Profit sharing pay adds to holiday cheer

The holidays brought extra cheer for Barnes employees in the form of an additional paycheck issued December 18. The check, equaling three percent of an employee's projected individual wage earning for 1986, marked the third straight year that employees received profit sharing benefits.

"These extra paychecks reflect the hospital's strong financial position as a direct result of employee efforts to trim the budget and reduce costs," said hospital president Max Poll. "The reason we can make this payment is the hard work and dedication shown by employees during the past year. I would like to thank each employee, personally and on behalf of the hospital, for the fine effort."

Next month, employees in departments which have met 1986 productivity goals will receive an additional productivity payment equaling up to three percent of annual wages. The productivity program was initiated in early 1986 as an incentive for each department to increase productivity and reduce costs.

John Hanpeter appointed assistant vice-president

John A. Hanpeter, Jr., former director of clinical engineering, has been named an assistant vice-president at Barnes. He becomes responsible for the executive management of the housekeeping, plant engineering, design and construction, clinical engineering and security departments.

Mr. Hanpeter joined the Barnes staff in 1984 as director of clinical (biomedical) engineering following five years as a clinical engineer at Veterans Administration Medical Center in St. Louis. At the VA, he provided administrative and technical support for 14 clinical engineering technicians and other staff members.

Mr. Hanpeter's educational background includes a bachelor of science degree with honors in electrical engineering from the University of Missouri in Columbia and a master of science degree in electrical engineering from Washington University with a certificate in technology in health care. He is a registered professional engineer in Missouri, certified clinical engineer, and is an active member of several professional societies, including the Institute of Electrical and Electronic Engineers, Association for the Advancement of Medical Instrumentation, and Hospital Engineering and Maintenance Association of Greater St. Louis.

Dermatologic surgery opens new suite

Barnes' Mohs and Dermatologic Surgery Center launched the new year with a January 8 open house to celebrate the opening of the center's new surgical suite. Surgeons, otolaryngologists, dermatologists, plastic surgeons, oncologists and ophthalmologists from Missouri, southern Illinois and southeastern Iowa were invited to tour the new facility, located in suite 1641 of Barnes' East Pavilion, and to meet the center's professional staff.

The Mohs and Dermatologic Surgery Center provides a full range of dermatologic surgery procedures and is the only center in Missouri to offer Mohs chemosurgery, a special technique which has raised the cure rate for certain types of skin cancer from 50 to 98 percent. The Mohs procedure involves the surgical removal and microscopic examination of progressively deeper layers of skin to ensure elimination of cancer cells.

Mohs chemosurgery was pioneered in the 1940s by Dr. Frederick Mohs and derived its name from Dr. Mohs' use of a chemical fixative on each layer of skin before surgical removal. In the original procedure, each application of chemical fixative took 24 hours to set before surgery could be performed; for that reason, surgery could sometimes last a week or two and the technique was impractical on a large scale.

Today, although the name and the high cure rate remain the same, Mohs chemosurgery offers new advantages. The latest technique was brought to Barnes in 1982 by Dr. J. Blake Goslen, dermatologist and medical director of the center, who trained at Duke University in Durham, North Carolina.

Current practice involves examination of fresh tissue, eliminating the need for and disadvantages of a chemical fixative. The current method is less painful, requiring only a local anesthetic, and cuts surgery time to a half-day, eliminating the need for a hospital stay. Using this technique, the dermatologic surgeon looks at one layer of tissue at a time, while the patient stands by in the waiting room. Each removed tissue layer is carefully mapped and the edges are color-coded to pinpoint location if additional surgery is needed. If microscopic examination reveals the presence of cancer cells, the patient returns to the surgical suite and another layer of skin in the affected area is removed. The process continues until cancer cells no longer appear under microscopic examination.

(continued on page 2)
The Mohs surgical technique interfaces with several other surgical specialties, and defects resulting from tumor removal are often repaired by Barnes reconstructive surgeons.

The new Mohs and Dermatologic Surgery Center at Barnes encompasses three operating rooms, laboratory facilities, examination rooms and a waiting room exclusively for patients undergoing the procedure. Treatment at the center is by physician referral only. For more information, call (314) 362-5599.

Hospital notes

Dr. Debra Frei-Lahr, assistant physician, is reported on staff.

Gennie Mason, registered nurse in the operating rooms, earned honors from the American Society of Ophthalmic Registered Nurses (ASORN) in November when she received the Edna Ashy Award in recognition of an article published in the inaugural issue of Journal of Post-Anesthesia Nursing. The article, titled “Post-anesthesia Care of the Ophthalmic Patient,” was co-authored by Catherine Gacka-Hubler, registered nurse in Barnes’ post-anesthesia care unit.

The American Academy of Clinical Psychiatrists recognized Barnes psychiatrist Dr. Eli Robins with an Achievement Award for excellence in research, teaching and leadership at the academy’s annual meeting in October. Dr. Robins is only the second doctor to receive the award of distinction.

Dr. Samuel E. Logan, plastic and reconstructive surgeon, has received a three-year, $150,000 grant from the Whitaker Foundation to support his research on wrist function. The goal of the research, which investigates the complex anatomy of the wrist, is to design improved wrist operations and prostheses. The research is a collaboration among several plastic/reconstructive surgeons and radiologist Dr. Michael Vanier.

Ophthalmologist Dr. Jack Hartstein served as a visiting professor at the Albert Einstein School of Medicine in New York City last month.

The Reverend Janet M. Lutz, Barnes pastoral care director, has been selected as one of 16 national theologians to participate in a three-year study titled “Holy Dying, Holy Living: Christian Perspectives.” The goal of the dialogue group, composed of Roman Catholic and United Church of Christ representatives, is to examine how each religion reaches moral judgments and whether those moral views converge, particularly in light of such ethical issues as euthanasia, the value of human life, and the meaning of suffering.

The new bill of fare available through the program includes “Best Face Forward,” a look at facial cosmetic surgery; “Snoring,” a study of an annoying habit that can be a sign of more serious disorders; “Attacking Hearts,” an overview of common heart problems and available treatments; “Body Sculpting,” an exploration of surgical techniques to trim, augment and reshape problem areas; “Motherhood After 30,” and “Sports Injuries.”

For more information or to schedule a brown bag lunch program, call Barnes public relations at (314) 362-5290. Advance scheduling is required.

Employee retirements

Three long-time employees retired recently with a combined total of 65 years of service at Barnes. Roberta Jones, Daisy McAlister, and Irene Fischer were each honored with certificates of appreciation from Barnes president Max Poll and executive vice-president John Finan at separate retirement gatherings in their honor.

Mrs. Jones, of the housekeeping department, retired October 30 after 20 years at Barnes. A member of one of the original isolation cleaning teams at the hospital, she most recently worked in the cardiothoracic operating rooms and also had worked in discharge cleaning. Mrs. Jones plans to spend some time fishing and says she’ll never forget Barnes.

Mrs. McAlister began her career at Barnes in 1959 as a nurses’ aide in the Maternity Hospital building, working under nurse Fern Bridgforth Heider. Some 25 years later, Mrs. Heider would once again become her department director when Mrs. McAlister transferred to the central service department. Mrs. McAlister is looking forward to traveling with her husband and learning to fish during her retirement.

“Barnes has been good to me,” said Irene Fischer, registered nurse who retired in December. Mrs. Fischer was recognized for 18 consecutive years of service to Barnes, although her career here actually began in 1947 after she graduated from the Washington University School of Nursing. She left the hospital in 1948 to work in Columbia, Missouri, before returning to Barnes in 1950. Sixteen years later, she again left the hospital for a brief time, returning in 1968 and remaining until her retirement last month. Mrs. Fischer plans to “take it easy” during her retirement, traveling and spending time with her grandchildren.
“Health Matters” boosts local program ratings

“Health Matters,” the weekly informational program sponsored by Barnes Hospital, is drawing a healthy response from viewers, according to recent ratings by the Nielsen National Television Index. The program, produced by Medstar Communications of Allentown, Pennsylvania, and featuring panel interviews with Barnes healthcare experts, airs Saturdays at 5 p.m. on KSDK-TV, Channel 5.

November figures reported by the Nielsen service indicate that “Health Matters” averaged a six percent total rating for the month, a full percentage point higher than the October rating of five. The four programs airing in November individually drew two five, one six, and one eight percent rating. The month average, reflecting that six percent of all televisions in the viewing area were tuned to “Health Matters,” translates into an 18 percent market share. Market share indicates the number of televisions actually in operation that were tuned to the program. The 18 percent market share reflects that 91,000 viewers in 67,000 households were watching “Health Matters.”

Overall, “Health Matters’” ranked second in ratings for the Saturday 5 to 5:30 p.m. time slot, behind Channel 11’s “Solid Gold” and ahead of the Saturday afternoon football games. The program boosted the ratings of Channel 5’s lead-in program during the 4:45 to 5 p.m. slot.

According to Ed Piette, Channel 5’s director of broadcast operations, the station is impressed with the program’s success. “These ratings are tremendous for a show that is new to the station,” he said. “We’re very encouraged about viewer response.” Mr. Piette added that for the same ratings period in 1985, Channel 5’s 5 to 5:30 p.m. program drew only a three percent rating and a 12 percent market share.

The positive ratings numbers have prompted Channel 5 to schedule “Health Matters” re-runs after the regular season is completed, which will carry the 22-week program through September.

Facial cosmetic surgery
topic of free program

The latest trends in facial cosmetic surgery for women and men will be the subject of a free informational program open to the public Wednesday, January 28. The program, first in the 1987 “Ask the Doctor” series, will begin at 7 p.m. in the East Pavilion Auditorium at Barnes.

Dr. Richard Hayden, Barnes otolaryngologist specializing in cosmetic facial surgery, will discuss medical procedures for altering facial features, such as the nose, chin, eyelids and ears. Following a slide presentation and informal lecture, Dr. Hayden will be available for questions and answers.

Barnes’ monthly “Ask the Doctor” program is designed to give interested persons an opportunity to explore options, learn about charges and insurance coverage, ask questions and hear about the latest advances available today—without the expense of an office visit. Next month, Dr. Richard Clement, Barnes plastic and reconstructive surgeon, will present “Body Sculpting” on February 25.

Although there is no charge for the programs, advance registration is required by calling (314) 362-5290. Free parking will be provided in the subsurface garage.

Heart-lung recipient home for the holidays

The 1986 holidays will hold special memories for the Sigler family of Carterville, Illinois. The time will mark the beginning of the return of Robin Sigler’s health following a heart-lung transplant at Barnes.

On November 9, 1986, the 25-year-old graduate student and mother became the first person to undergo this difficult transplant procedure at Barnes. She was discharged less than one month later on December 4.

Mrs. Sigler was diagnosed with primary pulmonary hypertension in March, 1986, after becoming increasingly tired, weak and short of breath for no apparent reason. Primary pulmonary hypertension is a poorly understood disease which predominantly strikes women in their 20s and 30s for unknown reasons. The disease causes the blood vessels in the lungs to constrict, thus increasing pressure in the lungs.

In time, the disease eventually affects the heart, as the right ventricle works harder and harder against the increased pressure to pump blood to the lungs. Eventually, the patient experiences symptoms of congestive heart failure as fluid backs up into the heart. Essentially, the heart “burns out” from being overworked sending blood to the lungs for oxygenation. By the time a diagnosis is made, both the heart and lungs have begun to fail and a dual transplant is the only hope for survival.

While the first heart-lung transplant was actually performed in 1968, surgeons could not claim success with the procedure until 1982. Since then, less than 200 such transplants have been performed around the world, with about 90 occurring in the United States.

At Barnes, Dr. R. Morton Bolman led the transplant team in the eight-hour operation to remove Mrs. Sigler’s diseased heart and lungs and transplant the donor organs. Mrs. Sigler made excellent progress following surgery, suffering one episode of rejection that was controlled by medication. It is common following any transplant procedure for the recipient to experience some degree of rejection.

At a news conference on the day of her discharge, Mrs. Sigler smiled beside her husband, Todd, amid the bright lights and camera flashes. A photograph of their three-year-old son, Jason, stood on the table. She told reporters she felt tired and was looking forward to regaining her strength.

“Robin has passed several important milestones,” said Dr. Bolman, “and we have every reason to believe she will return to the normal, active life she led before her illness. Her life with the disease was very restricted.”

The transplant team gave Mrs. Sigler a sports jersey the day she left the hospital, making her an official member of the hospital’s heart transplant softball team. She also received a sweat suit as a gift from the hospital to wear as she begins her exercise program and rebuilds her strength and endurance.

“I have a whole new life ahead of me,” said Mrs. Sigler and expressed gratitude to the anonymous donor family. “I always thought I would make a decision to donate organs, but I never thought I would be the one in need. I’m very grateful.”

Bridge construction
prompts traffic changes

Construction of the pedestrian bridge connecting the subsurface garage to the hospital’s main lobby got underway last month. Construction of the bridge, the first step in a comprehensive plan to facilitate easier access to the hospital for patients and visitors, will impact immediate access to the hospital’s main lobby.

Areas affected by the first phase of construction include the main entrance and the subsurface parking garage located directly south of the hospital. The hospital’s main entrance on Barnes Hospital Plaza will be relocated to approximately 50 feet east of the existing entrance for the duration of the construction project. The temporary entrance will access the ground floor lobby under the escalators while workers remove the outside canopy, relocate the flagpoles, and prepare to connect the bridge to the first floor lobby.

The west lane of the garage’s Barnes Hospital Plaza entrance is closed for the duration of the construction and employees are encouraged to use the Clayton and Euclid Avenue entrances which are unaffected by the changes. In addition, the elevator system in the three-story garage is out of service during construction and signs direct handicapped persons to use the second (blue) parking level and to enter the hospital through the tunnel on that level. Some physician parking spaces have been shifted to accommodate construction work and approximately 100 spaces in the 2,000-car garage will be inaccessible during the construction period.

Completion of the pedestrian bridge, which will rise 16 feet above street level, is projected for January, 1988. The bridge, 10 feet wide by 14 feet high by 180 feet long, will enter the hospital at the first floor lobby, near the present admitting office. At the south end, the glass-enclosed bridge will lead into an atrium containing escalators to the garage parking areas and access to Hudlin Park above the garage.

Further implementation of the traffic management plan calls for interior changes at the hospital, focusing on the creation of a first-floor mall designed to centralize services commonly used by visitors and outpatients, such as the gift and flower shops, outpatient laboratory facility and health information centers. In addition, the interior renovation will create a single, straight line of traffic from the hospital entrance at Barnes Hospital Plaza to the emergency department and clinics at Audubon, one block north.
Mystery of Alzheimer's Disease

If she could remember, she would know that the unwelcoming nightmare began about three years ago; but the dreadful disease had robbed her of even that simple memory. It had begun innocently enough, with forgetfulness about people’s names, television programs, what she had bought at the grocery store. She and her friends had laughed it off as "old age."

But when she began forgetting how to turn on the washing machine and whether she had eaten, her children grew more and more concerned. Faces, names and simple tasks were fading; yet, childhood nursery rhymes rang clearly in her mind. As the degenerative disease progressed, her children stood by—helpless, angry and mourful—and wondered what had become of the woman they once knew as their mother.

Alzheimer’s disease. Mere mention of the disorder makes many shy away. But there is no turning away for those who—by some random twist of fate or genetic susceptibility—must live with the degeneration and devastation of the disease, the "thief of minds." Knowledge about this heartbreaking disease of the mind has progressed slowly since it was first defined in the early 20th century. The Alzheimer’s Disease Research Center (ADRC), a joint venture of Barnes Hospital and Washington University School of Medicine’s departments of neurology and neurosurgery, is among a handful of centers across the country working toward unlocking the mysteries of this disease that affects some two million Americans today.

Alzheimer’s disease was first recognized by German physician Alois Alzheimer, although historical evidence indicates that the disease existed long before that time. Dr. Alzheimer, in a 1907 article, described his experiences with a woman patient in her 50s whose illness was characterized by forgetfulness, deterioration of the ability to care for herself, and occasional fits of irrational suspicion. Following her death, Dr. Alzheimer performed an autopsy and discovered that many of the nerve cells in the cortex of her brain had become deformed in a manner that has come to be recognized as the hallmark of Alzheimer’s disease. He proposed that the woman’s symptoms were in some way related to these cellular abnormalities.

It is understood today that the telltale cellular changes occur in the form of neurofibrillary tangles and neuritic plaques. The accumulation of tangles and of degenerative nerve endings forming plaques is associated with a disruption of neurological signals necessary for normal brain function. It remains to be shown which of these or other abnormalities bring on the progressive deterioration of memory, independence and personality characteristic of Alzheimer’s disease.

"In a century of medical breakthroughs, Dr. Alzheimer’s 1907 monograph still represents the clearest description of the recognizable hallmarks of the disease," says Emily LaBarge, an ADRC research associate who administers the battery of memory tests that complement the clinical assessment of the disease. "Alzheimer’s disease is classified as a degenerative disorder, which implies a progressive loss of brain cells for as yet unknown reasons.

"Unquestionably, the cause or causes of the disease are there to be found, but there will be little progress until our knowledge of the illness is considerably enlarged. It is toward this goal that the ADRC and, in particular, the Memory and Aging Project component, is working."

The ADRC, funded by the National Institute on Aging and directed by Barnes neurologist and psychiatrist Dr. Leonard Berg, constitutes a comprehensive research and clinical effort to study Alzheimer’s disease. One of its key components is the Memory and Aging Project, which began in 1979 as a long-term research study designed to provide data on memory changes in persons undergoing the normal aging process, and to study closely those experiencing abnormal memory loss.

In years past, it was believed that Alzheimer’s disease was a rare disorder, affecting only the middle aged, and that senile dementia in the elderly was an inevitable part of aging. Modern research has shown that Alzheimer’s disease differs from the normal aging process: whether it strikes a person of 50 or 80, it still appears to be the same disease. Considered responsible for at least 50 percent of all nursing home admissions in the United States, Alzheimer’s disease is expected to grow apace with the increasing number of elderly in American society. Nevertheless, at present, 85 percent of those over age 85 have little or no memory loss.

One of the many difficulties of Alzheimer’s disease is the lack of a firm clinical diagnosis during life, leaving the patient and family struggling uncertainly against an unknown, at least in the early stages. At present, a definitive diagnosis is made only through an autopsy or brain biopsy. When seeking to unravel an illness as baffling and elusive as Alzheimer’s disease, progress often comes in small but rewarding measures.

The ADRC here is improving the accuracy of the clinical diagnosis of Alzheimer’s disease, an achievement of significant importance, since the symptoms of several potentially reversible conditions mimic those of Alzheimer’s disease. The center can confidently offer a diagnosis of "senile dementia of the Alzheimer’s type" (SDAT) after a thorough physical examination, a detailed family and medical history, a psychometric evaluation performed by Ms. LaBarge, and a number of other procedures which may include CT (brain) scans, magnetic resonance imaging, electroencephalograms and blood tests to rule out strokes and other disorders that may resemble SDAT.

"Alzheimer’s disease is a process first of losing categories of memory,” Ms. LaBarge explains. "Frequently, patients can still comprehend, but can’t depend on their memories to remind them what they’re going to do in the next few minutes or what just happened a few minutes ago. Usually, short-term memory is the first to go, followed by the ability to execute learned tasks like driving or writing. Long-term memory and awareness of non-verbal information survive longest.

"Testing can pinpoint the areas of memory that have been affected and, from those results, we can develop a specific plan to reinforce those areas of weakness. For example, the patient and family can be taught to label objects such as articles of clothing or cooking utensils to facilitate appropriate usage.”
This diagram shows a comparison between networks of horizontal dendrites—branches extending from cell bodies to receive nerve impulses—of younger persons (A) and Alzheimer’s disease patients (B).

In addition to its clinical research, the ADRC reaches out to the “other” victims of Alzheimer’s, the family members who often end up with a 24-hour-a-day job as caretaker. Eventually and blessedly, Alzheimer’s disease patients no longer comprehend the realities of the condition and, for them, the mental anguish ends. But, for the family, the disease lives on. The drain is emotional as well as physical, as an adult child takes over the parenting role for a mother or father. The ADRC firmly believes in the value of education, support and assistance through community resources, and plays a role in putting families in touch with whom they need. The ADRC predecessor, the Memory and Aging Project, was instrumental in forming the local chapter of the Alzheimer’s Disease and Related Disorders Association (ADRDA), which offers emotional support, education, advocacy and physical assistance for victims and their families.

Meanwhile, the painstaking research goes on in the steady hope of uncovering the mystery of Alzheimer’s disease. Dr. John Morris, Barnes neurologist who with Dr. Berg is involved in designing a national program to develop uniform criteria for diagnosing Alzheimer’s disease, believes that continued research may prove that Alzheimer’s disease is not one disorder, but several. He says not all people with SDAT necessarily have the identical illness.

"Some people have very rapid progression of dementia, while some decline slowly; some have an inheritance factor while others do not," he says. "So SDAT may cover a spectrum of different illnesses. The reason this is important to recognize is that if there are distinct categories of dementia, each may be treated somewhat differently."

In addition, Dr. Morris cites an increased association between SDAT and the development of another neurological disorder, Parkinson’s disease, shown in ADRC research.

Some of the most promising avenues of research are based on the premise that, as in Parkinson’s disease, the symptoms of Alzheimer’s disease may be caused by a neurochemical imbalance. However, unlike Parkinson’s disease patients, whose symptoms are for a time alleviated by treatment with the neurotransmitter they lack, Alzheimer’s disease patients do not benefit from treatment with drugs that promote acetylcholine, which they seem to lack. Researchers press on in this area in the belief that further work will yield improved results, and that breakthroughs in Parkinson’s disease treatment may pave the way for improved success with Alzheimer’s disease.

Dr. Berg, who was recently elected to the national ADRDA medical and scientific advisory board, emphasizes that Alzheimer’s disease is not completely untreatable. "While it is true at this point that there is no ‘cure’ for the disease, there are avenues of treatment available. Understanding the characteristics of a particular patient’s illness is the most important step toward developing strategies to cope with the disorder," he says, "and a growing number of community resources offer support and assistance for families of Alzheimer’s patients."

Alzheimer’s disease, with its mystery and despair, is in the end a uniquely human disorder because it affects those things—memory, creativity, the ability to think and learn—which make each person human. At the same time, the ability to cope with and seek a cure for the disorder—the hope, the challenge, the determination—also is uniquely human.

The Alzheimer’s Disease Research Center office is located on the first floor of Barnes’ Queeny Tower, above the registration area and overlooking the Tower lobby.
Robyn Sigler, was discharged less than a month after... 

**Media spotlight**

As a national leader in patient care and medical research, Barnes serves as an information resource center. In 1986, more than 1,800 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 the following:

Contrary to popular opinion, lasers do not remove cataracts, stated Barnes ophthalmologist Dr. George Bohigian recently on KMOX-AM radio's "Doctor to Doctor" program. The topic was stimulated by a report in the Journal of the American Medical Association with an accompanying editorial by Dr. Bohigian. Parts of this report co-authored by Dr. Bohigian appeared in the St. Louis Post-Dispatch and Los Angeles Times and was disseminated by the Associated Press throughout the country.

The hospital's "Firewire" education program for youngsters was depicted on KMOV-AM October 28. Reporter Max Leber interviewed Cy Woodward of the department of education and training at the Learning Tree Day Nursery.

The possible role of viruses in cancer was discussed by Dr. Shabbir H. Safdar, oncologist, on KSAT-TV October 30. Dr. Safdar said the link between viruses and certain types of cancer is intriguing, but not clearly understood.

Listeners of KMOX-AM's "At Your Service" program called in their questions to Barnes doctors. Among them was Barnes' Dr. V. Leroy Young, who said the majority of his patients are well-groomed, average-looking people who want their appearance to be superior.

The national neighborhood development magazine, Stone Soup, recently profiled Barnes R.N. Mena Batemen. When not working with new mothers at Barnes, Mrs. Batemen found time to rebuild her St. Louis home through the Neighborhood Partnership program.

A small pump that postsurgical patients can use to control their own pain medication was explained by Dr. Carl H. Nielsen, anesthesiologist, on KTVI-TV November 1. Called "patient-controlled analgesia" or PCA, the pump is computerized and releases a small amount of pain medication at the push of a button.

Michael Valenti, Ph.D. at Barnes and Washington University School of Medicine, talked about the revolution in hearing aids with KPLR-TV's John Schieszer. The news story was broadcast December 5. Mr. Valenti said infra-red technology has provided the hearing impaired with small devices that can be worn at special events such as concerts to selectively zero in on the speaker or performance.

Research at the University of Michigan into the treatment of psoriasis with the immunosuppressant drug cyclosporine was discussed by Dr. J. Blake Goslen, dermatologist, on KTVI-TV December 17. Dr. Goslen said the promising research revealed a link between psoriasis and the body's immune system. Meanwhile, Dr. Goslen noted that a new drug, Tegison, that has been tried on Barnes patients, has just been approved by the Food and Drug Administration for general use on patients who have not responded to other treatments.

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**Gifts to Barnes Hospital Funds**

Listed below are the names of persons (honorees in boldface) who have made contributions during the period October 9 through December 5, 1986 to the funds at Barnes Hospital.

**Auxiliary Tribute Fund**

**IN MEMORY OF:**
- Mrs. Lucy T. Callahan
- Charles E. Clagg, Jr.
- Mrs. David Callahan
- M. Wayne Flye, head of the liver transplant program
- Jay M. Marion, oncologist.

**IN HONOR OF:**
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary

**IN MEMORY OF:**
- Mrs. Larry Tucker
- Agnes Levinson
- Xethyl Klein
- United Methodist Women
- Helen Elam's 80th Birthday
- Ed Schmeck's Birthday
- Lee & Ann Liberman

**IN MEMORY OF:**
- Pauline Pitman Eades
- Ziemer Memorial

**IN MEMORY OF:**
- Edward Longnette
- Norma and Sherill Stern
- Wolff Pancreatic Fund

**Heart Transplant Research**

**IN MEMORY OF:**
- Michael McGee
- Norman P. Knowlton, Jr., M.D.
- Joseph C. Edwards, M.D.

**Chair for Excellence**

M/M Walter H. Ebaugh

M/M Ross B. Sommer

M/M Eugene Williams

**IN MEMORY OF:**
- M/M Goodridge V. Minton
- M/M Marie P. Lucey

**IN MEMORY OF:**
- Edward Longnette
- Norman and Sherill Stern

**Wolff Pancreatic Fund**

**Sarah King**

**Suzanne Wolff**

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**Home Health Care**

**IN MEMORY OF:**
- Joseph Douglas
- M/M Raymond Dunn

**Schwartz Neurosurgery Fund**

D/M Henry G. Schwartz

**Alvin Lasky Memorial**

**IN MEMORY OF:**
- Dr. M. Wayne Flye
- Larry and Susan McTaggart
- Mrs. Larry Tucker
- Teresa Calhoun

**IN MEMORY OF:**
- Mrs. David Calhoun
- Barnes Hospital Auxiliary
- Barnes Hospital Auxiliary
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- Ziemer Memorial

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- M/M Walter H. Ebaugh
- M/M Ross B. Sommer

**IN MEMORY OF:**
- M/M Marie P. Lucey

**IN MEMORY OF:**
- M/M Isabel E. Thompson

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- M/M Isabel E. Thompson

**Home Health Care**

**IN MEMORY OF:**
- Joseph Douglas
- M/M Raymond Dunn

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**Froma Rich Memorial Fund**

**IN MEMORY OF:**
- Judith A. Kentner
- M/M Windell C. Baker
- Cathy Blake
- Elizabeth R. Breer

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- Cathy Blake
- Elizabeth R. Breer

**IN MEMORY OF:**
- Angela Brown
- Casket Service Corp.
- M/M Ray J. Graf, Sr.
- M/M William Hanak
- Elva Hardie

**IN MEMORY OF:**
- M/M Glenn Hertenstein
- Sharon Huffman
- Bobby J. Jones
- M/M Layne Kinneman
- Debby Ledah

**IN MEMORY OF:**
- M/M Clark Michels and Family
- Stad Stich

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**Barnes Hospital Auxiliary**

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### 1987 Pay Schedule

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*Checks issued Thursday, Dec. 24.

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### Health Matters 1987 Schedule

Saturdays at 5 p.m. on KSDK-TV, Channel 5

- **Weight Control** January 10
- **Allergies** January 24
- **Infertility** January 31
- **Contemporary Childbirth** February 7
- **High-Risk Pregnancy** February 14
- **Diabetes** February 21
- **Heart Disease** February 28
- **Organ Transplants** March 7
- **Artificial Body** March 14
- **Hearing** March 21
- **Sleep Problems** March 28
- **Plastic/Reconstructive Surgery** April 4

*Some "Health Matters" segments may be preempted by network programming, but all segments will appear.

†Program will air at 4:30 p.m.