

that question for countless hours, we found the answer to be a resounding yes.

In an increasingly competitive health care marketplace, the leaders of Stanford University and UCSF recognize that the status quo is not tenable. Both institutions must deliver high-quality care more cost effectively if they are to continue to support the academic missions of the schools of medicine. After Stanford and UCSF first considered a merger, two nationally recognized health care consultants and an independent review team examined the data and concluded that a merger would mitigate risks and enhance academic opportunities. Merging will result in economies of scale, a reduced need for duplicate investments, and an improved ability to compete for patients. This, in turn, should allow the clinical enterprise to continue to support research and education and should ensure an adequate patient base for education.

The clinical enterprises at Stanford and UCSF exist to support the academic needs of the schools of medicine. A merger will not change that focus. The governing board of the merged entity will include the chancellor of UCSF, the president of Stanford, the deans of the two schools of medicine, and a faculty member from each school. I am confident that the two schools' core missions of education, research, and clinical practice will remain of paramount importance.

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Mr. Andreopoulos replies:

To the Editor: I have no doubt that academic leaders pursuing mergers have good intentions. Neither Speck nor Bauer, however, has refuted my contentions that mergers are a short-term expedient whose risks are underexamined, and that they involve an uncertain financial prognosis and a potential dilution of the unique missions of academic medicine.¹

In the past 10 years, about 300 mergers of industrial organizations took place in the name of efficiency. Few of those have even come close to improving the situation, and 57 percent of the merged firms have crumbled. One of many reasons for the unhappy outcome of these couplings is that complexity and inefficiency increase logarithmically after a merger.² Contrary to the questionable view that Stanford and UCSF, separated by a distance of 45 miles, would deliver high-quality care more effectively, their marriage would create an even more lumbering entity. The addition of public service, such as medical education, research, and caring for the poor, complicates the situation for academic centers by an order of magnitude.

Bauer contends that the Stanford-UCSF merger would reduce the need for duplicate investments, but he does not explain why Stanford and UCSF currently plan separate new cancer centers. He expects the merger to mitigate risks and enhance academic opportunities, and he counts on the governing board to support the academic focus. I do not doubt that the board will strive to support the medical schools. Under the affiliation agreements, however, the board will now determine the amount of the academic contribution to the schools in the context of its an-

nual budget.³ In short, no guarantees are given. For this reason, faculty members at both institutions are concerned about the makeup of the board.⁴ It has 17 members, and only 2 are on the faculty. The majority are university administrators and captains of industry who may have little interest in an enterprise such as academic medicine, which relies on intellectual precision and community service, not marketing principles.

Mergers generate distrust because of the secrecy that surrounds them. Bauer implies that the faculty was consulted before the decision to merge. But leaders of Stanford faculty committees set up to determine post-merger strategy have publicly acknowledged that "a common problem is a lack of information about the merger in general."⁵ The trustees' approach — "we made the business decision, it's now up to the faculty to make it work" — simply makes scapegoats of faculty members.

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A Gastric "Bee-zoar"

To the Editor: A 40-year-old woman presented to our emergency department with acute throat discomfort. She had been thirsty and described having taken a long, deep swallow from a soft-drink can. She felt a sudden pain in her oropharynx and assumed that she had swallowed the



Figure 1. Endoscopic View of the Bee in the Patient's Stomach.

drinking straw. When the pain persisted, she sought medical advice.

On examination, the patient appeared comfortable. Her vital signs were normal, and the physical examination was unremarkable. The oropharynx was entirely normal. An inspection of the pharynx with a nasopharyngeal laryngoscope revealed no abnormalities.

We performed an upper endoscopy to locate and retrieve the presumptive straw. No drinking straw was to be found in the esophagus, stomach, or duodenum. However, in the body of the stomach we discovered a bee (Fig. 1), dead but completely intact.

It appears that the patient had unwittingly swallowed the bee as she took a swallow of soda from the can. The pain in her throat may have been due to a bee sting. A re-

view of the literature found only a single mention of bee ingestion.¹ When found in the stomach, this particular foreign body might be called a "bee-zoar."

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