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THE UNIVERSITY
OF TEXAS
**HEALTH
CENTER**
AT TYLER



FALL

1983

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**ON THE COVER**

Dr. Roy Kingry Jr. and three members of the open-heart surgical team—perfusionist Christopher Barrett and surgical nurses Shay Alexander and JoNell Roan—pose in an operating room as the UT Health Center embarks on a new venture. See story on page 10.

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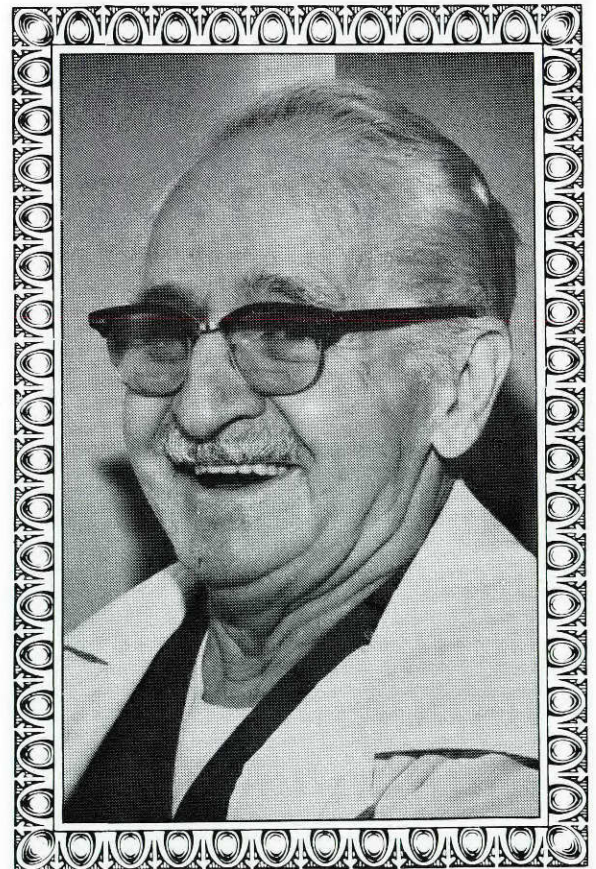
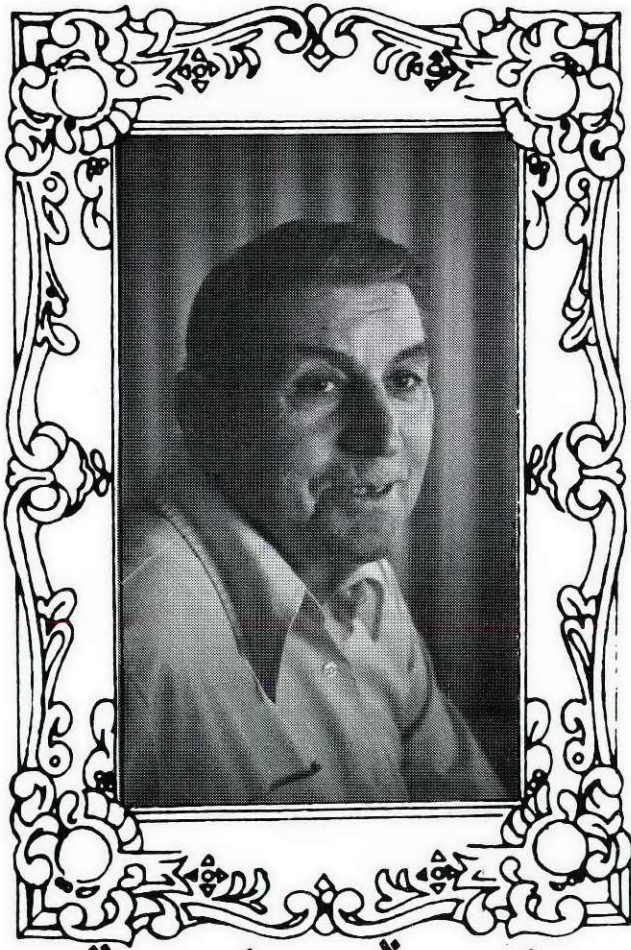
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A Special
kind of Feelings



A patient doesn't have to trade his personal identity for a number on an ID bracelet when he is referred to the UT Health Center for treatment of heart or lung disease.

In May, National Hospital Week celebrated the human touch in patient care with the theme, "We Treat You Like Family." Three patients from East Texas who have had long-term care at the health center commented on the "family kind of feeling" they received from hospital personnel.

"I don't like being in the hospital, but I do like being here," says Bessie Abbott Wilkerson, who lives near Mabank.

"There's a closeness in a hospital like this. That's the thing that's so amazing. I have never been in a hospital with so much love."

Mrs. Wilkerson is no stranger to the UT Health Center. She's been an asthma patient several times since her Wills Point physician referred her here shortly before Christmas of 1980.

"The first time or two it was rough," the grandmother of six says. "But it got to be like family."

Her husband Gene is also being treated for a lung ailment as an outpatient.

Mrs. Wilkerson speaks of her health center physician, Dr. Paul Wright, with admiration. "He always treats me special because he knows how much I want to be up and around.

"If you have any respiratory problems, this is the place to be," she adds. "For a home away from home, it's wonderful. The employees have that touch. You know they care."

Joseph Haberling, treated for emphysema at the outpatient clinic since 1979, believes in saying thank you in a visible way.

Last Christmas he made and posted his own holiday greeting to health center staff and outpatients. And nurses on 3-East are still buzzing about Haberling's parting gift after he was hospitalized for 10 days last spring—a dozen roses which he personally delivered.

"They did a good job," Haberling said when asked about his long-stemmed thank you. "I think 3-E and I understand each other."

Haberling, now 68, moved to Gladewater 10 years ago from Michigan. Within the last couple of years, his wife, daughter and mother have died. He lives with a grandson; two grandsons live nearby.

The retired mechanic says his health began to fail after a bout with carbon monoxide poisoning. At the time he owned a garage in Chicago which he discovered had inadequate ventilation. "The emphysema came up on me over the years," he explains.

Reflecting on the first hospital confinement of his life, Haberling agreed that the patient-hospital staff relationship is like the one between parent and child when it comes to learning self-reliance.

"They have to do a lot to make you do things on your own (like breathing exercises), even tell you 'I'm doing this for you' to make you rely less on them and more on yourself."

But Haberling saw more than competency at work. "They have

don't think I could take it (long-term confinement) someplace else."

For 29 years the native East Texan worked in a brick plant and had just begun to enjoy retirement with his wife, Leatha Faye, when he fell ill. A Jacksonville physician referred him to the UT Health Center where he was diagnosed as having TB. That was in 1980. "I thought I had the flu, but I didn't get any better," he explains.

Although he had visited several patients at the health center, Byers says he really didn't know about the facility's reputation for treating lung disease until he became a patient himself.

"They treat you like family all right. If you're not bedfast, you have the freedom to come and go as you please as long as you're back by medicine time. You can go outside. And the treatment, well, you can't beat it."

Looking out his sixth-floor window, Byers points toward the wooded park area adjacent to the hospital where he likes to walk on sunny days. "You don't have to look at cement. It's better for breathing here."

Patients say they appreciate Health Center's personalized care.

an interest in you. You feel it underneath their professionalism, he adds.

R. J. Byers of Troup recalls two memorable days during his long stay at the health center. On his 68th birthday, kitchen employees sent a cake. On his 69th birthday last January, the nursing staff provided one for Byers, who was admitted as a tuberculosis patient Aug. 19, 1981. Byers' system has a resistance to the drugs which combat TB, requiring a lengthy hospital stay.

"This hospital doesn't seem like the others," he remarked. "I

Byers says the atmosphere inside was pleasant too. "I've met lots of nice people here. They're not only nice to me, but to everyone. That's what I like."

Lorraine Reazin, acting director of nursing, says concern for a patient's emotional and social well being is as important as meeting his physical needs.

"Knowing the person's needs and truly caring are essential ingredients for providing the kind of nursing care that gives the patient a feeling of being part of the family."

—Suzanne DuBeau

Cohen's Commitment

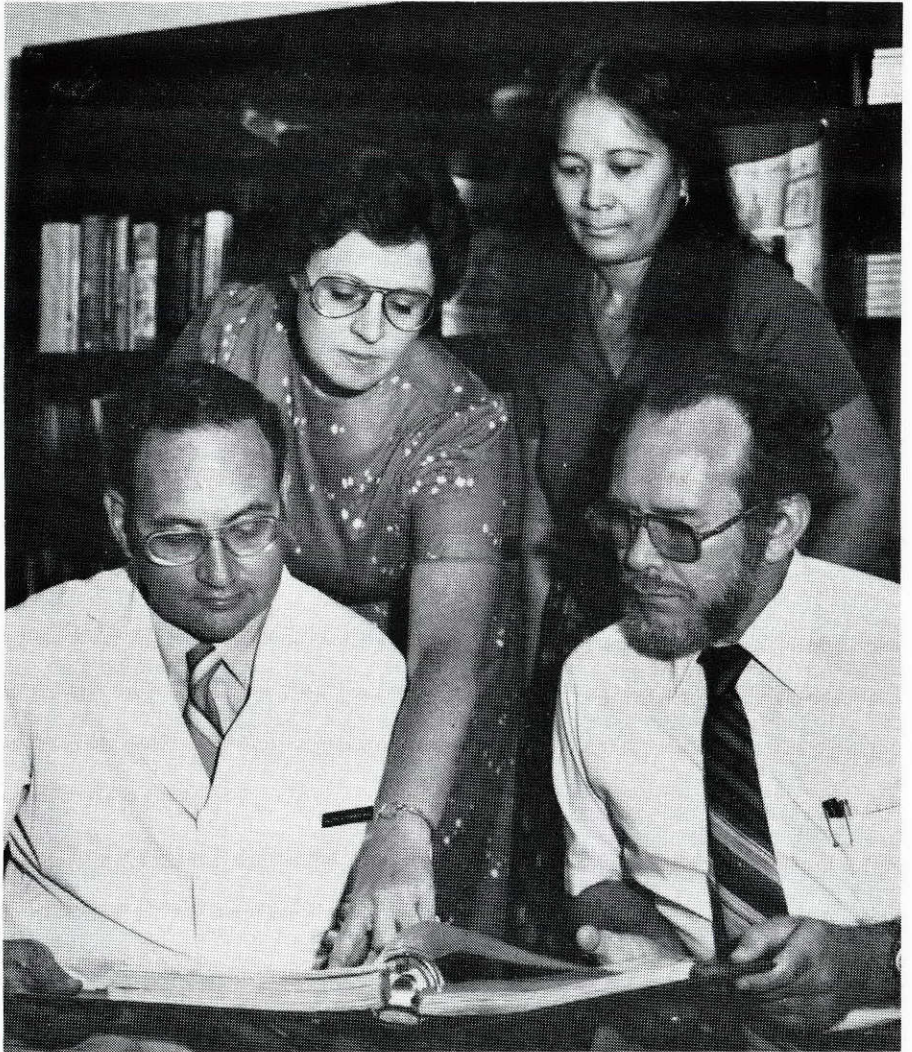
Nationally known emphysema researcher Dr. Allen Cohen moves to Tyler from Philadelphia with goal to attract other scientists.

In what was a decaying reminder of Camp Fannin, a World War II army base north of Tyler, Dr. Allen Cohen and a team of researchers from Temple University are making a new home to continue their study of the lung-crippling disease, emphysema.

Cohen was recruited by the UT Health Center at Tyler to continue his research projects in East Texas and to assume the second-highest administrative position at the health center.

As executive associate director, Cohen oversees clinical as well as research and education missions of the health center, a statewide cardiopulmonary referral hospital.

While at Temple University, Cohen became nationally recognized as one of the country's leading researchers in pulmonary disease. He is the author or co-author of more than 50 research papers and some 20 abstracts. Cohen has an M.D. degree from George Washington University and a Ph.D. in microbiology from the



Dr. Allen Cohen, left, confers with Dr. Harold James, Cass Mahoney and Pranee James. Cohen brought the three with him from Temple University.

University of California at San Francisco.

He has won research awards from the American College of Chest Physicians and the National Institutes of Health and is the scientific reviewer for a half-dozen scholarly journals.

In luring him from Philadelphia as head of Temple Medical School's pulmonary division, the UT System took the first step in its commitment to make the Tyler facility a nationally known research center in pulmonary diseases.

"It took a while for us to finally realize that in order to obtain suffi-

cient research funding, you have to have someone on your staff who is known among those who award the grants," said Health Center Director Dr. George A. Hurst. "We feel fortunate that Dr. Cohen accepted our offer to take on this assignment."

Cohen sees the move to Tyler as an opportunity to recruit five Ph.D. investigators a year until 20 proposed research slots are filled during the next five years. This was the commitment that attracted him to the UT Health Center.

"We have the opportunity to build a real jewel—a nationally known clinical and research center

with an outstanding group of clinical and basic scientists," Cohen said soon after his arrival in August.

Dr. Harold James, a biochemist who has worked closely with Cohen for eight years as a research associate professor of medicine and physiology at Temple, came with him to Tyler. Cohen praised James' "innovative ideas and laboratory expertise" as a contribution to the research team's success.

The two brought research equipment worth approximately a quarter of a million dollars to start their new laboratory. Cohen has already recruited Barry Starcher, a nutritional chemist from UT Austin.

"He was at the top of my list," Cohen said. Starcher specializes in the study of elastin, a major component of the scaffolding of the lung and in investigating ways to detect lung destruction and remodeling.

Cohen says he plans to hire both clinical researchers as well as basic research scientists. "We will introduce them to each other and turn them loose. I want them to be

self-starters. I can't tell you what they will be doing. Maybe something never thought of before."

Cohen and James have spent the past eight years investigating the causes of emphysema. Emphysema causes the enlargement of air spaces and the destruction of the air sacs that make up the lung. People with the disease have difficulty breathing.

Cohen says researchers have come a long way in understanding the disease. He said about 5 to 10 percent of the sufferers apparently lack a protein carried in blood called alpha-1-antitrypsin (AAT). This protein inhibits certain enzymes and protects the lung against the destruction which takes place in emphysema.

Dr. Sten Eriksson of Sweden was the first to advance this theory in 1965. Eriksson recently conferred with Cohen in Tyler and lectured to the health center staff.

Cohen and other researchers are searching for an inexpensive drug that will substitute for the protein and stop the degenerative process in those who have the genetic defect.

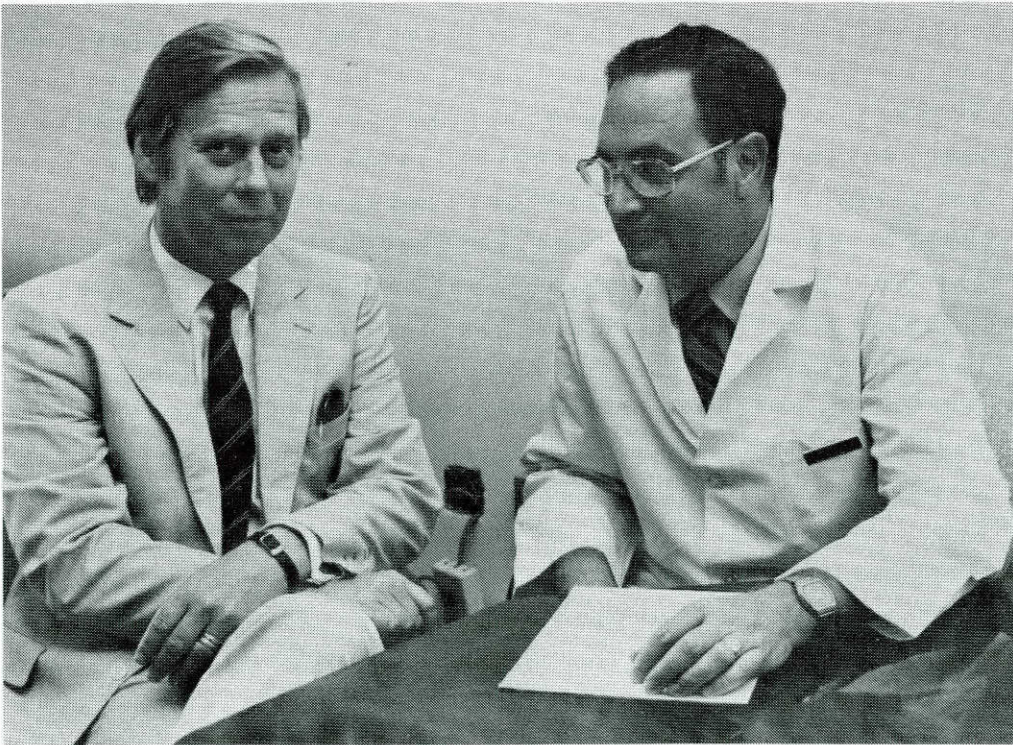
Cohen says long-term smoking destroys AAT in the lungs, therefore, there is a chemical link between smokers emphysema and the genetic form of the disease. White blood cells carry the enzymes normally inhibited by AAT which destroy the lungs in AAT's absence.

He said physicians cannot stop the disease or reverse it, but can improve the patient's functional status. At this time, however, they are hopeful that new approaches will be developed which will stop the progress of the disease.

Cohen and his Pennsylvania associates are excited about their research facility even though it was once an old army barracks. "It's a place where we can give 100 percent of our time to research and be able to relate those findings to a clinical setting," James said.

On the drawing board are plans for a new biomedical research building to house researchers and their equipment. The building will be needed soon because there are no more old army barracks for the researchers and projects to come.

—Ken Whitt and
Suzanne DuBeau



Swedish researcher Dr. Sten Eriksson, left, with Cohen. Both have done extensive research on the causes of emphysema.

CANCER

Oncology Service at UT Health Center has become the fastest growing area. Pathology's cytology lab is the only one in East Texas to specialize in Pap smears of sputum for cancer detection.



Death and the Physician

Hans Holbein the Younger

Since the mid-1970s, the number of patients diagnosed and treated for cancer at the UT Health Center has skyrocketed. Now 20 percent of the Tyler facility's overall admissions are cancer patients referred by physicians in East Texas and throughout the state.

Less than a decade ago the health center's oncology section consisted of a handful of patients and two nurses. Today three physicians and approximately 30 nurses work in the 56-bed unit and outpatient suite that encompasses the entire fourth floor of the hospital.

Through July, 725 cancer patients were admitted, an 80 percent increase over the same period last year. And there have been more than 1,300 outpatient visits by cancer patients.

More people or more cancer? Cancer is now the No. 2 cause of death in the United States. And according to recent American Cancer Society statistics, lung cancer accounts for a growing percentage of those deaths.

"America is in an epidemic of lung cancer," oncology chief Dr. Ragene Rivera said at a chest diseases seminar held earlier this year at the health center. "Even if all the people stopped smoking, it would probably be 10 years before we would see any significant decrease in lung cancer."

Breast cancer, traditionally the most common cancer in women, is now being rivaled by lung cancer as the leading cause of cancer-related deaths. Dr. Rivera points out that since World War II, the number of female smokers has risen alarmingly—and the lung cancer death rate has risen 250 percent since 1951. According to cancer society statistics, women with breast cancer have an 80-percent chance of living five years after diagnosis but those with lung cancer have almost impossible odds—only a 5-percent chance of survival due to the disease's rapid growth.

However, smokers aren't the only victims of lung cancer.

Epidemiologists say air pollution and workplace hazards also account for lung cancer's rise. "In the past few years, we've seen a big increase in lung disease in East Texas," Rivera said. Most of patients seen by the board-certified oncologist have malignancies of the lung, difficult to treat even with advances in chemotherapy and surgical techniques.

Early detection is even more difficult, Rivera explained. "By the time we see a cancer on a chest X-ray, distant spread has frequently already taken place." Small tumors may be missed on routine X-rays. By the time a patient develops symptoms—for example, pain, cough, shortness of breath, weight loss—the cancer usually has spread, making lung cancer incurable with present treatments.

But there is a simple lab test that can find abnormalities in cells before the symptoms of lung cancer occur.

Of the 583,559 laboratory procedures performed at the health center in 1982, many were Pap smears—of the lung. The Pap smear, perhaps the most familiar lab test for cancer, is part of a routine gynecological exam for women. Since its widespread use began in 1943, uterine cancer deaths have dropped dramatically.

Pathology chief Dr. L.R. Hieger says Pap smears of the lung are performed routinely at The UT Health Center but are relatively uncommon at general health facilities.

"Our lab is somewhat different because of the type of patients we have," said Hieger, professor of clinical and anatomical pathology. "It enables us to be relative experts in some areas, such as pulmonary cytology, because of the volume of material we see."

The pathology department recently completed a pamphlet explaining the procedure which has been done here since the mid-1970s. The cytology section of the health

center's clinical labs is the only one in East Texas to specialize in Pap smears of sputum for cancer detection.

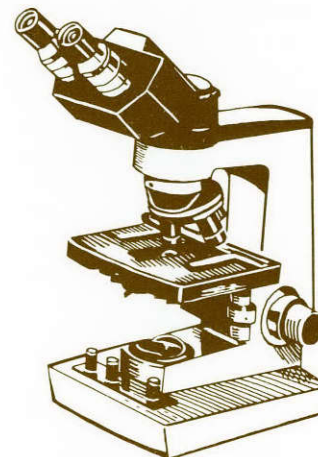
Part of the pathology department since 1979, the cytology area began five years earlier as a cancer screening lab for the Tyler Asbestos Workers Program.

Lung Pap smears are made from several specimens of sputa collected on consecutive days, thus increasing the chances of finding malignant cells from a tumor. In some cases, however, the cells of lung cancer do not appear in the sputum. The number of cancer cells present in a single sputum sample may be relatively small, considering the lung's huge surface area (about 70 square meters), so the test isn't 100 percent effective.

Cost may be a reason why Pap testing for lung cancer isn't universal as that for uterine cancer, Hieger said, because the procedure is not performed frequently enough to be cost-effective. But a Pap smear for lung cancer offers the best chance of finding cancer early when treatment is most likely to be effective, he added.

Before a firm diagnosis of cancer is made, a biopsy of the affected tissue containing the suspicious cells is studied by the pathologists. "Sometimes cells can mimic a malignancy but not be cancer," Hieger explained.

—Suzanne DuBeau





Isadore Roosth

Meet the chairman of the boards

There aren't many health, educational or charitable organizations in Tyler that Isadore Roosth hasn't been a member of at some time or other. He's been named chairman or president of the board of directors for most of them.

At the state level, he is on the Texas Board of Health, appointed four years ago by the Governor. At the appointment confirmation hearing in Austin, the local state senator, Peyton McKnight, described Roosth as "Mr. Everything in Tyler." When asked recently for his reaction to the description, Roosth modestly shrugged off the question by saying, "That is a good friend talking. They sometimes say those things."

McKnight led the legislative move to transfer the East Texas Chest Hospital to control of the University of Texas System in

1977. Roosth and political ally Royce Wisenbaker, also of Tyler, supported the move.

At 71, Roosth is still a busy man in the Tyler hierarchy. Some would still describe him as "Mr. Everything" because he is involved in so many things, from business decisions which affect Tyler's growth and development to his efforts in raising funds for charitable organizations.

He runs Roosth and Genecov Production Company, which has property holdings in Tyler and Smith County.

When he assumed the presidency of the Tyler Chamber of Commerce in 1974, the local newspaper story described Roosth as a prominent business and oil executive, saying Roosth "has long been at the forefront of communal and humanitarian causes in Tyler."

These causes include Tyler Junior College and UT Tyler foundations, East Texas Hospital Foundation, Tyler-Smith County Library Foundation, United Way, YMCA, Goodwill Industries, East Texas Fair Association, Mental Health and Mental Retardation Regional Center, Texas Society to Prevent Blindness, Texas Rose Festival Association, Willow Brook Country Club, Hollytree Country Club, and the Smith Country Democratic Executive Committee.

He also is on the advisory Council of United Synagogues of America and member and past president of Ahavath Achim Synagogue and the Tyler Lodge of B'nai B'rith. Roosth and his wife, the former Pauline Heffler who died two years ago, dined at the White House in 1980 at the invitation of President Jimmy Carter in honor of Menachem Begin, then

Israel's prime minister.

The University of Texas Health Center at Tyler is also among the many organizations Roosth lends his support and leadership. He has been involved in the institution's development almost from the time of its establishment more than 30 years ago as a tuberculosis sanatorium.

"I became interested because I am a graduate of the disease, so to speak," he said recently. "My knowledge of the problem created my interest."

His problem with the disease occurred soon after his discharge from the Army Corps of Engineers in 1946. Born and raised in Tyler, Roosth graduated from Texas A&M in 1933 with a B.S. degree in chemical engineering. After World War II, he returned home to rejoin the family business. Three brothers—Harold (deceased), Wiley and Hyman—all became medical doctors. Two of them, Harold and Wiley, were Tyler physicians. They felt Army discharge physicals were not thorough enough and insisted that Isadore undergo a complete physical examination.

"They knew of my propensity for work and that I wouldn't take the time to get one; but they insisted and so I did," Roosth recalls. The examination uncovered a spot on one of the lungs about the size of a dime.

Brother Wiley took Isadore to Dallas for treatment. A section of Roosth's lung was removed. "They decided it was a lesion, not a tumor," Roosth said. "It wasn't cancerous, although they never did rule it out until after the operation."

There were family discussions on whether to send Isadore to the National Jewish Hospital in Denver, a nationally known institution founded at the turn-of-the-century as a tuberculosis hospital. (Like the UT Health Center at Tyler, today the Denver facility also has evolved into a center for chronic respiratory diseases.)

Like all tuberculosis sufferers in the 1940s, treating patients consisted of administering a series of drugs to control the disease and long-term isolated convalescence.

A section of the family home on Robertson Street was roped off to keep Isadore away from the rest of his family.

"I was concerned about our children, but my wife insisted. She felt it was her duty to take care of me and she did. If two of my brothers hadn't been doctors practicing here in Tyler who could administer the drugs, I would have gone off somewhere," Roosth said.

He was bedridden for almost two years.

After his recovery, he became an active member of the Tyler-Smith County Tuberculosis Association. When the Texas Chest Foundation was formed in 1972, as a fund-raising organization for the East Texas Chest Hospital—later renamed UT Health Center—Roosth became its first and only president. Today he is also chairman of the UT Health Center Develop-

Roosth has a special interest in chest disease because he was a victim.

ment Board, formed in 1982. Both the foundation and the development board provide private financial support for program development and the recruitment and retention of key physicians.

As a staunch anti-smoker—he quit cold turkey in 1946—Roosth was instrumental in establishing a health center Smoking Cessation Program which helps people quit smoking. The foundation provides offices for the program's staff in Tyler.

Roosth's early association with health center activities goes back to the 1950s when Dr. Sam Topperman was chief administrator of the tuberculosis or chest hospital, as it was called then.

"He (Topperman) was having some difficulty in obtaining adequate facilities, so when it looked like his problems were never going

to be solved I became familiar with them.

"He was having a problem of getting authority to cope with the whole person that came into the hospital there," Roosth recalled, without elaborating.

Thirty years later Roosth became even more familiar with the UT Health Center—as a heart patient. In 1981 Roosth was referred to the health center's new cardiologist, Dr. Robert Payne, for further diagnosis. Payne had just joined the medical staff after eight years in private practice and as a member of the Arizona Heart Institute in Scottsdale and Phoenix.

Although Payne had performed more than 1,000 invasive diagnostic procedures—called catheterization—in Arizona, one of his first procedures performed at Tyler was on the health center's leading supporter.

The diagnosis was the need for open-heart surgery. In the spring of 1982, triple bypass surgery was successfully performed in Houston.

Despite the surgery, Roosth's calendar of daily meetings with various groups in Tyler and around the state has not diminished. "I try to cut down on things that take an appreciable amount of my time."

His five children—Diane, Sam, Sherry, Susan and Toni—and the family business still continue to be his primary interest.

However, he still plans to be involved in UT Health Center activities by nurturing its development and watching it continue to grow.

"I think I see it developing about the same way everyone else sees it. It will become outstanding in the treatment and research of lung and heart diseases. It will have to come by evolution because of escalating costs."

"We have a top-flight hospital out there," Roosth said. "A whole lot of people on the board, especially Mr. Wisenbaker, have been involved as much as I have. They all have been helpful in their own way. They want to see it develop into something the state can be proud of and outstanding in whatever it undertakes."

—Ken Whitt

Cardiovascular services

1981

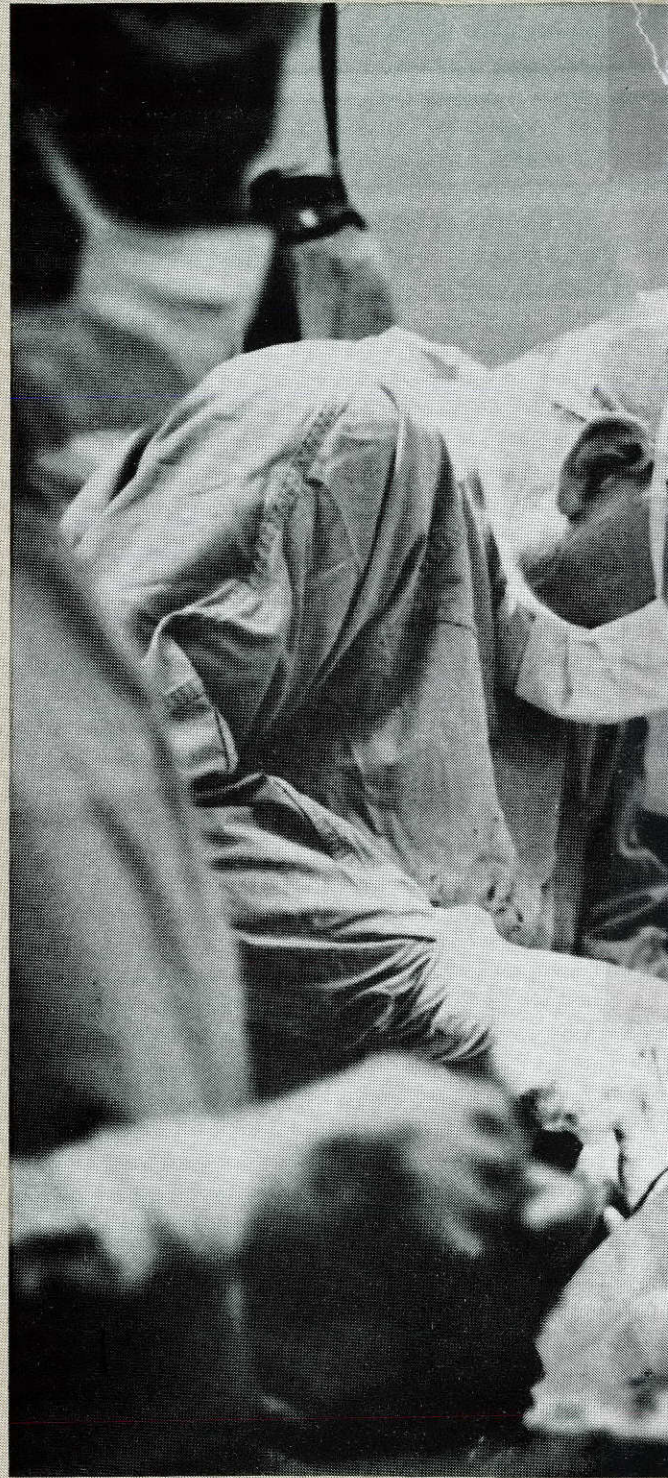
Cardiologist Dr. Robert Payne joins medical staff to provide invasive and non-invasive diagnostic procedures. More than 300 cardiac catheterizations have been performed since then.

1982

Outpatient cardiac rehabilitation program begins.

1983

First open-heart surgery performed Nov. 8. Patient Luther Roach, 56, of Tyler received a six vessel coronary artery bypass operation performed by Dr. Roy Kingry Jr.



now available



In November the UT Health Center officially performed its first open-heart surgery. But for the surgeon performing the operation, it was not his first.

Dr. Roy Kingry Jr., 42, performed his first open-heart operation nearly a decade ago, in 1974 at Walter Reed Army Medical Center in Washington, D.C. Last October he concluded his military career at Fitzsimons Army Medical Center in Aurora, Colo., where he was staff cardiac surgeon. On Oct. 3 he joined the UT Health Center at Tyler as its first cardiovascular surgeon.

Kingry estimates he has performed somewhere around 400 open-heart operations. "I really don't keep count of them, but it's many hundreds. I'd have to go over my records to get an exact count."

He was chief of surgery at the U.S. Army Hospital in Seoul, Korea and chief of thoracic and vascular surgery at Madigan Army Medical Center in Tacoma, Wash., in addition to his work at Fitzsimons and Walter Reed. He is board certified by the American Board of Surgery, the American Board of Thoracic Surgery and the National Board of Medical Examiners.

When Kingry arrived at the Tyler facility this month, he was not a complete stranger. He had been a lecturer there last spring at a continuing medical education seminar for area physicians. During the summer 11 members of the UT Health Center's surgical nursing and intensive care nursing staffs went to Fitzsimons for training.

"We decided to train the people already here," Kingry said. "There is good, local talent here."

The only outsider hired for the surgical team was Chris Barrett, a perfusionist recruited from the University of Wisconsin who is experienced in operating the heart-lung machine required in the operation.

(continued)

"We are pleased that we were able to recruit a cardiac surgeon who is experienced and who has such outstanding qualifications. We are very fortunate that Dr. Kingry agreed to come to Tyler," said Dr. George A. Hurst, director of the health center.

Asked why he chose East Texas as a place to continue his career in civilian life, the youthful-looking former colonel said: "I saw this as a tremendous opportunity for me personally, to be involved in a new program just starting out. I could envision that the UT Health Center at Tyler is going to grow and develop, and that there is a real need for open-heart surgery here.

"It's not hard to visualize what this place will be like in 25 years. I would like to contribute to that development. I think after spending a couple of decades here, I can look back on what has been accomplished with a great deal of gratification."

Since his arrival, Kingry has spent most of his time becoming familiar with the new surroundings, checking out the state-of-the-art equipment purchased for the operating room, and adjusting to civilian life.

"Yes, it is quite an adjustment for me," he said. "I've been wearing a uniform since I was 14," referring to his boyhood military academy days in Atlanta, Ga. He is a 1963 graduate of the U.S. Military Academy at West Point and received his medical degree while in the army from the University of Alabama.

His wife, Angeline, is staying in Colorado for the remainder of the school year. Their son and daughter, Christopher and Carlotta, who are twins, are high school seniors.

Despite frequent transfers that come with a military career, the separation of he and his family in the coming months will be their longest.

"I will miss them tremendously, but I also love my work. Open-heart surgery is very dramatic. It's like a miracle," he said, emphasizing how quickly and completely patients recover from the operation.

—Ken Whitt

Rehabilitation



A conditioning program that brings heart patients back to everyday life.

Open-heart surgery often is a life-saving procedure, but it is always a life-altering one. Beginning in those first days after surgery or heart attack, cardiac rehabilitation is the vehicle that brings patients back to everyday life.

The UT Health Center's prescribed cardiovascular conditioning program begins in the hospital with simple self-care tasks, walking short distances and progressively building endurance and range of motion, according to Dr. Rick Carter, director of exercise physiology and rehabilitation. Phase I also stresses education for the patient and his family, as provided by health education coordinator Jane Sawyer, cardiac rehabilitation nurse Vicki Garcia and other members of the health center staff.

After a patient leaves the health center, he or she is ready for Phase II, a 12-week program of ex-

ercise therapy conducted under a physician's supervision during electrocardiographic (ECG) monitoring. More than 50 people have completed this outpatient program at the health center since its inception in September 1982, some from as far away as Kaufman and Palestine.

Phase II cardiac rehabilitation is also available at UT Tyler, says Carter, who also supervises the program there. Health Center cardiologist Dr. Robert Payne is medical director for Phases I and II.

Supervised individual aerobic and recreational activities are the focus of Phase III, which began at UT Tyler in October under Dr. Jim Schwane, director of exercise physiology. Tyler physicians Dr. Alan Paul and Dr. C.R. Hurst provide community-based medical staff coverage for the campus programs.

Social Service

People problem solvers



Ward and director Delaney, seated; Walton, Lewis, Levy and Simpson, top.

Who's part counselor, part advocate, part life rearranger, part intermediary with first-rate connections? It's the resident specialist in community relations, the medical social worker.

They form a 20th century profession, one established in America in 1905 by Dr. Richard Cabot at Massachusetts General Hospital. Along with other social work practitioners, they are people-oriented problem solvers.

From the UT Health Center's early days there was a social worker to serve patients, and during the 1950s, the social services department developed under the leadership of Samuel Hudson.

Since 1971 the medical social services department has been headed by Juanita Delaney, who holds a master's degree in social work from UT Austin. Though her five social workers share a background in behavioral sciences and enjoy a place on the interdisciplinary health team, their individual talents are specialized.

Jim Lewis, social services supervisor, deals with ICU, surgery and pediatric patients. Ola Ward is the oncology department's social worker. Rosalind Walton specializes in helping those hospitalized with chronic obstructive pulmonary disease and outpatients. Bernard Levy aids tuberculosis patients; Jackie Simpson's area is heart disease and chronic pulmonary disease.

Lewis and Ward assist with the practical, financial and emotional needs of the terminally ill.

Medical social work at the health center is different from what it might be in an emergency care or general hospital setting, Levy explained. "We're dealing with the chronically ill, unlike the short-term illnesses other hospitals handle."

Social services director Delaney agrees, adding that the basic principles of social work are the same, but goals are different.

One of the prime goals is helping the patient get back to the community as soon as possible.

"If the medical social services department is doing its job right, the patient and his family can readjust to living in the community," said supervisor Lewis. "We're the link."

Social services staff members begin planning a patient's discharge from the day he or she is admitted. By using psychotherapeutic techniques to evaluate patients and to assess their needs, arrangements are made for home health care, including visiting nurses, walkers and oxygen. Sometimes financial aid plays a part, Delaney says, because items like oxygen are quite expensive.

The social services department is only as effective as its network of informal and formal connections to agency and community resources ready to help patients during and after hospital care. They secure

the "best deal" for patients needing vocational rehabilitation, financial and legal assistance, transportation, or continuing care at home or at another facility.

Helping hospitalized patients and their families is another part of the job, one which requires the empathy to be a patient's sounding board and advocate at times. "No matter what we do, we're listening," says Walton.

And after a patient is discharged, social services continues its involvement in his or her life. The department coordinates contacts with Social Security, Veterans Administration and other state and federal agencies. They assist patients in applying for benefits and appeals and interpret agency procedures and rulings.

And at times, they're translating medical procedures into layman's language for patients. "Sometimes we explain a procedure in their own terms so they can better understand it," Ward says. "We have more time (than medical personnel) to talk to them about their problems, their fears."

Social workers view themselves as the personal connection between hospital and patient.

"Patients need someone with whom they can relate. As social workers, we establish a relationship and build trust, so that the patient gets an honest understanding of his situation," Simpson added.

—Suzanne DuBeau

UT Development Board and News



September graduates of the TJC/UT Health Center respiratory therapy technology program received tuition grants from Texas Chest Foundation.

Meeting Launches Long-Range Goals

Long-range projects approved last spring by the UT Health Center's Development Board continue to progress. To keep members abreast of health center happenings, a quarterly publication, *Development News*, was launched this fall.

The board approved the establishment of a special fund drive to raise money for the support of research in cardiopulmonary diseases and reviewed modifications to a medical resident housing project.

Board chairman Isadore Roosth proposed the Mankind Research Fund as a means to expand research capabilities at the health center. The funding project is

needed to augment the slackening of federal money and to be used as seed money for research faculty, according to development director Tom Brogan. Donors will have rooms at the health center named in their honor. A patient room may be sponsored for as little as \$10,000, Brogan said, or donors may choose to make a larger gift for a larger work or meeting area such as the auditorium.

Plans for medical resident housing were revised to provide space for both short-term and long-term medical residents. A campaign to raise \$1.2 million for construction of the Medical Resident Center began in June.

Scholarships Awarded

When it comes to education, the Texas Chest Foundation makes a significant contribution to UT Health Center programs and personnel.

Since 1973, the foundation has provided funds for recruitment and retention of key physicians and research physician-scientists and continuing education scholarships for employees.

Beginning with scholarships for two nursing students that year, the program has awarded more than \$78,000 during the decade, according to a report submitted by foundation executive secretary Grady Faulk to members of the Development Board and Texas Chest Foundation.

When the health center instituted an on-the-job training program in respiratory therapy technology with Tyler Junior College in 1982, the Texas Chest Foundation elected to pay the students' tuition at TJC. Thirty-six health center employees have completed the program. The last class is scheduled to finish in March.

Smoking Cessation Program	
now at two locations by appointment	
2737 S. Broadway, Suite 208, Tyler (214) 877-3451, ext. 2001	Roy H. Laird Memorial Hospital, Kilgore (214) 984-3505

Texas Chest Foundation

Gifts

Contributions to Texas Chest Foundation

Memorial Gifts

In memory of Mrs. Alice Eaves, gift from Dr. and Mrs. W.T. Matlage
 In memory of Mrs. Ed (Altha) Land, gift from Mr. and Mrs. Max Covnet
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 In memory of Mittie Lou Calvert, gifts from Dr. and Mrs. W.T. Matlage and Mr. and Mrs. Bruce Wilson
 In memory of Mrs. Isadore Roosth, gift from The Rudman Foundation
 In memory of Aleck S. Genecov, Pauline Roosth, Harold Roosth, Robert R. Muntz and Bennie Roosth, gift from employees of Roosth & Genecov
 In memory of Mrs. Evelyn Wright, gift from UT Health Center-Tyler
 In memory of Mrs. Gertrude Mock, gift from Dr. and Mrs. Paul Turman
 In memory of Mrs. Margaret Faulk, gift from Dr. and Mrs. Jim Vaughn
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 In memory of Tyler Brogan, gift from Mr. and Mrs. Grady Faulk
 In memory of Mrs. Rose Wolf, gifts from Mr. and Mrs. Sidney M. Wolf, Mrs. Simon M. Frank, Jerome M. Wolf, Mrs. M.L. Roberts and Mrs. Sol Roosth
 In memory of Earl J. Hill, gift from Mr. and Mrs. J. Burns Brown
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In memory of E.S. Whitt, gifts from Mr. and Mrs. Grady Faulk, Mrs. Signa Myers, Suzanne and David Penca, James Tyler, Chris Traylor, Mrs. Zura Shields, Erwin Hiltcher, Randy Lindsey, Mrs. Deidre Hull, Van Neal, and Mrs. Linda LaPrade
 In memory of Bobbie Treadaway James, gift from Dr. E.C. Kinzie
 In memory of Mrs. Grace Merrill, gift from Dr. and Mrs. W.T. Matlage
 In memory of Arthur Lee "Jack" Landers, gift from Dr. and Mrs. W.T. Matlage
 In memory of W.T. Matlage Sr., gifts from Mr. and Mrs. Grady Faulk and Mr. and Mrs. David E. Bunting
 In memory of Mrs. Topsy Sharp, gift from Mr. and Mrs. George Hall

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 Officers and Directors of First City National Bank, in honor of Isadore Roosth

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News Briefs

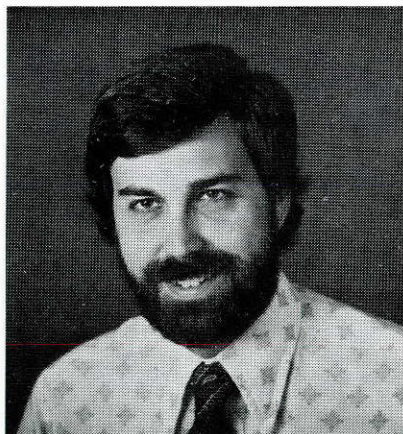
Physicians join medical staff

CARDIAC SURGEON

Dr. Roy Lee Kingry Jr., cardiac surgeon at Fitzsimons Army Medical Center in Aurora, Colo., was appointed cardiac surgeon at the health center, effective Oct. 1.

Kingry is a 1963 graduate of the U.S. Military Academy at West Point and received his M.D. degree at the University of Alabama Medical School in 1969. A former army colonel, he completed post-graduate training—including general surgery and thoracic and cardiovascular surgery residency—at Walter Reed Army Medical Center in Washington, D.C.

Kingry is board certified by the American Board of Surgery, American Board of Thoracic Surgery and the National Board of Medical Examiners.



Kummet

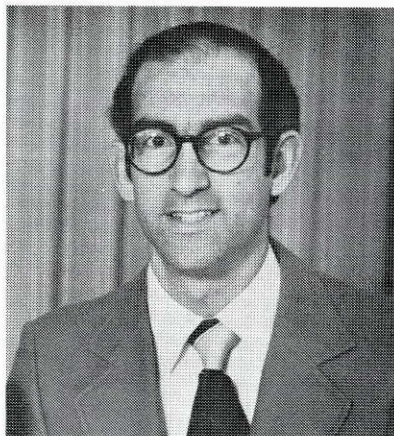
CANCER SPECIALIST

Dr. Thomas D. Kummet joined the oncology staff in August.

Kummet comes to Tyler from the University of Arizona Health Sciences Center where he served a two-year fellowship in medical oncology. A graduate of the University of Minnesota Medical School, Kummet also holds a

master's degree in public health from the University of Minnesota School of Public Health.

Kummet's research interest is in cancer epidemiology, particularly the environmental factors which determine a person's risk of developing cancer.



Girard

PULMONARY SPECIALIST

Dr. William M. Girard was named associate professor of clinical medicine and pulmonary staff physician in January.

Girard, formerly a pulmonary staff physician at Veterans Administration Medical Center in Long Beach, Calif., previously served as a staff physician at Veterans Administration Hospital in Shreveport, La., and at Wallace Memorial Baptist Hospital in Pusan, Korea. He is a 1969 graduate of Louisiana State University and received his M.D. degree there in 1972.

Girard interned at Methodist Hospital in Dallas and was a medical resident at LSU Medical Center in New Orleans.

RADIOLOGIST

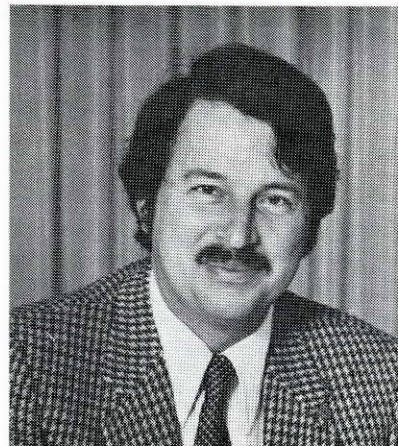
Dr. Michael S. Green was appointed assistant professor of clinical radiology in January.

A 1968 graduate of the Univer-

sity of California at Berkeley, Green received an M.S. degree from the University of Tennessee at Knoxville in 1970 and an M.D. degree in 1976 from New Jersey Medical School, Newark.

Both his internship and residency were at the University of California at Davis.

Before joining the health center, Green was a radiologist with Radiological Consultants in Dallas.



Green

GENERAL MEDICINE (WEEKENDS)

Dr. Jay C. Buckey Jr. was appointed as an instructor in clinical medicine in June.

Buckey received an M.D. degree from Cornell University in 1981 and later served an internship in internal medicine at New York Hospital-Cornell Medical College and Sloan-Kettering Cancer Center. He is now serving a residency at Dallas' Parkland Memorial Hospital and is working on a NASA research project at the UT Health Science Center at Dallas.

Dr. James W. Walton was appointed as an instructor in clinical medicine in July.

Walton, who holds a bachelor's degree in biology from North Texas State University, earned a D.O. degree from Texas College of Osteopathic Medicine in 1982. He is currently a resident at Fort Worth Osteopathic Medical Center where he completed his internship in June.

Dr. Lowell E. Vereen was appointed as an instructor in clinical medicine in August.

A 1975 graduate of UT Arlington, Vereen received an M.D. degree from the UT Medical Branch at Galveston in 1980. He recently completed an internship and residency in internal medicine at Louisiana State University School of Medicine in Shreveport.

CERTIFICATIONS

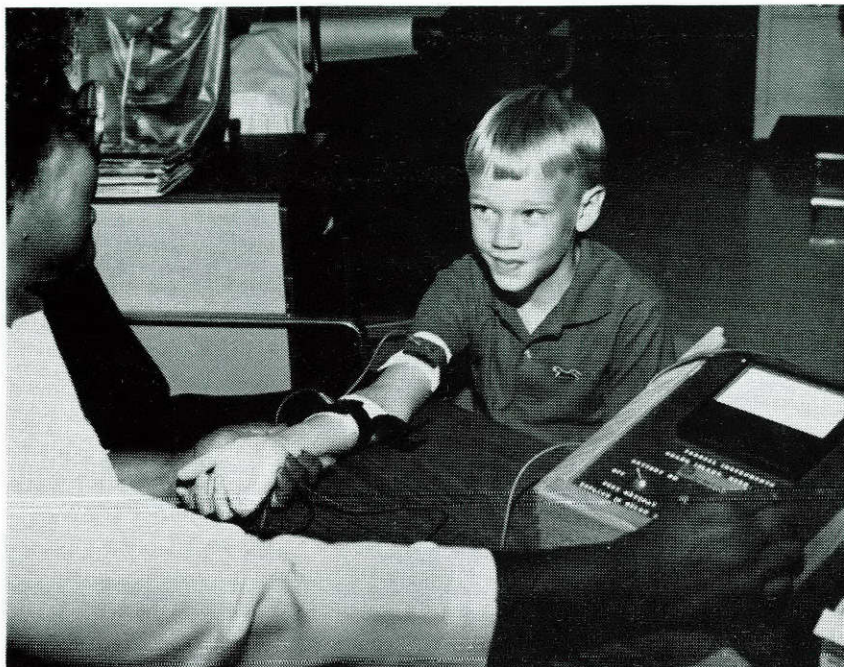
Dr. Wilbur G. Avery, professor of clinical medicine and associate director for medical education, was certified in the subspecialty of pulmonary medicine by the American Board of Internal Medicine. Avery is already certified by the board in internal medicine and is a diplomate of the National Board of Medical examiners.

Dr. Pedro Castillo-Mozun, assistant professor of clinical medicine, was certified in the specialty of internal medicine by the American Board of Internal Medicine.

Dr. Michael S. Green, assistant professor of clinical radiology, was certified in diagnostic radiology by the American Board of Radiology.

Dr. Jan Lewandowski, a research scientist in cell biology and environmental sciences, passed the Educational Commission for Foreign Medical Graduates examination, therefore meeting the initial qualifications necessary for a foreign-trained physician to practice medicine in the United States.

Cystic Fibrosis Center



A quantitative ionophoresis sweat test can detect cystic fibrosis.

The UT Health Center became the only Cystic Fibrosis Center in East Texas after approval by the State Board of Health in July.

Other designated CF centers in Texas recognized by the health department's Crippled Children's Services division are at children's hospitals in Dallas, Houston and San Antonio. The state assists patients in medical reimbursement if treatment is done at designated centers.

Cystic fibrosis is an inherited disease that often causes severe respiratory and digestive problems, but its severity varies from person to person. Nationally the disease occurs in approximately one in every 1,700 births, but as many as 5 percent of the general population may carry the gene.

"We are pleased the State Board of Health committee has approved us as a Cystic Fibrosis Center," said Dr. George A. Hurst, director of the health

center. "We feel we are uniquely qualified to handle these patients and will be pleased to do so."

The UT Health Center has pulmonary function facilities for both adults and for children. A pediatric pulmonary specialist, Dr. Michael R. Green, joined the staff two years ago. He is board certified in pediatrics with subspecialty training in pediatric allergy and pulmonary diseases of children.

Dr. Green said he and his clinical staff have been diagnosing and treating cystic fibrosis patients referred by other physicians for months prior to the board approval. He estimates there may be about 50 people with cystic fibrosis in the East Texas region.

"Approval of our being a Cystic Fibrosis Center allows these patients to continue their treatment closer to home," Green said.

(continued)

He also pointed out that the life span of cystic fibrosis patients is becoming much longer, perhaps because of better diagnosis and treatment. The mean age of survival for a child with cystic fibrosis is now around 19, Green said, compared to a mean age of 12 in the 1960s.

"Many of the young adults will feel much more comfortable coming to the UT Health Center for treatment than they would if they have to go to a children's hospital, which is where the other Texas centers are located," Green said.

The UT Health Center plans to apply for Level II Care Center designation with the Cystic Fibrosis Foundation. Requirements at this level are proper personnel and facilities to handle a minimum of 20 patients. Such a center also must have a pediatric service, pulmonary function lab, respiratory therapy capability and an intensive care unit.

"We qualify in all respects," Green said. "When we get the final approval (from the CF Foundation), we will let people know that we are a designated Cystic Fibrosis Center."

Dodson appointed research assistant

Dr. Ronald F. Dodson, chief and research associate professor of cell biology and environmental sciences at the health center, was appointed acting assistant to the director for research in March.

His appointment is effective until an associate director for research is named.

Dodson, who has a degree from Texas A&M, was initiated as a fellow in the American College of Chest Physicians in 1982. He joined the health center in 1978. A member of the UT System animal research legislation committee, he heads a number of health center committees. Since 1981 Dodson has served on the editorial board of the *African*

Journal of Clinical and Experimental Immunology.

Physicians honored for best TMA exhibit

For the second straight year, the UT Health Center at Tyler took top honors for an outstanding physicians' exhibit at the annual meeting of the Texas Medical Association in Houston.

The exhibit, which allowed physicians at the convention to participate in clinical diagnostic exercises for continuing education credit, won the Aesculapius Award named for the Greek mythological figure who perfected the art of healing.

Drs. Wilbur G. Avery, H. William Diserens, Luis A. Munoz, Brooke Nicotra, Manuel Rivera, Ragene Rivera and Richard Wallace designed and conducted the exhibit featuring case histories of benign and malignant lesions of the lung. Physicians were asked to make their own diagnoses based on X-rays and other information.

Help for smokers begins third year

The UT Health Center's Smoking Cessation and Education Program completed its second year of operation at the end of May totaling 401 enrollments.

Program coordinator Grady Faulk reported to the co-sponsoring Texas Chest Foundation trustees that 222 people completed the required five sessions and that 201 of these said they had stopped smoking at completion of the program.

Faulk said follow-up contact with enrollees after a year indicate approximately 40 to 45 percent of them had resumed smoking after leaving the program. He said the national average of people who resume smoking after completing similar programs ranges from 60 to 83

percent.

Faulk reported that the ages of his clients during the two-year period ranged from age 14 to 75 and included professional people as well as illiterates. He said the average client appeared to be a young to middle-age housewife who smokes approximately one and a half packages of cigarettes per day.

The program is located at 2737 S. Broadway in Tyler and also conducts sessions at Kilgore's Roy H. Laird Memorial Hospital.

Nine persons had completed the Kilgore program by Oct. 1, Faulk said. The Kilgore sessions are sponsored by Laird Hospital, the Texas Chest Foundation and the Kilgore Lions Club.

UTHC plans program for family practice

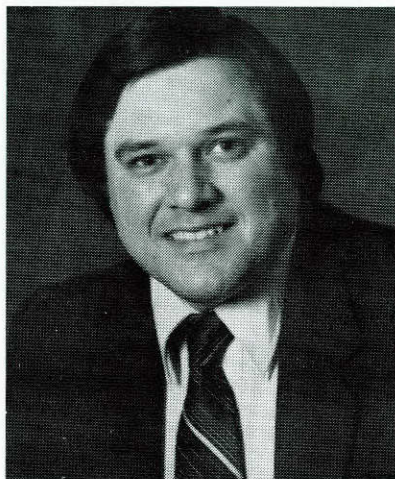
Attracting medical graduates to rural East Texas is the primary goal of the UT Health Center's proposed family practice residency program, which received a planning grant of \$26,000 from the Texas College and University System Coordinating Board in July. According to recent statistics, only 12 percent of East Texas physicians are family practitioners.

Interim program director Dr. Wilbur G. Avery says four medical residents will be accepted for training in 1985 if plans proceed on schedule. The planning grant allows the health center to seek state funds that will support up to four family practice resident physicians. Avery said a board-certified family practitioner will be recruited as permanent program director once the program is approved and accredited by the Coordinating Board.

Fundraising efforts to build a medical resident center also began in July, since state funds cannot be used for housing.

The planning grant application was supported by the Texas Department of Health, the Rose

City chapter of the Texas Academy of Family Practice, the East Texas Hospital Foundation and many individual Tyler physicians. Negotiations have been conducted with Mother Frances and Medical Center hospitals in Tyler, Good Shepherd Hospital of Longview and St. Joseph's Hospital of Paris for program assistance.



Fred Makowski

Patients assigned special representative

The I's have it. So do the other A to Z's. Based on alphabetic listing, patients admitted to the UT Health Center are assigned their own patient services representative. From pre-admission to final billing, there's one-to-one personalized contact.

The department of patient management was created last spring, combining the old areas of admission and patient charge, to serve patients in a more personal, efficient manner, says Fred Makowski, director of patient management. Makowski, formerly assistant administrator of finance and director of patient accounts at St. Lawrence Hospital in Lansing, Mich., has been responsible for the areas of admission, discharge, insurance and patient charge since his appointment in March.

A remodeled office area off the lobby now houses nine patient

representatives and their supervisor, Sherry Keck.

UT regents approve remodeling project

In April the University of Texas System Board of Regents awarded a construction contract totaling nearly \$1.7 million to Denson Construction Co. Inc. of Tyler for the remodeling of the upper three floors of the old hospital building at the health center.

Remodeling of the 42,000 gross square feet began in May and included installation of new windows for the entire 28-year-old structure, renovation of a stairway and installation of an emergency power system.

Total project costs are estimated at \$2.2 million, which includes fees, furniture and equipment for administrative and patient support services departments.

According to plans prepared by the Tyler architectural firm of Simons-Clark Associates, the fourth floor will house patient services sections and additional physicians' offices; fifth floor, business offices and computer resources, and sixth floor, administrative offices and classrooms.

The project is expected to be completed by next spring.

Study shows effect on asbestos workers

Preliminary study of medical evidence gathered over an eight-year period from nearly 800 asbestos workers examined at the University of Texas Health Center at Tyler indicates that smoking and aging may have more effect on the function of the lungs than does asbestos exposure.

Unsurprisingly, however, the findings also show that breathing capacity of the lungs is signifi-

cantly decreased by asbestos exposure.

Dr. Jerry W. McLarty, chief of the UT Health Center's epidemiology and biomathematics department, recently presented an abstract on the eight-year study at the annual meeting of the American Thoracic Society and the American Lung Association in Kansas City. He and his colleagues—Noble Fortson, Dr. George A. Hurst, and Dr. Charles C. Spivey—plan to submit a more detailed study for publication later this year.

The medical surveillance conducted on 796 male asbestos workers from East Texas involved some 5,000 measurements. The initial study was sponsored by a grant from the National Institutes of Health. The grant ended three years ago but the health center continues to provide the workers an annual medical examination.

McLarty says the research evidence also suggests these other major findings:

- Both smoking and asbestos exposure affect lung function but appear to do so independently. No synergism (joint action) was found.
- Asbestos workers, generally as a group, are losing weight, possibly reflecting the presence of underlying disease. Average non-exposed males in this age group tend to gain weight over an extended period.
- Of the 575 white workers and 221 black workers examined, no significant decrease in breathing capacity was found for the black workers.

"The differences are likely related to the different work histories of the two groups," he says. "The blacks were exposed more recently and had, on average, a much shorter duration of employment."

McLarty says the eight-year study had a unique feature in that repeated measurements on individuals were obtained. This allowed a greater probability of detecting small changes in lung function, over time.

Published Research

The following is a list of scholarly journals which have recently published or are about to publish research papers written by research and clinical faculty at The University of Texas Health Center at Tyler. Authors from the UT Health Center at Tyler are in bold.

Acta Cytologica, "Asbestos bodies and particulate matter in sputum from former asbestos workers: An ultrastructural study," (in press) by **Ronald F. Dodson**, **Marion G. Williams Jr.** and **George A. Hurst**.

American Review of Respiratory Disease, "Pseudomonas aeruginosa Mucoid Strain: Its Significance in Adult Chest Disease," November 1982, by **Manuel Rivera** and **M. Brooke Nicotra**.

"Are High Theophylline Levels of Benefit to Stable Patients with Chronic Airways Obstruction Receiving B-adrenergic Agents or do they Increase the Risk of Cardiac Arrhythmias?" 1983, by **M. Brooke Nicotra**, **Manuel Rivera** and **B. Faber**.

"Effects of amosite asbestos on human pulmonary alveolar macrophage functions," April 1983, part 2, by E.C. Lawrence, T.B. Box, B.T. Hall, M. Putman, S.D. Greenberg, M.L. Mace, **Ronald F. Dodson** and R.R. Martin. "Short-Course Chemotherapy for Pulmonary Disease Caused by Mycobacterium kansasii: Treatment of M. kansasii," (in press), by **Chai H. Ahn**, James R. Lowell, Sam S. Ahn, Suzanne Ahn and **George A. Hurst**.

Annals of Internal Medicine, "Sternal Wound Infections and Endocarditis Due to Organisms of the Mycobacterium fortuitum complex: A Potential Environmental Source," 1983, by J.N. Kuritsky, M. Bullen, C.V. Broome, V. Sileox, R. Good and **Richard J. Wallace Jr.**

Antimicrobial Agents and Chemotherapy, "An Agar-Disk Elution Method for Clinical Susceptibility Testing of Mycobacterium marinum and the Mycobacterium fortuitum complex to sulfonamides and antibiotics," 1983, by M.S. Stone, **Richard J. Wallace Jr.**, J.W. Swenson, C. Thornsberry and L.A. Christensen.

Athletic Training, "Short-Term Weight Training Effects on Resting and Recovery Heart Rate," spring 1983, by M. Stone, J. Nelson, S. Nader and **Rick Carter**.

Brain Research, "Cerebral vascular muscle culture. I. Isolation, growth and morphological characterization," (in press), by M. Spatz, **Ronald F. Dodson** and J. Bembry.

Chest, "Should the FVC Be Considered in Evaluating Response to Bronchodilator?" July 1983, by **William M. Girard** and **Richard W. Light**.

"Branhamella Catarrhalis: A newly Recognized Respiratory Pathogen in Patients with Chronic Respiratory Disease," (abstract) September 1983, by **M. Brooke Nicotra**, **Richard J. Wallace**, **Manuel Rivera** and **Ileice Luman**.

Current Therapy of Respiratory Disease, edited by Reuben Cherniack, chapter on "Pulmonary Infections: Mycobacterium kansasii," (in press), by **George A. Hurst** and **Chai H. Ahn**.

Cytobios, "The influence of inflation level on the ultrastructure of pleura," 1983, by **Ronald F. Dodson**, **Michael F. O'Sullivan**, **Carolyn J. Corn**, **Joan O. Ford** and **George A. Hurst**.

Environmental Research, "Acute lung response to amosite asbestos: A morphological study," (in press), by **Ronald F. Dodson**, **Marion G. Williams Jr.** and **George A. Hurst**.

Heart and Lung, "The Effect of Antistasis Footboard Exercises on Selected Measures of Exertion," July 1983, by W. Ahrens, M. Kenney and **Rick Carter**.

JAMA [Journal of American Medical Association], "Ferruginous body content in lungs of occupationally and non-

occupationally exposed individuals," (in press), by **Ronald F. Dodson**, S.D. Greenberg, **Marion G. Williams Jr.**, **Carolyn J. Corn**, **Michael F. O'Sullivan** and **George A. Hurst**.

Journal of Occupational Medicine, "Asbestos Bodies in Sputum: A Clinical Marker of Exposure," July 1983, by V.L. Roggle, **Jerry W. McLarty** and S.D. Greenberg.

Journal of Toxicology and Environmental Health, "Method for removing the ferruginous coating from asbestos bodies," (in press), by **Ronald F. Dodson**, **Marion G. Williams Jr.** and **George A. Hurst**.

Laboratory Investigation, "Ferruginous body content from lung tissue of occupationally and non-occupationally exposed groups," 1983, by **Ronald F. Dodson**, S.D. Greenberg, **Marion G. Williams Jr.**, **Carolyn J. Corn** and **George A. Hurst**.

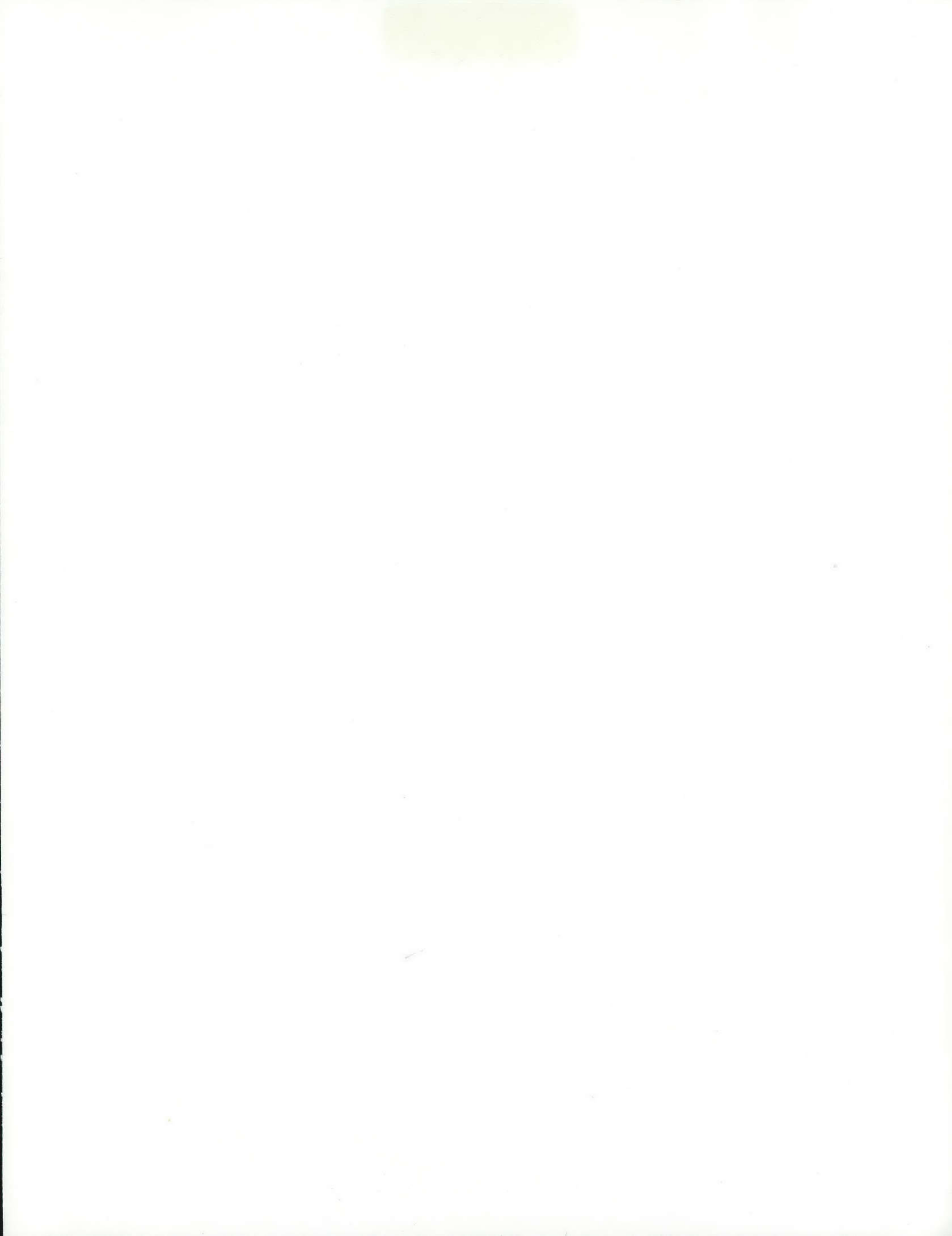
Nutrition and Cancer, "Vitamin A: Evidence for its prevention role in human cancer," (in press), by **Thomas Kummet**, H. Carewal and T. Moon.

Proceedings of American Society of Clinical Oncology, "Mitomycin-C and High Dose Cis-platinum Treatment for non-Small Cell Carcinoma of the Bronchus," (abstract), February 1983, by **Clyde O. Brindley**, **Fred H.Y. Liu** and **Juiping Lu**.

Reviews of Infectious Diseases, "Nontypable Haemophilus Influenzae (biotype 4) as a Neonatal, Maternal, and Genital Pathogen," May 1983, by **Richard J. Wallace**, C.J. Baker, F.J. Quinones, D.G. Hollis, R.E. Weaver and K. Wiss.

Seminars in Oncology, "Vitamin A: A potential inhibitor of human cancer," (in press) by **Thomas Kummet** and F. Meyskens.

Ultrastructural Pathology, "Rod myopathy with extensive systemic and respiratory muscular involvement," (in press) by **Ronald F. Dodson**, **George O. Crisp**, C.D. Albright, **M. Brooke Nicotra** and **Luis Munoz**.



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