ARTICLES:


CREATIVE MEDICAL WRITING


BOOK CHAPTERS


ABSTRACTS


ANNOTATIONS AND EDITORIALS


BOOKS EDITED
Treatment Compliance and the Therapeutic Alliance, APA Press, 1996

MEMOIR
Bits and Pieces of a Psychiatrist’s Life (ExLibris, 2012)

OTHER LITERARY CONTRIBUTIONS

PAPERS PRESENTED (1983-1997)


Distinguished Visiting Professor, Lackland Air Force Base, Texas. Included Grand Rounds presentations for the Department of Psychiatry at the University of Texas Health Science Center at San Antonio on “Chronic Illness Behavior: Therapy, Treatment and Research” and a psychology seminar on “Physician Role Adoption.” May 16-21, 1983.


Panelist participating in TV medical debate entitled “Psychotropic Drugs: Their Use and/or Abuse” at Cornell University School of Medicine. New York. September 18, 1983.


Guest Lecturer, University of New Mexico. Albuquerque, New Mexico. April 8-9, 1985.


South Central Regional Medical Education Center.  “Improving Patient Adherence.”  V.A. Medical Center, St. Louis, Missouri.  September 24-26, 1985.


Department of Medicine, Sinai Samaritan Medical Center. “Delirium in the Critical Care Setting.” Milwaukee, Wisconsin. October 18, 1990.


1998-2007: Numerous talks to lay audiences on mental health related topics.

Barry Blackwell
December 4, 2014
Management of postoperative analgesia following breast surgery extending beyond a simple lumpectomy can sometimes be a challenge, especially when such surgery is being performed as a day-case procedure. Patients undergoing mastectomy have a very high possibility of developing postsurgical chronic pain syndrome, as high as 20% to 50%. There has been some evidence to suggest regional analgesia techniques reduce the incidence of postsurgical chronic pain in patients undergoing mastectomy.

Evidence has been brought to light recently relating the use of regional anaesthesia to the reduction in th... Clinical symptoms: Range from uncomplicated upper respiratory tract viral infection to pneumonia, acute respiratory distress syndrome (ARDS), sepsis, and septic shock (Table 1). Diagnosis: See link to current COVID-19 testing recommendations: Send testing for COVID-19. Treatment: There is no current evidence from RCTs to recommend any specific anti-COVID-19 treatment for patients with suspected or confirmed COVID-19 infection. Further details regarding the clinical syndrome and management of COVID-19 infections can be found in the below reference: World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected. Interim guidance.