the same vicinity then limits wind movement through the inversion. This is what happened in St. Louis during "smog week." Two separate inversions were discovered—one layer extending up to 600 feet and the other about a mile high.

There was no noticeable change in the daily admission rate at Barnes. Apparently, it was fortu- nate that the condition subsided when it did, according to Dr. John Pierce, chief of the pul- monary division at Barnes, who believes that air

Volunteer Workshop Set; 180 Invitations Mailed

The third workshop for all adult 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 Nurs- ing School graduating class from Barnes will re- main. Tentative assignments are: Sandra Arico, 4 Maternity; Audrey Beasley, 2418; Gail Beau- mont, 4 Wohl; Laurel Ann Chaney, 4 Renard; Sharon Crane, 6 Maternity; Linda Kay Daugherty, 11100; Donna Davis, OR; Karen Dennison, 3 Wohl; Telly Tan Der, 5 Wohl; Patricia Dillow 2418; Mary Dunkel, 2418; Linda Fick, 6 Matern- ity; Charla Fountain, 10200; Barbara Frick, 11200.

Susan Poole Ginther; Roberta Grace, 2418; Kathleen Bingham Green, 3 Wohl ICU; Sharon Gail Harris, 5 Wohl; Kathryn Holt, 6 Renard; Diana Huelsmann, 5 Wohl; Diane Hulse; 8 Ma- ternity; Rebecca James, 6 McMillan ICU; Agnes Marie Finder Johnson, Nurseries; Linda Patricia Heller Kohler, 12200; Virginia Korte, 3 Wohl ICU; Marilee Kuhn, 3 Wohl ICU; Linda Saltz- man McColl, 3 Wohl ICU; Judith McCreary, Renard ICU.

Pat Maune, 11200; Mary Lee Miller, 4 Wohl; Mary Stanton Minton, 7 McMillan; Vickie Olson, 6 Maternity; Donna Ottomeyer, 3 Wohl ICU; Katherine Schneiter, 12200; Jane Spurrer, 3 Wohl ICU; Kathryn Straatmann, 10100; Lynne Tecklenburg, 3 Renard; Andrea 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 303,246 young people.
• Cultural, citizenship, athletic activities for 196,408 youths, plus 269,313 individual interviews.
• Counseling and casework for 32,901 families.
• Employment or supervised employment for 5,908 persons . . . and services for 14,676 handicapped persons.
• Children in placement received 305,534 days of care . . . and another 127,010 days for children in day-care centers.

“He who has health has hope; and he who has hope has everything . . .” 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; pre-school 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

act as sort of therapy and occupy my time while in a room on the Webster campus. "The doctors' decision was reached to have a telephone hook-up"

As the school year approached, Webster College and Barnes doctors huddled and a decision was reached to have a telephone hook-up.

In September from her bedside while a history professor at Webster College, Dr. Alice Cochran, taught a college class that started as a pilot. "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 a list of child-placing agencies may contact Mrs. Ava Parks, Sta. 527 or Mr. Dixon, Sta. 414.

College Course Being Taught by Patient Via Phone

A history professor at Webster College, Dr. Alice Cochran, taught a college class that started in September from her bed-side while a patient at Barnes. Afflicted by an infarction of the heart, Dr. Cochran entered Barnes for treatment.

As the school year approached, Webster College officials and Barnes doctors huddled and a decision was reached to have a telephone hook-up installed so that Dr. Cochran, from her hospital bed, could teach her students who assemble in a room on the Webster campus. "The doctors readily agreed to the idea of installing the hook-up. Apparently, they felt that the system would act as sort of therapy and occupy my time while in the hospital," she said.

New Coronary Unit ‘Hailed’ by Everyone

(Continued from page 1)

and the computer application, to be the most efficient combination of equipment and manpower to prolong lives that were otherwise prematurely lost."

All except two beds in the unit are in individual rooms. One bed is especially equipped for patients in cardiogenic shock, caused by damage to the heart muscle. Cardiac output will be measured for these patients, to see if the treatment being used is effective.

Also included in the facility, which will be located on the eighth floor of the Rand Johnson build-

In a patient room, nurse Dottie McDonnell attaches monitoring devices to a patient. As a "critical" patient enters the unit, he is placed in the acute section. As body signs improve, he is moved to areas of graduated care, and eventually out of the unit.

31 Nurses Are Trained for Unit

"In the old unit, if we had an emergency, the patient didn't know the circumstances and knew the patient who was having difficulty—patients were separated only by a curtain. This situation will be corrected by the new unit." Mrs. Diane Officer, a nurse in the cardiac intensive care unit, said. She is one of 31 nurses who have undergone training in cardiology, which includes how to read computer-assisted monitoring devices which instantly record changes in heart action.

Coronary Unit Was Wonderful, But...

Bob Nickell, a St. Louisan who was a patient in the old coronary intensive care unit, said he received "wonderful attention" and that he was "watched" every minute. "I cannot say enough good things about this hospital," he said. However, some crowded areas existed in the old care unit. Not every patient had a window to look out of, but I was fortunate. I understand that almost every patient will have a window in the new unit."

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 cardiac 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 online 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.

COMPUTER "CROSS-TALK"—Nurses can literally talk with the computer at any time about any patient's EKG, via this computer terminal which is hooked to conventional monitoring devices. This is the "discussion station." (Hospital personnel are simulating patients in these photos.)

explained that the nurses in the unit will seek to implement a new concept of partnership among doctor, nurse, and computer to save many lives now lost to heart attacks. The nurses will be given extra responsibilities, and will be entering information in the patient's chart, just as the doctor does. "Because a doctor may be busy with another patient during those crucial seconds of the patient's heart attack, the nurses are trained to act immediately. They will have a sense of responsibility for total patient care. They will perform physical examinations and work closely with the physicians as part of a medical care team," Dr. Wolff pointed out.

"Many persons who die from ventricular fibrillation have hearts that are hardly damaged. The only problem seems to be the loss of heart rhythm, caused by a sort of short circuit in the heart's electrical system, which causes the uncoordinated and unproductive heartbeat. These patients have hearts that are still too good to lose. We're hoping to save a lot of them in the new unit," Dr. Wolff said.

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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, Washing-
ton University Medical School.

Monosodium glutamate is the sodium salt of
 glutamic acid, which exists naturally in the cen-
tral nervous system. Its source in the ordinary
diet is protein and it is released slowly by diges-
tion, to be absorbed into the bloodstream. How-
ever, 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 accents
the flavor of many foods, giving a rich, brothy
taste to meat and vegetable dishes. It is em-
ployed widely by the food industry to enhance
the palatability of processed foods, particularly
those containing meats and vegetables. A num-
ber 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 com-
petitive 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 cen-
tral nervous system in an attempt to discover
 occult mechanisms by which brain damage might
occur in the fetus or young infant. His experi-
ments have demonstrated that hypothalamic
centers in the infant brain show irreversible dam-
age 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 ob-
served 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 cen-
tral nervous system disturbance.

In a paper published in the May 9, 1969, issue of
Science, Dr. Olney described abnormalities result-
ing 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 ex-
ample, 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 concen-
trations 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 worst,
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 mono-
sodium glutamate from their products. He said
it has been suggested to him frequently that the
first company to do so could launch a tremen-
rous advertising campaign—with the slogan:
“Our Baby Food Contains No Brain-Damaging
Additives.”

Barnes Hospital
School of Nursing
Class of 1969
St. Louis, Mo.
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 used for breathing, swallowing, and speech.

Dr. Joseph H. Ogura

Through research the otolaryngologists were able to determine just how much of the various organs and tissues of the neck could be removed without irreparable loss of function. They also developed surgical and mechanical devices to rebuild and replace some of the vital areas that had to be removed due to a malignancy. Rehabilitative projects were also undertaken to help individual patients re-learn to talk and swallow through their partially destroyed larynxes. Following surgery the physician works with each patient, teaching him to use his larynx in new ways. Outpatient treatment is continued after the patient has been discharged.

“The patient’s ability to adapt to lesser functioning organs in the neck has proven to be amazing,” Dr. Ogura said. “With the use of a sound speaking tube, surgically created by use of regional skin flaps, a patient who has his entire larynx removed can learn to speak again. With therapy alone, nearly 75 per cent of our patients are talking within one month,” he stated. “The other 25 per cent can talk by using a mechanical device.”

What about transplants of the larynx? Dr. Ogura admitted his group has been working with experimental animals for the past three years and have had larynx transplants function up to three months with the use of drugs. An anti-lymphatic serum derived from horses has been developed to combat the rejection factor, a recurring problem common to all transplants.

Dr. Ogura stressed that human larynx transplantation is definitely not imminent here, primarily because, with the invention of the sound speaking tube normal speech can be returned through mechanical means. Also, much further experimentation is needed before all the problems involving the rejection factor will be solved. However, Dr. Ogura did point out that the surgical procedures for such an operation have already been satisfactorily developed.

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 Kluyskens, 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. Kluyskens admittedly followed a 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. Kluyskens 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 Clemmons, a blood-drawer supervisor; her mother, Mrs. Rosiebell Virge, who was an aide in the clinic lab; and her grandmother, Mrs. Paliese Moore, who was an aide for the blood bank in the clinical mic lab.

"Please Save The Train";
Out-Patient Writes ICC

Barnes’ reputation for providing exceptional health service attracts patients from all parts of the country. To deprive a patient of his usual mode of transportation to Barnes may bring protest, as evidenced by the case of Miss Valinda Bell of Evansville, Ind.

Miss Bell is one of 32 objectors who have written to the Interstate Commerce Commission, asking that the Louisville & Nashville Railroad continue running the last passenger train through Evansville and St. Louis twice a day.

Miss Bell wrote that the train should be continued “because I go to Barnes Hospital twice a month to the doctor and other forms of transportation are not satisfactory and are very inconvenient.” Evansville doctors frequently send patients to Barnes for specialized treatment not available at that Indiana town.

Because of vehement protests from the likes of Miss Bell, unions, cities, states, legislators and congressmen, it is almost assured that the L.&N. will be ordered to continue the trains, at least until Dec. 13, while the ICC conducts hearings. Trains involved are No. 4 from Atlanta, arriving in Evansville at 3:40 a.m.; No. 10 leaving Evansville at 4:15 a.m. for St. Louis; No. 5 arriving Evansville from St. Louis at 8:30 p.m., and No. 3 leaving Evansville at 9:40 p.m. for Atlanta.

In its petition, L.&N. complained that “the public has abandoned these trains” although the “seats are comfortable, upholstered and equipped with headrest covers,” and other modern features. “It would not be feasible or practical to operate these trains because the business simply is not there,” appealed L.&N.

By Miss Bell’s protest to “. . . Save the train,” almost anyone can see Miss Bell is genuinely concerned with having a nostalgic transportation link retained so it can keep her in touch with today’s modern health services.