Barnes Lodge offers a "home away from home"

Out-of-town patients and their families who require long-term temporary lodging have a new alternative that offers not only inexpensive accommodations, but also a comfortable home-like atmosphere. Barnes Lodge, a program designed to meet the needs of Barnes patients from outlying regions and their family members, debuts October 15 in temporary quarters at 4560 Clayton.

Tours of the facility will be conducted during open-house activities Monday, October 14, from 10 a.m. to 4 p.m. The public is invited to attend.

The Lodge concept is to provide affordable, convenient lodging in homelike surroundings for family members who need to stay near seriously ill hospitalized patients and for patients receiving long-term outpatient treatment such as chemotherapy, radiation treatment and organ transplant follow-up care.

"This type of lodging is especially needed at a hospital like Barnes that offers highly specialized services such as heart, liver and bone marrow transplants," says Carol Palmer, director of social work, the department which administers the Lodge program. "These particular services call for an extensive follow-up program that requires patients to remain near their doctors and the hospital for approximately two months.

"Many patients from outlying communities come to Barnes for advanced treatment not available in their immediate vicinities," she continues. "Our department alone receives an average of 30 requests each month for lodging facilities. This program fills a gap in lodging resources and also helps to ease the burden of expensive medical treatment for these patients and their families. In addition, the homelike atmosphere provides an important aspect of emotional support by allowing privacy, independence and group contact."

Barnes Lodge presently offers a limited number of private bedrooms, as well as a common kitchen and dining area, television and board game room, a quiet living room and laundry facilities. Guests cook for themselves and care for their personal needs, but Barnes volunteers staff the Lodge until 9 p.m. to answer questions and provide assistance. The Lodge is within walking distance of Barnes and shuttle transportation also is available.

The Barnes Auxiliary has pledged $250,000 toward the building of a permanent, three-story Barnes Lodge with accommodations for up to 30 guests. The project is expected to begin when an appropriate site becomes available. For further information about Barnes Lodge, contact the social work department at 362-5574.

Robert E. Frank plans retirement for July, 1986

Robert E. Frank, Barnes president, has announced his retirement, effective July 1, 1986. Mr. Frank has headed the hospital since 1966.

Armand C. Stalnaker, chairman of the board of directors, said a committee will be appointed to search for a new president. "Bob Frank is known nationally for his expertise in health care administration and will continue to be a resource for Barnes Hospital and the entire health care industry," said Mr. Stalnaker. "He has guided Barnes to prominence as one of the top ten hospitals in the country."

Mr. Frank was quick to note that the greatest accomplishment is not his alone. "The greatest accomplishment is just that Barnes continues to be a world-class hospital," he said. "Such an achievement demonstrates the high level of professionalism among the Barnes medical staff and employees, and reflects our commitment to provide the highest quality patient care."

A native of St. Louis, Mr. Frank, 59, joined Barnes in 1961 as an intern in hospital administration. A series of promotions led to his being named to head the hospital in 1966 by the late Edgar M. Queeny, then chairman of the board.

Barnes, which opened in 1914, has been marked by growth and renovation during Mr. Frank's tenure as president. Opening of the East and West Pavilions in the 1970s increased the total number of beds to 1,200. During the 1980s, Mr. Frank has presided over the opening of the new outpatient surgery center, a renovated coronary care unit, an expanded subsurface parking garage and a completely remodeled emergency department. During 1985, Barnes has implemented both heart and liver transplant programs, and has developed the capability to perform heart-lung transplants.

Mr. Frank is a former president of the Hospital Association of Metropolitan St. Louis and former chairman of the Missouri Hospital Association. He is an alumnus of St. Louis University where he earned a bachelor of science degree in commerce and a master's degree in hospital administration. He was named a SLU Distinguished Alumnus this year.

Barnes/Sutter begins breast screening service

Professional business women on the go now have a better opportunity to fit good health practices into their busy schedules through a newly implemented program at Barnes/Sutter HealthCare.

In September, Barnes/Sutter began offering a complete breast screening program, designed for the convenience of working women in the downtown area. On Monday and Tuesday of each week during lunch time hours, Drs. Robert Lund and Jerome Levy of the Barnes medical staff conduct breast screenings at Barnes/Sutter. The screening, by appointment only, generally takes no more than one hour and includes instruction in self-examination, education about breast cancer and its early warning signs, and an examination. Mammography (x-ray) facilities, operated by Mallinckrodt Institute of Radiology, also are available on-site if such testing is indicated.

Charge for the screening is $45, payable by cash, check, VISA or MasterCard. Charge for mammography services is additional. Barnes/Sutter is located at 819 Locust. To schedule an appointment, contact Sheila Hamilton, at 621-4300.

Barnes marks first with liver transplants

Barnes Hospital marked a milestone in St. Louis medical history August 21 by performing the first liver transplant operation in the area. A second liver transplant took place here September 6. Prior to the establishment of the new transplant program at Barnes, the only such program in the state, the nearest centers to Missouri for liver transplants were located in Pittsburgh, Pennsylvania, and Minneapolis, Minnesota.

The first liver transplant, under the direction of Dr. M. Wayne Flye who heads the Barnes program, was performed on a 40-year-old man from the East Coast who required a transplant because of an inoperable, malignant tumor in both lobes of his liver that threatened to spread. The donor organ came from Washington, D.C. Two surgical teams were required to perform the transplant. One team, led by Dr. Flye, flew to Washington to retrieve the liver, while the second team, headed by Dr. Charles B. Anderson, Barnes general surgeon-in-chief, prepared the recipient. Total time in the Barnes operating room was 11 hours. The second transplant was performed September 6 on a 36-year-old Manchester, Missouri, man who suffered from sclerosing cholangitis, a scarring and inflammation of the bile ducts.

Improvements in surgical procedures and drug therapy to combat rejection have made liver transplants beneficial to patients suffering from (continued on page 2)
First liver transplant
(continued from page 1)

terminal liver conditions. More than 70 percent of those who receive liver transplants can expect to live at least one year after the operation. Hospitalization is generally about one month and the patient is watched closely for signs of rejection or infection. The long-term prognosis for liver transplant patients is good, Dr. Flye says, especially if rejection is avoided during the first six months.

The greatest problem facing potential liver transplant patients is a shortage of donors. Also, the procedure, because of the nature of the liver and its functions, requires a greater amount of blood and other operations, calling for as much as four times the amount used in open-heart surgery. Dr. Flye notes that although everyone cannot donate a liver, nearly everyone can contribute blood.

With the addition of the liver transplant program, Barnes has become one of the few hospitals in the nation offering a complete range of transplantation services, including bone marrow, kidney, cornea and heart transplants. Pioneering work is underway here to perfect islets of Langerhans transplants and Barnes cardiothoracic surgeons have the capability to perform heart-lung transplants.

(For a more detailed description of the Barnes liver transplant program, turn to centerspread, pages 4-5.)

Transplant seminar offered in November

Area health care professionals may increase their knowledge of transplant technology during an advanced workshop conducted by Barnes transplant specialists. The seminar will be held Friday, November 1, from 8 a.m. until 4 p.m. in the West Pavilion auditorium at Barnes.

The one-day workshop will explore the potential organ donor, immunosuppression and its implications, and nursing considerations of the transplant recipient, and will provide an overview of heart, liver and bone transplant procedures. Drs. R. Morton Bolman, head of Barnes' heart transplant program; M. Wayne Flye, head of the liver transplant program here, and Lawrence A. Keighauser, Barnes orthopedic surgeon, will conduct presentations about their specific areas of expertise.

The advanced concepts workshop has been approved for continuing education units by the Missouri Nurses Association. For more information or to register for the program, contact the department of education and training, at 362-5250.

Home Health celebrates one-year anniversary

Barnes Home Health, in conjunction with Irene Walter Johnson Institute of Rehabilitation, marked its first full year of operation last month with impressive statistics. Since opening in September, 1984, with a staff of five employees, the department has grown to encompass 33 Barnes employees and 16 therapists from JW1. Lynne Davis, Home Health director, reports that the number of home visits provided each month has grown from 696 to 2,699 in one year's time, an increase of over 288 percent.

Since its establishment, the home health department has developed new specialty services in addition to the traditional home care areas of skilled nursing care; physical, occupational and speech therapy; social work consultation, and nutrition instruction. Those special services include burn care, ostomy care, Parkinson's Disease treatment and intravenous (IV) therapy for patients receiving enteral or parenteral nutrition, chemotherapy, antibiotic and hydration treatments.

The department recently began a 24-hour on-call service for patients on IV therapy. The on-call service ensures the availability of a registered nurse at any hour of the day or night for patients who experience difficulty with an IV treatment. For example, if an IV is not infusing properly, a nurse would be available to visit the patient and correct the problem.

With a successful year behind it, Mrs. Davis says the department plans to continue its steady growth. "We are planning several new home care clinics to be implemented in the coming year," she says, "including home care for the sick child, adult day care, private duty nursing, durable medical equipment and new specialty treatment areas."

On July 1, Mr. Schatz was near a phone when he received a call from Connie Cance, heart transplant coordinator, who told him that a donor heart had been located.

Mr. Schatz and his wife, Lona, began the two-hour drive back to St. Louis while Dr. R. Morton Bolman, head of the Barnes heart transplant program, flew to Milwaukee, Wisconsin, to retrieve the heart. The operation actually began in the early hours of July 2 and Mr. Schatz came through with flying colors. He was released after two weeks, but returned daily at first to check in with Dr. Bolman.

Although many patients hope never to see a hospital again after discharge, the prospect of being at Barnes on an almost daily basis for purchasing director gives Mr. Schatz an added sense of security.

"I just can't say enough about the doctors and nurses here at Barnes," he noted. "The care I received in the intensive care unit and then on the patient care division was just excellent. They anticipated every question and every worry I had. It gives me special confidence to know they're just a couple of floors above my office."

"I don't think I'll be putting in another 30 years. But I'm really going to enjoy the time I'm here."

VHA Mid-America names president

VHA Mid-America, a new regional network of non-profit hospitals, recently named Fred E. Linville as president of the association. VHA Mid-America headquarters will be located in Columbia, Missouri.

"Mr. Linville comes to VHA Mid-America with a wealth of experience in a broad range of health care settings," said Max Poll, Barnes executive vice-president and chairman of the board of VHA Mid-America. "In addition to excellent management skills, he successfully developed a free-standing shared service organization from its initial stages. We look forward to Mr. Linville's creative expertise in further strengthening VHA Mid-America."

Mr. Linville most recently served as president of SHARE, Inc., a shared service organization in Topeka, Kansas. He was the first staff member of the organization and was instrumental in its development, service implementation, program initiation and eventual transition from free-standing corporation to subsidiary of a multi-hospital system. Previously, Mr. Linville served as a vice-president of administration at a Minneapolis, Minnesota, health system; executive director of a Cleveland, Ohio, health care network, and associate director of a Louis ville, Kentucky, hospital.

Barnes and St. Luke's Hospital of Kansas City, both shareholders in the national Voluntary Hospitals of America (VHA), sponsored formation of the regional network which allows member hospitals to share in savings through group purchases and sharing of management expertise. Such association is designed to strengthen the local autonomy of member hospitals while enhancing the availability and quality of health care. VHA Mid-America was approved by the boards of 10 Missouri hospitals early this summer, including Boone Hospital Center, Columbia; Cameron Community Hospital, Cameron; Farmington Community Hospital, Farmington; Independence Sanitarium Hospital, Independence; McGuire-Crooks Hospital, Car thage; Phelps County Regional Medical Center, Rolla; Spelman Memorial Hospital, Smithville, and St. Francis Medical Center, Cape Girardeau.
See “Health Matters” for updates in care

A new “Health Matters” series will premiere Tuesday, October 1, on KETC-TV (Channel 9). Sponsored by Barnes and four other WUMC institutions, the half-hour documentaries dealing with health care topics of current interest will be telecast at 7:30 p.m. Tuesdays, and repeated at 12:30 p.m. Fridays and 2:30 p.m. Saturdays.

“Health Matters,” offered as a public service to viewers, premiered in St. Louis in 1984. The informational program is produced by Medstar Communications, Inc. in conjunction with Barnes, Jewish and Children’s Hospitals, Washington University School of Medicine and Washington University School of Nursing. Each half-hour segment consists of a documentary presentation followed by a panel interview with doctors and health care professionals from the sponsoring institutions.

Upcoming segments include phobias (October 1); learning disabilities (October 8); wellness (October 15); cardiac rehabilitation (October 22); high blood pressure (October 29); sexually transmitted diseases (November 5); teenage alcoholism (November 12); organ donation (November 19); and high risk pregnancy (November 26).

SIDS research team seeks volunteers

A Sudden Infant Death Syndrome (SIDS) research team is conducting a survey concerning symptoms related to irregular breathing in children between birth and five years of age. The survey requires only that the parent complete a questionnaire describing their child’s irregular spells, such as fainting, breath-holding or turning blue.

The goal of the study is to increase understanding of the causes of SIDS and to assist in managing infants with apnea or on apnea monitors. For more information, contact Georgia Schefft, R.N., at Children’s Hospital, 454-6100.

Free blood pressure screenings October 24

The Barnes Hospital Auxiliary and volunteers, in conjunction with the department of education and training, will sponsor a free hypertension screening October 24 from 8 a.m. until 4 p.m. The screenings, open to the public, will be offered in the Health Education and Screening Center, located off Barnes’ main East/West Pavilion lobby.

Hypertension occurs when the force of blood within the vessel walls becomes abnormally high. Untreated, high blood pressure can result in heart attack, stroke or kidney damage. Called the “silent killer,” hypertension can progress without any visible warning symptoms. Although it can affect people of all ages, those who are over 40 years of age, are diabetic, overweight or smoke, or those who have a family history of heart disease, are at a greater risk of developing hypertension.

Chefs gear up for spicy NKF fund raiser

Chefs around the area will be in hot competition October 12 during the 10th annual Chili Cook-Off to benefit the National Kidney Foundation. One entry in the spicy competition is a team from the Barnes Recovery Unit, entering for their third year with an original secret recipe guaranteed to tantalize the palate.

The annual fund raiser, being held this year at Monsanto headquarters on Olive and Lindbergh, features all-day entertainment and judging by a panel of local celebrities. Beginning at noon, the public is invited to sample the sumptuous concoctions and form their own opinions of the entries. Donations for the samples benefit the National Kidney Foundation of Eastern Missouri and the Metro East.

The Auxiliary and volunteers sponsor free blood pressure screenings for the general public two times each year.

A total of 47 employees will mark 15-year anniversaries. They are Rosa Abel, laboratories; Edward Altheuser, housekeeping; Leoma Anderson, laundry; Brenda Beck, credit and collection; Donna Baram, laboratories; Elouise Broyles, food and nutrition; James Camp, biomedical engineering; Linda Campbell, food and nutrition; Dorothy Carter, nursing; Berniece Cemenlon, laboratory; Terry Conaway, nursing; Micki Doedli, telecommunications; Willie Flemming, housekeeping; Pauletta Franklin, nursing; Juanita Fuller, board of directors; Ruth Garrett, nursing; Pearlene Gates, housekeeping; Joyce Hanner, nursing education; Jean Jackson, nursing; Johnnie Jameson, Queenie Tower restaurant; Florena Johnson, food and nutrition; Peggy Jones, Diane Kehoe and Deborah Nelson, nursing, and John Koenig, laboratories.

Pearl Latimore, Seniorise Lockett and Dorothy Marchiando, nursing; Susan Mathis, nursing education; Angela McGrady, medical records; Carolyn McDaniel, laundry; Adele McGei, nursing; Archie Melvin, security; Mary Nau- man and Dorothy Pulliam, nursing; Mary Ray, clinical nursing; Dessie Richardson, food and nutrition; Doris Robinson, nursing; Barbara Small, phlebotomy; Mary Spengel, nursing service; Doris Thone and Wuanita Thornton, clinical nursing; Robert Umfleet, pharmacy; Mary Webb, food and nutrition; Leslie Werner, admitting; Mary Williams, food and nutrition, and Marion Williford, nursing.

Those 61 employees who will celebrate 10-year anniversary dates are JoAnn Arcipowski and Sarah Bouteman, nursing; Althea Brown, telecommunications; Billie Brown, credit and collection; Mary Buford, food and nutrition; Pearl Burton, nursing; Antoinette Cacciabando, emergency department; Pat Christer, management information systems; Marigrace Clark, nursing; Viola Carr, nursing service; Fox; Doris Thone and Wuanita Thornton, clinical nursing; Louise Coazrt, housekeeping; George Criglar, supply; Donna Dalessandro, education and training; C.D. Davis, housekeeping; Julia Davis, food and nutrition; Margarette Davis, nursing education; Lola Dierker, nursing; Robert Duemler, laundry; Ann Dyson, laboratories; Eddie Edwards, food and nutrition; Jane Ermer and Mary Greer, nursing; Debra Gregory-Bradford, food and nutrition; Florence Ha- ble, nursing; George Clark, housekeeping; Gay Hartweck, house staff; James Hoffman, security, and Margaret Holmes, housekeeping.

Joan Hoppe-Bauer, laboratories; Nancy Humel, nursing; Walter Jentsch and Frank Just, pharmacy; Ann Kantor, social work; Deborah Kotas, nursing; Althea Lewis, laboratories; Michael Lovellette, nursing; Kim Mack, food and nutrition; Mary Mahomes, nursing; Martha McBride, food and nutrition; Debbie Mentz, nursing; Al Mester, security; Janet Patterson, cashiers; Renee Powell and Howard Ramey, nursing; Roxanne Reiner, dispatch; Earlene Sallom and Marjorie Stahl, data processing; Mitch Coleman, laboratories; Maggie Stepps, laun- dry; Dennis Stout, housekeeping; Clifford West- brook, Queeney Tower restaurant; Pat White, secu- rity, and Johnnie Williams, housekeeping.
On August 21, Barnes performed the first liver transplant in the city of St. Louis and became only the 16th hospital in the world to perform the complex operation. In an age when cornea, kidney and even heart transplants are almost commonplace, why have liver transplants been so rare? Fortunately, due to advances in surgical procedure and drug therapy, the future is becoming brighter for those who suffer from life-threatening liver disease.

Tucked beneath the rib cage and situated mainly on the right side of the abdomen rests the body's largest glandular organ—the liver. An average adult's liver is about the size of a football and weighs approximately three pounds. Considered second in complexity only to the brain and central nervous system, the liver performs hundreds of vital functions, including processing nutrients into usable fuel for the body, regulating blood clotting, neutralizing poisons, maintaining hormone levels, controlling production of cholesterol, making proteins, storing vitamins and minerals, and manufacturing bile, essential for digestion.

Although the normal liver receives two main blood supplies from the oxygen-rich hepatic artery and the portal vein bringing nutrient-rich blood from the digestive tract, the diseased liver has developed a complex network of collateral vessels connecting it to other parts of the body. During a transplant, surgeons must meticulously sever and reconnect the key blood vessels as well as the bile duct leading to the intestines.

Several conditions make a patient a candidate for a liver transplant. In children, these include biliary atresia, a congenital absence of the bile ducts; enzyme abnormalities; and cirrhosis, hepatitis or other underlying congenital disorders that lead to liver failure. Other disorders may result in liver failure in adults, such as certain inoperable malignant tumors that cannot be removed with a part of the liver. All liver transplant candidates have a fatal problem that would cause death within a few days to a few months. Previous recipients have ranged in age from a newborn baby to a 57-year-old adult.

The transplant operation

The first liver transplant in the United States was attempted in 1963. Dr. Thomas Starzl, who pioneered the operation, eventually achieved success in 1967. Until 1984, a total of 700 liver transplants had been performed around the world. It is projected that 300 to 400 will be completed in 1985 alone. The increased success rate is due, in part, to an improved surgical procedure and the development of the anti-rejection drug, cyclosporine.

During the operation, a pump by-passes blood around the liver by means of a shunt from the patient's leg and portal vein to the arm. Use of the pump has increased the success of liver transplant operations by preventing blood from pooling in the intestines and lower body, thereby avoiding a serious situation that can cause low blood pressure and damage to the intestines and kidneys. Cyclosporine, used increasingly in the 1980s for kidney, heart and now liver transplant patients, suppresses the immune system's rejection of the foreign organ, but leaves the infection-fighting defenses intact.
Significant inherent difficulties do remain. The donor liver itself has a relatively short life span when disconnected from its blood flow and must be transplanted within five to six hours. Dr. M. Wayne Flye, head of the Barnes liver transplant program, notes that Barnes' central geographic location eases this difficulty because it permits access to donor organs that become available on either coast.

Liver transplant patients may experience massive bleeding because of the organ's impaired clotting mechanism and the presence of scarring from previous operations. A minimum of 100 units of blood is required to be available at the hospital to ensure an adequate blood supply for the transplant patient. An average of 25 to 30 units of packed red blood cells, equivalent to donations from 50 people, is used during an adult liver transplant. This estimate does not include quantities of the other needed blood components such as plasma, platelets and cryoprecipitates.

A Barnes first

The historic first transplant at Barnes called for a cooperative effort among health care professionals that extended far beyond the operating room suite. Prior to the operation, the designated operating room had been enlarged to accommodate the 20-member operating team required during liver transplantation. In addition, patient care areas in the surgical intensive care unit were remodeled and equipped with special air-filtration systems to protect the recovering patient from air-borne viruses and bacteria.

On the day of the operation, the central service department was called upon to provide extra sterile surgical supplies and garb, due to the greater number of personnel and the length of the operation. The blood bank received a six-hour notice to order, tag, crossmatch and ready the multiple units of blood needed on stand-by during the operation. Chemistry laboratory personnel set up special equipment directly outside the operating room to provide immediate blood test results to continuously monitor the patient's condition throughout the 11-hour operation.

In the operating room itself, a team of 20 orchestrated the operation, each filling vital roles: surgeons, anesthesiologists, perfusionists, pathologists, specially trained vascular surgery nurses and transplant technicians. Following the surgical procedure, staff nurses in the surgical intensive care unit assumed the vigil of monitoring the patient's recovery. Alert to the first signs of possible rejection or infection, each nurse assigned to the patient had participated in an ongoing 10-hour inservice focusing on liver disease, its manifestation and treatment, as well as post-transplant assessment of the patient.

Improved surgical techniques and anti-rejection medications, along with increased experience among surgeons have brought renewed hope to many who suffer from fatal liver disease. Dr. Flye, who came to Barnes in July from Yale-New Haven Hospital where he established a liver transplant program and performed 20 transplants, anticipates that 20 to 30 liver transplants will be performed at Barnes each year. According to Dr. Flye, possibly as many as 5,000 people in a given year could benefit from a liver transplant, yet only about 2,000 organs are donated each year.

As progress in transplantation surgery continues, it appears that an ever-present problem facing candidates awaiting kidney, heart, liver and corneal transplants is a lack of available donor organs. To learn more about organ donation, contact the Barnes public relations department, 362-5290.
Media spotlight

As a national leader in patient care and medical research, Barnes serves as an information resource center. From January through August, 1985, more than 800 queries from broadcast and print media representatives were made to the public relations department requesting that Barnes medical and professional staff explain current health care concerns and discoveries. Highlights of the media's coverage of Barnes during the last month include:

Liver transplants at Barnes made headlines across the Midwest. A press conference with Dr. M. Wayne Flye, transplant surgeon, on August 21 to discuss the first transplant in the St. Louis area was attended by all major metro media. Others interviewed following the historic transplant were Dr. Charles B. Anderson, general surgeon-in-chief who headed the preparation team, and Jackie Elkin, R.N., donor retrieval coordinator.

A second milestone at Barnes, a multiple organ transplant on September 6, also was covered extensively. Answering media questions about transplants of a liver, heart and two kidneys from a single donor were Drs. Flye and Anderson, Ms. Elkin, Laurie Pelletti, R.N., a kidney transplant coordinator, and kidney transplant recipient Herald Birchfield of St. Charles, Missouri.

Barnes heart transplant patients also continue to make news. Bill Kirby of Bethalto, Illinois, was interviewed upon his discharge August 19 by the Alton (IL) Telegraph and WBGZ radio, Alton. Kathy Bushong of Centralia, Illinois, set a new Barnes record for release following a heart transplant—only 10 days—on September 3. She was interviewed by the Centralia Sentinel and WJBD radio, Salem, Illinois.

Medical oncologist Dr. Virgil Loeb Jr., discussed guidelines for cancer screenings with KTVI-TV's Lisa Allen on August 8. Dr. Loeb, who also is Missouri president of the American Cancer Society, stressed the importance of early detection in treatment of cancer.

Statistics for lung cancer deaths were explained by oncologist Dr. Gary A. Ratkin in an interview August 8 with Max Leber of KMOX-TV. Dr. Ratkin said higher than average lung cancer deaths in the St. Louis area resulted because patients from throughout middle America are treated here. He said statistics based on home zip codes would be more accurate.

Positive patient relations was the topic of a feature August 12 in the St. Louis Globe-Democrat by Brenda Murphy. Barnes' Mary O'Brien, R.N., instructor in the education and training department, explained that hospital employees are taught how to ease the anxieties of patients.

Cementless hip-joint replacements were discussed by orthopedic surgeon Dr. Lawrence A. Kreighhauser and patient Gerald LaBrot of Hel- culaneum, Missouri, in a special segment prepared by Lisa Allen of KTVI-TV on August 12. The new technology is restoring mobility to greater numbers of patients.

Scientific efforts to harness endorphins, the body's natural pain killer, were explained by Dr. Donald A. Skor, endocrinologist, in an extensive article by St. Louis Post-Dispatch writer Kim Upton. Dr. Skor said researchers want to learn the biologic importance of endorphins.

Advances in contact lenses were the focus of a St. Louis Globe-Democrat story August 18 by Carolyn Callison. Ophthalmologist Dr. Jack Hartstein was interviewed for the article.

A new drug, t-PA, which can dissolve life-threatening clots that plug a coronary artery and cause heart attack, was the subject of a four-part series with cardiologist Dr. Philip A. Ludbrook on KMOX-AM August 27-30. Dr. Ludbrook is among researchers who are conducting promising trials with this new drug.

High-protein milkshakes and special exercises are among the latest treatments followed in the Barnes Burn Center and depicted in the Puxico, Missouri, Weekly Press on August 21. The front-page story was based on an interview with former patient Don Magill, 42, of Puxico. The Du Quoin, Illinois, Call ran a story August 7 on burn recovery including interviews with the family of Barnes patient Christina Gay Phelps, 14, of Du Quoin.

Dr. Joseph Hazan, obstetrician/gynecologist, was recently a guest on KMOX-AM's "At Your Service" program to discuss infertility problems and treatments.

Hospital notes

The following doctors are reported on staff: Dr. Gregory K. Schoenitz, a former oral maxillo-facial surgeon, and Dr. John G. Rehder, assistant radiologist, effective July 1, 1985; Drs. Jonathan A. Cohn, James R. Etzkorn, Stephen J. Giddings and V. Michael Holers, assistant physicians, and Dr. Gershon R. Volotzky, assistant anesthesiologist, effective August 1, 1985; Dr. Joel Schifffenbauer, assistant physician, and Dr. Karen L. Weiss, assistant anesthesiologist, effective August 15, 1985; and Dr. Michael E. Luhin, assistant anesthesiologist, effective August 20, 1985.

"Quality Control Circles: A Tool for Group Problem-Solving," written by Mary LeGrande, head nurse of the Barnes otorhinolaryngology nursing division, and Steve Turner, director of recruitment for the Barnes School of Nursing, was published in the spring, 1985, issue of The Journal, a professional otolaryngology publication.

George G. Granich, of the microbiology laboratory, presented a paper at the Intersociety Conference on Antimicrobial Agents and Chemotherapy held in Minneapolis, Minnesota, in September. The research paper was titled "HPLC Assay for Amphetamine B."

Bev Weber, head nurse in the Barnes Burn Center, was invited to participate as a faculty member for a pre-hospital trauma life support course for paramedics. Held October 4-5 at St. Peters Hospital in St. Peters, Missouri, the program instructed regional paramedics in the care of trauma victims. Mrs. Weber presented the section on burn treatment.

Dr. Virgil Loeb, Jr., medical oncologist, delivered the state of the Missouri division address during the 39th annual meeting of the American Cancer Society held in August in Jefferson City, Missouri.

Dr. Joseph R. Williamson, diabetologist, has been awarded a research grant by the Diabetes Research and Education Foundation to pursue research into the role of aldose-reductase in white blood cell dysfunction in diabetes.

Fr. John Dempsey, Roman Catholic chaplain, was recently appointed to a new parish in Warrenton, Missouri. Fr. Dempsey had been assigned to Barnes for the past five years.

Dr. William H. Daughaday, endocrinologist, and Dr. Paul E. Lacy, pathologist, have been elected fellows of the American Association for the Advancement of Science, the nation's leading general scientific organization. The AAAS honors members who have made distinguished efforts to advance science or its application.

Dr. Lory Young, plastic surgeon, will conduct a free informational seminar for the public on October 24 at 7 p.m. dealing with cosmetic plastic surgery for the area around the eyes. To register for the two-hour session, call public relations at 362-5290.

Dr. McDonald to head pulmonary division

Dr. John A. McDonald was recently named director of the pulmonary disease division in internal medicine at Barnes Hospital. Dr. McDonald succeeds Dr. John A. Pierce who remains on staff at the hospital. His appointment was announced by Dr. David M. Kipnis, Barnes physician-in-chief and chairman of the department of medicine at WUMS.

Dr. McDonald joined the Barnes staff one year ago and has been associated with the medical center since 1979. Previously, he was a research associate in pulmonary medicine at the National Heart, Lung and Blood Institute in Bethesda, Maryland. Dr. McDonald, who earned a doctorate in biochemistry from Rice University in 1970, received his medical degree from Duke University in 1973. He completed an internship and residency in internal medicine at Peter Bent Brigham Hospital in Boston.

Dr. McDonald also serves as an associate professor of medicine and assistant professor of biochemistry at Washington University School of Medicine.

Bulletin

October, 1985

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Travis and Gadell retire from nursing

Delores Travis and Winifred Gadell, both employees in nursing service, retired recently with a combined total of 49 years. Each received a certificate from Barnes president Robert E. Frank in appreciation of their long-time service.

Although Delores Travis, 5400 nursery technician, is retiring after 31 years at Barnes, she doesn’t plan only to sit back and relax. After retirement, Mrs. Travis intends to devote some of her leisure time to helping people in her neighborhood by running errands, cooking meals and visiting.

“So many people have helped me throughout my life, including many of my friends at Barnes,” she says. “I want to use this time to give back to others who need assistance.”

Winifred Gadell retired after 18 years as a unit secretary in the operating room suites. When she started at Barnes in 1967, she says she planned to work for only a few years. Eighteen years later, she says it is hard for her to leave. “Barnes is my family,” says Mrs. Gadell, “and I’ll always remember my good friends here.”

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period August 10 through September 6 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.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office. (Donations through MasterCard or Visa are welcome.) The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects.

Auxiliary Tribute Fund

IN MEMORY OF: M/M Maurice C. Berger
Joe P. Boyle
Harold J. Burgess
Ruth Bursis
Angela A. Carlin
Jerel Leon Carr
Anna Castell
M/M Robert L. Coe
Marianne Coffman
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