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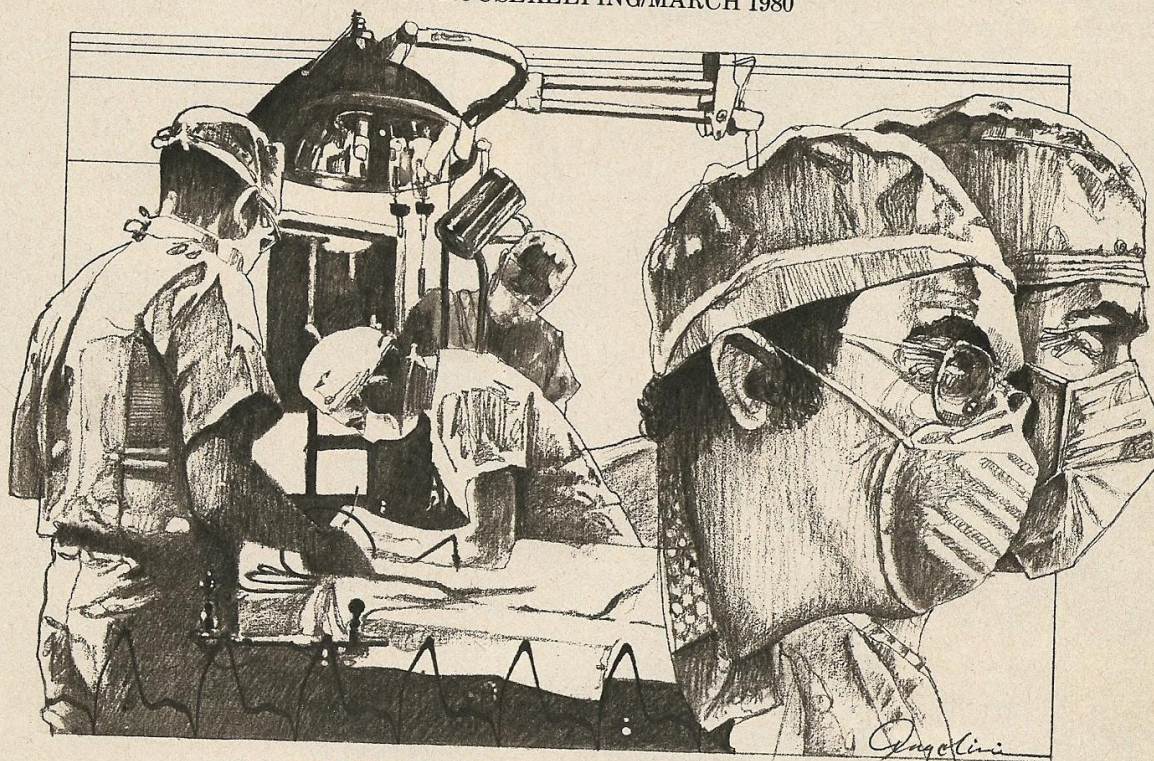
TRANSPLANT SURGEONS
How they work miracles
NIJAH P. 125 *
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OWE THEIR
MOTHERS**





FROM DEATH TO LIFE: 35 HOURS WITH A TRANSPLANT SURGERY TEAM

Young Debbie died, but Dave, Alice and little Shayla are alive and well because of the gift of Debbie's vital organs and the skill of two miracle-working surgeons. By Nilah Rodgers

4 P.M. Sixteen-year-old Debbie Dubose skipped down the front steps of her Chicago home on a sunny April afternoon. She waved to her parents as she slid into her date's yellow sports car.

4:30 P.M. The telephone call from the hospital sent Clyde and Naomi Dubose, Debbie's parents, reeling in shock: "There's been a terrible wreck and your daughter is in the hospital in a deep coma."

When the Duboses arrived at the hospital, they were told that Debbie had already been officially pronounced "dead." Her brain was not functioning, and only a respirator was keeping her heart beating by forcing oxygen through her lungs.

The grief-stricken parents recalled that Debbie had written a term paper on organ transplants and donations and had mentioned several times that she wanted her

organs to be used in any way that could help others. Following their daughter's wish, Debbie's parents gave permission to use her organs.

5:10 P.M. The beeper Paul Taylor wears on his belt went off. Taylor is coordinator of the organ transplant program at the University of Colorado Health Sciences Center at Denver. It had already been a long day for the transplant unit. A routine day frequently begins at 4 or 5 A.M. and the unit often works around the clock.

The Denver center is one of only three hospitals in the world where livers are transplanted. (The others are in Minneapolis, Minn., and Cambridge, England.) Charles Halgrimson, M.D., professor of surgery and vice chairman of the department of surgery at Colorado's Health Sciences Center, has removed more livers than any doctor

anywhere. He handles the donor part of the procedure, making sure the living organs are taken out properly. A very tall man—six feet, seven inches—and in his mid-40s, Dr. Halgrimson is of Norwegian extraction and grew up on a North Dakota farm.

Thomas Starzl, M.D., chairman of the department of surgery and director of the organ-transplant program, does the implantation in the recipients. Slightly built, he is 53 years old and from a publishing family in Iowa. His early newspaper experience gave him the background for writing more than 800 scientific articles since completing his medical training at Johns Hopkins in Baltimore, Md.

Pioneers in organ transplants, these two doctors have 50 once-doomed patients now walking

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A LITTLE HOUSE IN THE COUNTRY

(see pages 148-151)

Prices for the following furniture and accessories are approximate and do not include shipping costs.

Living/dining room, pages 148-149: Sofa #472, \$636 and wing chair #238-3, \$282; both by Montgomery Furniture Co., P.O. Box 540, Christiansburg, Va. 24073. All wooden furniture from Habersham Plantation, Lot 5, Collier Rd., Box 1209, Toccoa, Ga. 30577: Windsor side chair, #2600C, \$163.50; four-foot trestle table, #1210, \$320; four-foot trestle bench, #1115, \$130; 30-inch floor planter, #406, \$94.50; console table, #630, \$170; Governor Bradford chair (Windsor behind sofa), #2606C, \$200; round cricket table, #631, \$170; drop leaf coffee table, #651, \$310; Benjamin Franklin cane rocker, #1036, \$130. Sofa, curtain and seat-cushion fabric, Window Box; wing chair and mantel-ruffle fabric, Ramayana; both through decorators or decorating departments of department stores from Design Imports, 979 Third Ave., New York, N.Y. 10022. Lone Star rug, 6' by 9', \$1,620, from Saxony Carpet Co., 979 Third Ave., New York, N.Y. 10022. Star Variation quilt from Bogwater Jim Antiques, Rt. 15 and Beaver Run Rd., Lafayette, N.J. 07848. Baskets above mantel, hand painted by Joseph Bushman. Rectangular rib basket, \$75 and half-bushel basket, \$130, from Coker Creek Crafts, P.O. Box 95, Coker Creek, Tenn. 37314. Fireplace tools from David A. Osier, 40 Woodstock Forge, RD 2, Woodstock, Conn. 06281. Cherry bellows, \$88, from Sandy Ritchie, Buck Creek Bellows, Rt. 1, Box 17, Scottsville, Va. 24590. Hearth broom, \$8, from High Point Crafts, RD 2, Sky High Rd., Tully, N.Y. 13159. **Table setting:** China, handmade and hand painted, Musical Notations by Dorothy E. Hafner, dishwasher safe: dinner plate, \$30; soup bowl with saucer, \$20; bread-and-butter plate, \$14; available from the artist at 125 W. 20th St., New York, N.Y. 10012. Kismet flatware, \$52 per four-piece place setting, by Denby Ltd., 41 Madison Ave., New York, N.Y. 10010. Vendage 10-ounce goblets, set of six, \$10.25, from Conran's, 160 E. 54th St., New York, N.Y. 10022. Solid-color hemstitch-border napkins by Vera, 17" by 17", \$2.75 each.

Loft bedroom, page 150: Fabric, Ramayana (see above). Tatami floor mat, painted by Joseph Bushman. Cooking ware from Reco International Corp., 138 Haven Ave., Port Washington, N.Y. 11050; set of three whipping bowls, \$25; heavy-gauge copper tea kettle, 3¼-quart, \$40; 3-quart copper saucepan, \$45 and 2-quart copper saucepan, \$30, both with lids and both lined with pure tin.

Kitchen, page 151: Blue plaid fabric, Mahatma, from Design Imports, (address above). Bushel basket, \$150, from Coker Creek Crafts (address above). Yarn from Tahki Imports, 62 Madison St., Hackensack, N.J. 07601. ♦

FROM DEATH TO LIFE

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around with donor-livers to attest to their success. At the center, the kidney-transplant team has performed 1,000 transplants and there are 600 people alive today because of the kidneys they received.

The beeper told Taylor to call his operator for a message. He cradled the phone and wrote swiftly as he listened. A teenage girl in Chicago, whose parents had given blanket permission to donate her organs, was being kept on a respirator. Taylor took down all the essential information, including blood and tissue type. He then called Dr. Starzl to tell him about the donor.

"Don't stand there," Dr. Starzl answered. "Get moving."

"Where's Dr. Halgrimson?" Taylor asked.

"He's on his way home. We started early today," Dr. Starzl said. "When you get him, tell him he can sleep on the plane."

5:15 P.M. Taylor turned to a secretary: "Please make three reservations on the seven o'clock flight to Chicago."

A few minutes later, Taylor dialed Dr. Halgrimson. "We've got a donor in Chicago and reservations for you on a seven o'clock plane."

On her phone the secretary was saying to the airline reservation clerk, "I don't care if the plane is booked, we have to have three seats on that plane."

On his phone, Taylor asked Dr. Halgrimson, "Who do you want to assist? All right. I'll see if I can locate him. Don't hesitate to call for a police escort to the airport if you're running late."

Dr. Starzl burst into the office of the transplant unit. "Start pulling the files of those on the waiting list for livers and kidneys," he told the secretary. "Find out who's got the blood type and antigen profile that match the donor's. And see if we've got a prime pancreas candidate. If not, contact California and Minnesota."

The transplant fellow chosen to assist Dr. Halgrimson found the keys to the storage room in the adjoining research building where special coolers, solutions

and surgical bags are stored. He raced there, made a fast inspection and collected the necessary equipment—including a wrench in the event the donor's respirator needed repairs.

6 P.M. As members of the Denver team headed for their plane, eye specialists in Chicago were measuring Debbie's corneas. Since corneas must be removed within two hours of death, the eye-bank program was already under way.

7:02 P.M. Dr. Halgrimson, his assistant and Taylor settled into their plane seats. Now they had to prepare themselves for the ordeal of facing Debbie's grieving parents. As the father of five children, Dr. Halgrimson finds this one of the hardest parts of his job. He and his associates always make a point of explaining everything in precise detail because they want the family's *fully informed* consent.

Meanwhile in Denver, Dr. Starzl, after completing rounds, grabbed a sandwich in the cafeteria, then went over the list of possible recipients for Debbie's liver and kidneys. Her liver had to be transplanted within 18 hours at the most—but eight hours would be better. The time limit for implanting kidneys is 36 hours, if they are simply preserved, more if they are kept alive by machine.

Dr. Starzl thumbed through files. He remembered the recent desperate visit to Denver by a New York couple with their five-year-old daughter who had been born with a defective liver.

For two years, she'd lived in isolation to avoid contracting a disease her frail body could not combat. A liver transplant was her only hope of survival.

When Dr. Starzl had told Howard Jennings, the father of the little girl, that there was no liver donor for his daughter and he must take Shayla home to wait, Jennings had wept. Cathy Jennings, the girl's mother, had cried too.

Now, with growing hope, Dr. Starzl compared blood types and other characteristics. Yes, yes, Shayla was about to have her transplant. He dialed the Jennings' number in New York.

7:25 P.M. As the Denver team flew eastward toward Chicago, the Jennings hastily packed and started for the airport,

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MOCKING BIRD

*Why this tuneful riot in the middle of the day?
Are you tired of the quiet since the
fledglings flew away?*

*We had babies, too, tucked safely in the nest,
But one flew East and the other headed West.*

*Now the last one tries her wings, learning
how to live . . .*

*The sure smile, the good Godspeed is all there's
left to give.*

*Though we know that letting go's the better
part of love,*

*While you're mocking, mockingbird, do a
mourning dove.*

—HELENE LEWIS COFFER

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their hopes soaring. Their small car crawled along the snarled expressway. Howard checked his watch for the tenth time and cursed at the heavy traffic.

After all the obstacles Shayla had already hurtled, surely a traffic jam wouldn't now keep her from receiving the organ that meant the difference between life and death. Howard gripped the steering wheel, his knuckles white. Cathy repeatedly wiped tears from her eyes. Their car inched along.

8 P.M. The phone rang in the Denver home of Dave Sadler. Dave had been on the kidney waiting list for many months. Once a productive member of society, Dave had lost so much time from work, been sick so often and spent so many hours on dialysis that he no longer held a steady job. His situation made it hard on his wife and four children.

When he got his phone call from the Denver transplant unit, Dave drew a deep breath of hope and gratitude. Now maybe he could plan a future without the burden of being hooked up to a machine for 15 hours every week.

8:40 P.M. Alice Wigginton answered her phone in Cheyenne, Wyo. Alice had about given up hope for a kidney and resigned herself to three-times-a-week dialysis. Now she hung up the phone with trembling hands. "John!" she cried out to her husband, "I'm going to get a kidney transplant."

Quickly, she packed her bag and, in a high state of exhilaration, hugged her two girls. "Keep your things picked up and take care of Daddy," she admonished them. "When I get home, we can do things we've never done before. . . ."

But as her husband sped her along the interstate to Denver, Alice began to cry. "There's nothing to worry about," John said reassuringly.

"Someone had to die for me to get a kidney," she whispered hoarsely.

10:05 P.M. As their plane from Denver set down in Chicago, Paul Taylor marveled at the number of persons who could benefit from the generosity of a single donor. Corneas, liver, heart, pancreas and kidneys could all be used to help others. Dentists could fill gum-line depressions, treat gum diseases and make properly fitting dentures for many persons with bone marrow from one donor. Burn victims could benefit from microscopic layers of surface skin taken from the abdomen and thighs with electric razors and rolled in antibiotic gauze sponges and refrigerated until needed.

Growth hormone from the pituitary gland could help stunted youngsters. If needed, inner-ear structures could be taken at the same time the pituitary gland was removed. All this, and it could still be possible for the donor's family to have an open-casket funeral. Taylor couldn't help thinking that a greater educational program was needed to get more people to sign donor cards.

10:20 P.M. The three men hurried off the plane, hailed the first cab and sped across Chicago. It would be a long night. The operating rooms of most hos-

pitals are completely booked during the day. Whenever donor organs are offered and must be used immediately, the surgery is frequently performed at night—sometimes after midnight—and is finished well before scheduled operations begin the next morning.

11 P.M. Taylor talked gently to Debbie's grieving family and got the needed signatures. Dr. Halgrimson and his assistant made preliminary examinations and arrangements for nurses and an operating room. There would be no OR available until 2:30 A.M.

3 A.M. Debbie lay on the operating table in front of the transplant-surgery team. Her blood circulated, her heart beat and she breathed with the aid of the respirator. She was a "living cadaver."

Dr. Halgrimson swiftly made an incision and studied her organs. "The liver is normal in size and appearance," he told Taylor. With that pronouncement, Taylor rushed to call Denver.

He'd make another call when the liver and kidneys were out. At the airport, he'd call again to reassure Dr. Starzl they were on schedule.

Meticulously, Dr. Halgrimson isolated the arteries of the liver. He had to be very careful for, if a single blood vessel was accidentally severed, the organ would be useless. He made the donor vessels ready to clamp.

4 A.M. Finally, Dr. Halgrimson carefully lifted Debbie's liver, placed it in a thick, sterile plastic bag, twisted the neck of the bag and tied it. He placed this package inside another sterile plastic bag, repeated the sealing, then put a sterile towel over the ice in the cooler and placed the liver on top.

Next Dr. Halgrimson began the tedious task of removing the girl's kidneys. Two hours later, both shiny kidneys lay immersed in preservation fluid in their separate round plastic containers with tight fitting lids. Halgrimson's assistant "burped" the lids to remove air bubbles and placed the containers in an outer insulated container that looked like a picnic cooler.

Even though Debbie's liver and both kidneys had been removed, the rhythmic whoosh, whoosh, breathing sound of the respirator continued.

6 A.M. Removing the organs had presented no unusual problems. Dr. Halgrimson again looked at the wall clock. The flight back to Denver was scheduled for 8 A.M. There was time to get to the air terminal without requesting a police helicopter or escort.

Bone marrow, the pituitary gland, inner ear structures and skin could all be taken after the respirator was turned off. Dr. Halgrimson let out a ragged breath. He looked at the clock once more, but this time as a delaying tactic. "That's it," the father of five said. "We don't need the respirator any more."

At first no one moved. Then, slowly, Taylor found the lighted power button and turned off the machine. The respirator stopped. Silence enveloped the room. For a moment everyone stood still. Then Taylor picked up the cooler and the three men left.

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FROM DEATH TO LIFE

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7 A.M. Through Chicago's early morning traffic, the yellow cab wove its way toward the airport. The three team members checked in at the ticket counter of O'Hare terminal.

The two doctors passed through flight inspection. Taylor asked that the coolers be hand checked instead of going through X-ray inspection. The unsuspecting attendant opened the container. "What's this?" She asked.

"Liver," Taylor answered.

"Yeecht!" she said. "And this?" she pointed a finger at the plastic bowls.

"Kidneys."

"Yeecht!" she said again. She looked at Taylor disbelievingly but waved him through.

The three men dozed while their jet whisked them back to Denver.

While Dr. Halgrimson and his associates were en route to Chicago's airport, Dr. Starzl began preparing little Shayla for surgery in Denver. (Yes, the Jennings made their plane.) Taylor had phoned in the measurements of the donor liver. Shayla's bad liver had caused her abdomen to stretch and swell, so the transplanted liver, although larger, would fit. Blood characteristics and tissue similarities looked promising.

Dr. Starzl had not had much sleep, but he felt good. He was about to do what he did best. He made an incision from side to side under Shayla's ribs like a big, upside-down smile. By the time the plane from Chicago landed in Denver, he would have the child's blood vessels isolated and stripped from their connective tissue.

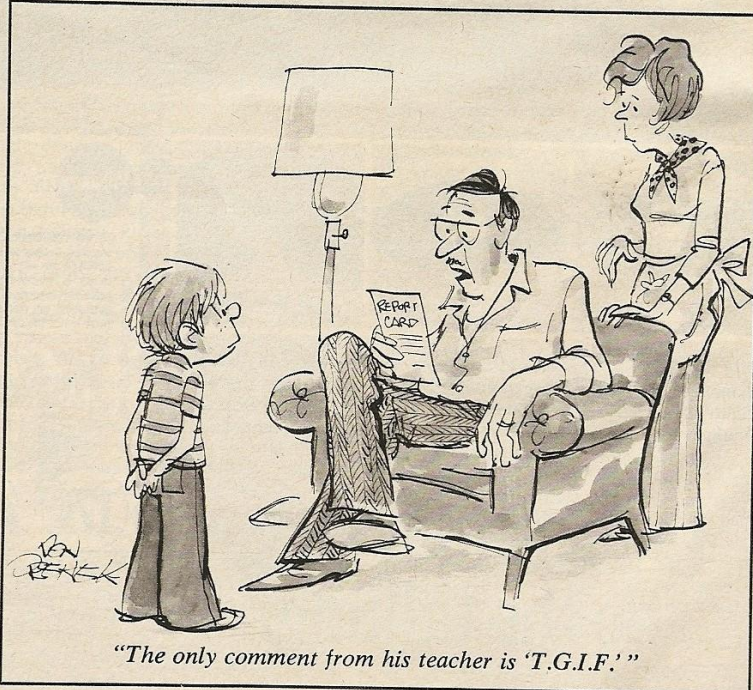
He used the same careful method to prepare Shayla that Dr. Halgrimson had applied in removing the liver from Debbie. However, Shayla's own liver would

not be removed until Dr. Halgrimson arrived and Dr. Starzl was certain the transplanted liver would function. For this reason, Dr. Starzl never burns any bridges. At the last possible moment, he could still close Shayla and send her back to her room to await another donor liver. 9:35 A.M. Back at his Denver hospital, with no time to rest after his flight, Dr. Halgrimson scrubbed again for surgery. Every artery, vein and vessel leading to and from Debbie's liver was indelibly printed on his mind. He would now assist in the implantation because his

knowledge would save crucial time. 10 A.M. Dr. Starzl, Dr. Halgrimson and many associates, using powerful magnifying loupes, worked over Shayla for five hours, connecting tiny blood vessels no larger than a pencil lead.

3 P.M. At last the doctors pushed the loupes up past the frames of their glasses and watched the liver take on color and firmness and begin producing bile. The doctors' eyes met and they exchanged pleasant smiles. The two chief surgeons stepped back and mo-

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"The only comment from his teacher is 'T.G.I.F.'"

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FROM DEATH TO LIFE

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tioned for colleagues to take over the closure.

Now Dr. Starzl and Dr. Halgrimson began their routine day of seeing patients, educating medical students, training residents and working on administrative details.

5 P.M. Dr. Starzl and Dr. Halgrimson joined Dr. Richard Weil and Dr. Lawrence Koep in surgery where Dave Sadler was to receive Debbie's left kidney. In an adjoining operating room, Alice Wigginton was being prepared to receive the girl's right kidney.

7 P.M. The kidney specialists had

already done preliminary vessel preparation and removed Alice's nonfunctioning kidney. Now Dr. Weil slipped a chilled wet piece of gauze over the donor-kidney to get a better grip on it. Gently he removed the kidney from the preservation unit. The hours ticked away as the surgeons and nurses worked.

For a moment Dr. Halgrimson stared at the respirator which pumped up and down like a Yo-Yo. Then he bent to the task of assisting the other doctors connect the artery and vein. Finally the ureter was implanted in the bladder.

Dr. Weil asked a nurse to check under the table to see if the catheter drained urine. It did. "That's it," he said. After the respirator was turned off,

the comforting sound of the patient's breathing continued.

The surgeons closed the incision.

4 A.M. The two kidney transplants had taken 10 hours. It was 35 hours since this drama, this grim contest with time, life, and death had begun. Fatigue gnawed at all of them.

"I'm going to crash," Dr. Halgrimson said. Dr. Starzl nodded. Crash was the only word to use when you've gone that long without sleep.

Each went to his home and slept round the clock.

The next day, as the two surgeons made their hospital rounds in Denver, miles away in Chicago, Debbie's parents dressed for their daughter's memorial service. At the funeral home, the director asked if they preferred an open or closed casket service.

"Closed," they said, "but first we want to see her." With tears rolling down their cheeks, they stood looking at their child. But their agony was eased with the knowledge that through Debbie others lived.

Already they knew that a 14-year-old boy who had been blinded three years earlier had received one of their daughter's corneas, and a child born with thinning corneas and glaucoma had received the other.

A month later, as was Dr. Starzl's custom, he contacted the Duboses. First he told them that their daughter's liver was functioning in a five-year-old girl who had been bedridden and doomed to die. (Minutes before he had made the phone call, little Shayla had run down the hospital corridor, grabbed Dr. Starzl around the legs and hugged him.)

Next he told the Duboses about the man and woman who received the kidneys,

giving them complete details except the recipients' names and addresses. He reassured them again that their daughter's identity would not be revealed as promised.

The Duboses thanked Dr. Starzl for his report.

"Thank you!" Dr. Starzl said.

And for years to come, people whom Clyde and Naomi Dubose will never meet will be saying, "thank you," to their daughter, Debbie, and asking blessings on her—without ever knowing her name. ♦

All names in this article have been changed except for the transplant surgeons Dr. Halgrimson and Dr. Starzl.