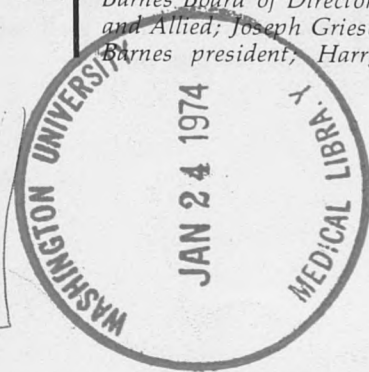


SHELVED IN ARCHIVES



Raise Is Approved

A general increase in wages for Barnes Hospital employes was announced by hospital President Robert E. Frank.

Mr. Frank announced that the directors voted a three per cent general increase effective in January and another pay step in each job grade of approximately six per cent to be effective on individual periodic review dates. The increases mean practically all employes will be earning at a rate of approximately nine per cent more by the end of 1974 than they did in 1973.

"This type of wage administration means that the 1300 employes who are in their job for more than five years and who are at the maximum of their job grade may participate in an increase during 1974 besides the general one," Mr. Frank said. "The extra step, of course, will ultimately benefit all employes."

Walter Hanses, personnel director, said the three per cent wage increase becomes effective with the pay period beginning Jan. 6. He said that in addition to the three per cent general increase, graded employes will be eligible for the six per cent increase on their periodic review date. With the addition of an eighth step to pay grades, those employes not getting an increase on their anniversary date last year will be eligible for the normal six per cent increase on their review date this year.

Mr. Frank also announced that, based on the life insurance refund for 1973, all employes will not have to pay any premium on life insurance for the first three months of 1974.



Some employes actually enjoyed the record snowfall that dumped a foot of snow on St. Louis on Dec. 19. Above, administrative secretaries Barbara Stuart and Barbara Novack frolic with a friend before facing the sombre task of digging their cars out in the employe parking lot. Employes experienced difficulties getting to and from work in the "near blizzard," heaviest in 61 years.

Costs Of Hospital Supplies Rises

Although there are definite shortages of many items and products needed at Barnes Hospital, supplies to cover most of the shortages can be obtained according to Don Telthorst, director of purchasing. He said, however, that the cost of supplies is rising and is asking that all personnel be alert to ways in which supplies may be conserved.

"Everyone can help by making sure we get maximum use of our supplies, guarding against waste and keeping track of supply inventory," Mr. Telthorst said.

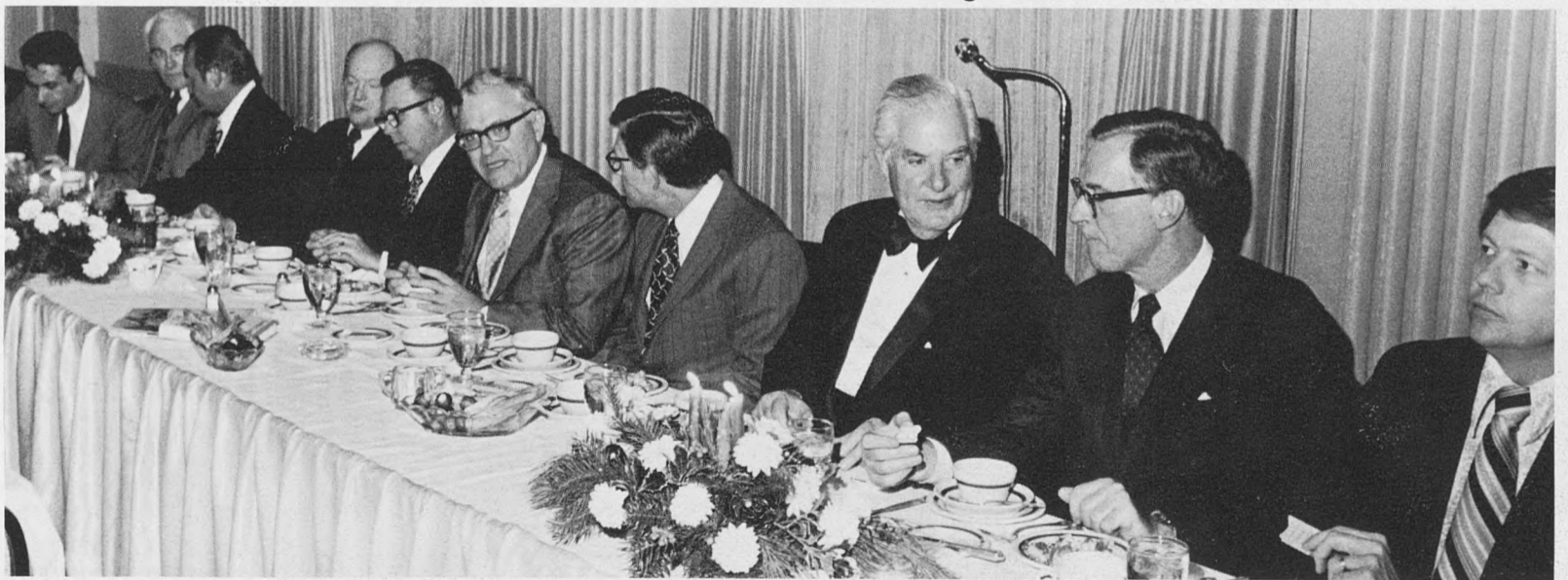
"In many cases we can substitute for items in short supply by going to other vendors," Mr. Telthorst said. "The

problem is that the substitute item, while equal in quality, most likely will cost more than the original. We are having to lengthen the lead time on items and vendor services have been less reliable than we would like." Lead time is the time between when an item is requested by a department and the time it is delivered.

Mr. Telthorst said that delivery of items, ranging from styrofoam cups to linens, is not reliable and in some cases the product simply is not available. "One of our most far-reaching problems at this point is the availability of linen," Mr. Telthorst said. "There is a

(Continued on page 2)

Barnes And Allied Society Holds Dinner



Beginning their meal at the annual December dinner meeting of the Barnes and Allied Hospitals Society are the persons seated at the head table. Left to right are Dr. Samuel Guze, vice chancellor for medical affairs, Washington University; John Davidson, Jr., legal counsel to the Barnes Board of Directors; Dr. Ernest Rouse, president-elect of Barnes and Allied; Joseph Griesedieck, Barnes board director; Robert E. Frank, Barnes president; Harry Schwartz, featured speaker; Dr. Fleming

Harper, president of Barnes and Allied; Raymond E. Rowland, chairman of the Barnes Board of Directors; Dr. Thomas Ferguson, immediate past president of Barnes and Allied; and the Rev. Robert Davis, Barnes chaplain. Mr. Schwartz, of the New York Times Editorial Board, gave his interpretation of how current attitudes and legislation are affecting the medical profession. He is the author of the book, *The Case for American Medicine*.

Barnes Hospital
St. Louis, Missouri

January, 1974



New Signs Are Installed

A major change in the sign and map system at Barnes Hospital is now in progress and the result should be more easily understood signs and maps and improved traffic flow according to Ron Trulove, sign coordinator.

As part of the new system, installation is being completed on new general maps for use at the hospital's main floor entrances and corridor conjunctions and many signs on the main floor are being changed.

"The new system should assist in the hospital's traffic flow and should help persons find particular areas more easily." Mr. Trulove said, "Our existing signs and maps were cluttered and somewhat confusing but the new ones are visually attractive and functional."

New maps are divided into two colored areas, brown and blue matching the existing color scheme which includes red. Brown areas designate health-related services and blue areas indicate general hospital and administrative services areas. Red signs are used to restrict movement. "We believe that many persons, especially those who have been in the hospital previously, will begin to associate a particular color with a particular area," Mr. Trulove said. "This should eliminate some confusion."

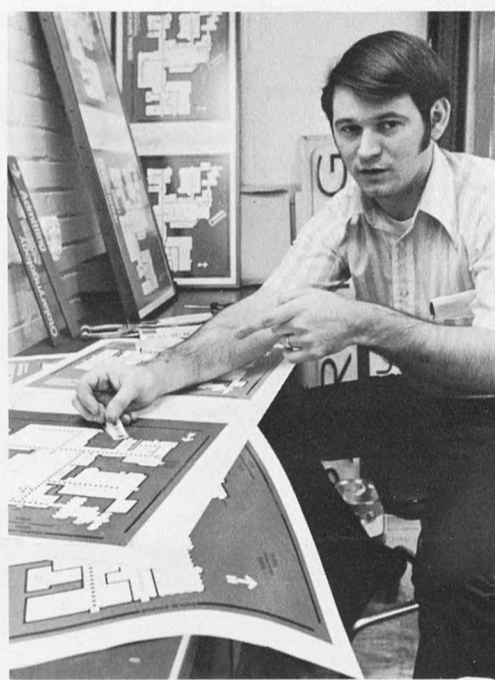
The new system was designed by Mr. Trulove and Mr. Don Telthorst, purchasing director. Maps were designed in association with a graphics company.

"We have a rather unique situation in regard to traffic flow," Mr. Trulove said. "The East Pavilion, our main entrance, changed our traffic flow to a large extent and most of the hospital parking is on the north side of the hospital. This leads to some confusion," he said. Four of the

new two-color maps are being installed in parking areas.

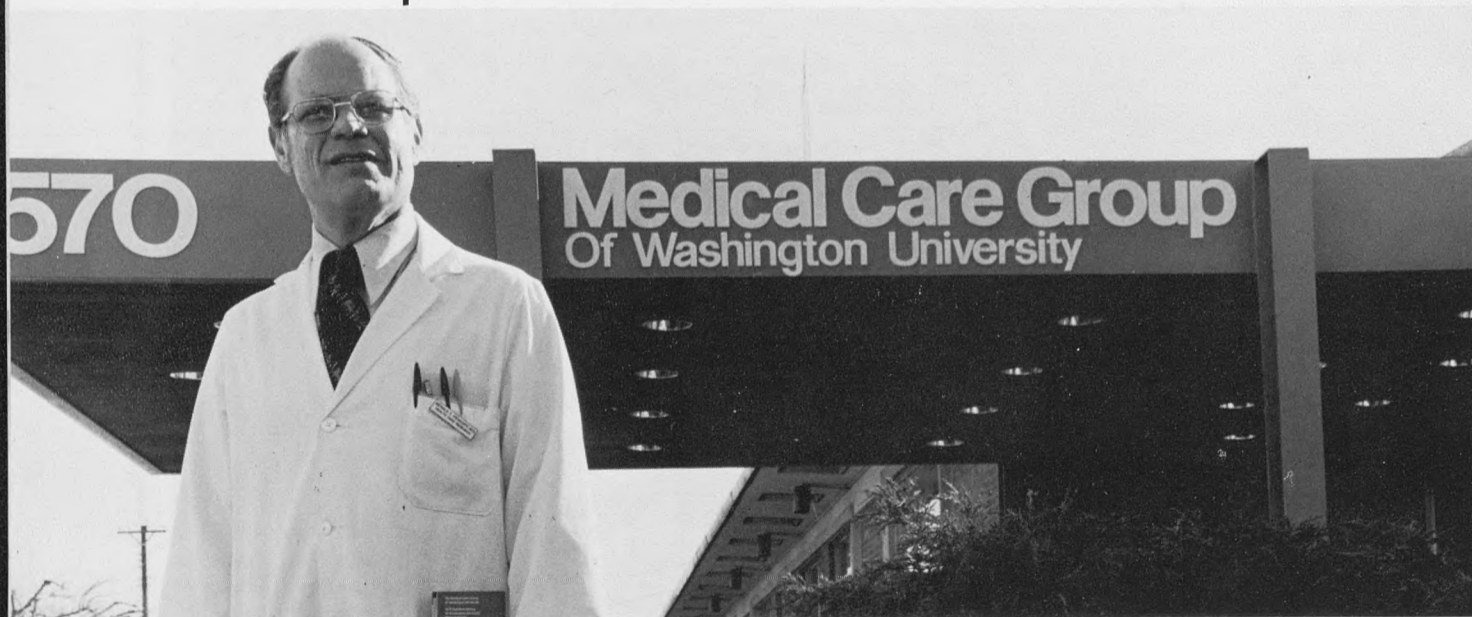
First floor signs are being changed as part of the new system. The system eliminates older, cluttered signs in random locations and new signs will conform to the new system determining color, size, location and information given. All sign changes on the first floor of the hospital should be completed by the middle of January. Signs also will be changed in areas which undergo renovation and eventually all signs and maps in the hospital will be changed.

All new signs are to be wall-mounted and are designed to give the public a means to become oriented to the hospital. Mr. Trulove said signs and maps should be very simple, designed to be understood by the average person who may enter the hospital complex.



Ron Trulove, sign coordinator, works on new maps being installed on main hospital floors as part of a new color-coded sign and map system.

Doors Open For Medical Group



Dr. Gerald T. Perkoff, Barnes associate physician and director of health care research, developed the program which has led to the establishment of the Medical Care Group on Audubon Avenue, near the hospital. The Medical Care Group is a prepaid group practice offered to members of participating St. Louis area employe groups and provides a full range of health care services.

Supplies Shortages

(Continued from page 1)

shortage of cotton and of cotton-made products."

Mr. Telthorst said that he is confident that Barnes Hospital will be able to keep an ample supply of most products but that shortages mean additional work for the purchasing office and a higher cost for items. He said Barnes faces the same problems encountered by other institutions and housewives throughout the country.

"The shortage of many items is not a new situation for Barnes," Mr. Telthorst said. "We have been faced with some shortages at one time or another for quite a while. Our total requirements are diverse enough that from time to time we have not been able to get as much of a product as our departments may have wanted. But we have always found a solution to these problems and will continue to do so in the future."

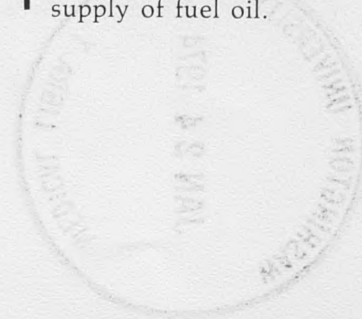
Walter Schatz, hospital purchasing agent, agreed with Mr. Telthorst and said that many contracts formerly negotiated for two and three years are now being negotiated for a shorter period of time. "Some of our contracts," Mr. Schatz said, "are only for 30 days. We are getting a lot of promises and some can't be kept."

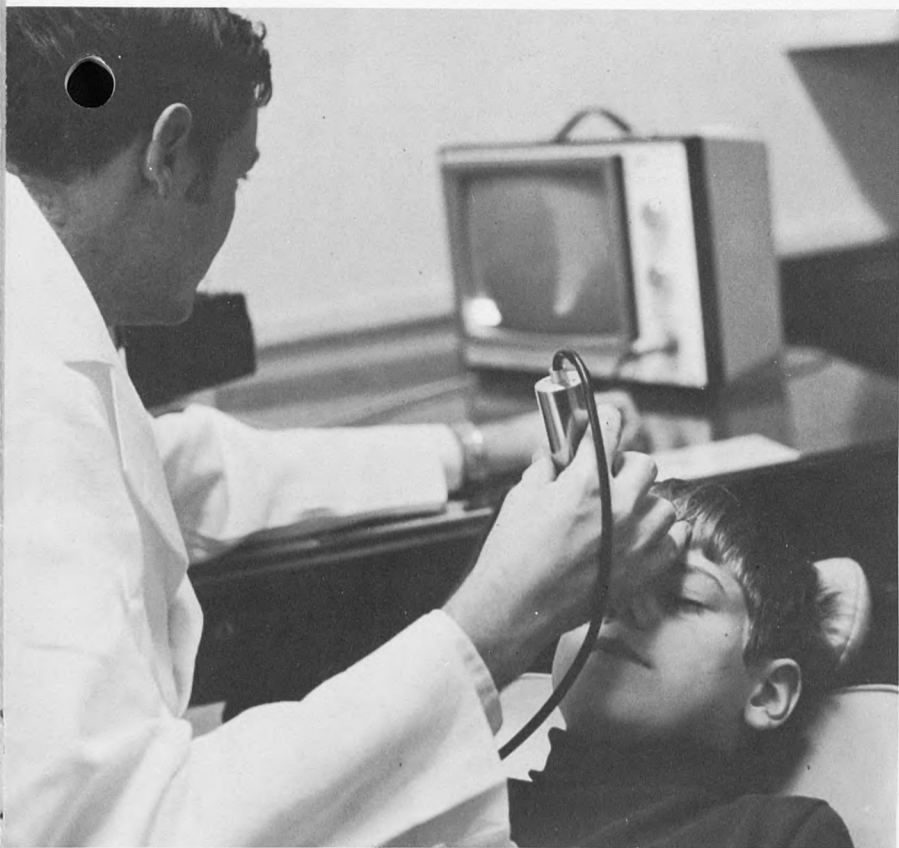
Mr. Schatz said another problem in the current situation concerns transportation. Some companies will not operate trucks which do not carry full loads. "If we order a particular item we may have to wait a period of time until other orders are added and the truck is full before we can expect delivery," he said. "Frequently we are being required to order a larger supply of some items just so we can be certain of delivery."

Among items which are in short supply is injectable heparin, an anti-coagulant used in open heart surgery. Florence Mueller, head of Barnes' pharmacy, said the shortage has not reached critical proportions but the shortage may mean a switch to a different concentration of the drug.

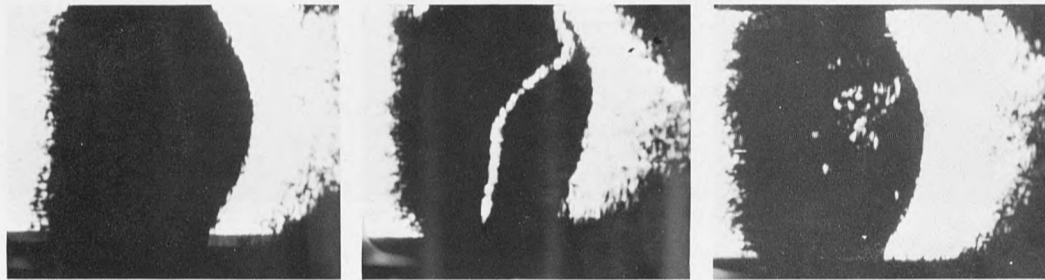
Doris Canada, director of dietetics, said the hospital may be making more substitutions of fruits and vegetables on basic food menus this year as the shortage of some foods becomes more acute and others become more plentiful. She said that food prices have risen dramatically during recent months.

Barnes Hospital has been assured by Laclede Gas Co. of St. Louis that the supply of natural gas to the hospital will be maintained. Barnes' back up heating unit is oil fired and the hospital only has approximately half of its normal supply of fuel oil.





Dr. Feibel uses ultrasonic scanner to "see" into eye of a young boy who has suffered eye damage and developed a cataract which obstructs normal ophthalmic examination. An image produced by the sound waves can be read by the doctor on the TV screen in the background.



These three views of the picture produced on the TV screen by the ultrasonic scanner show a normal eye (left), a detached retina (center), and an eye that shows an intraocular hemorrhage.

Sound 'Sees' Eyes

"The ophthalmologist has an advantage in making a diagnosis—he can see into the eye," said Dr. Robert M. Feibel, Barnes ophthalmologist. "But this view can be clouded by a cataract, corneal scar, or intraocular hemorrhage at the back of the eye. Then it's virtually impossible for the ophthalmologist to detect other problems. It's a common dilemma, especially when the eye has been injured."

A remedy to this situation is ophthalmic ultrasound, a sonar type device that "sees" the obscured interior of the eye by bouncing ultra-high frequency sound waves off the back of the eye or whatever abnormality may be present.

The ultrasound principle, Dr. Feibel explained, is very much the same as sonar used by the navy for submarine detection. It produces a picture on a TV screen showing the shape and location of whatever structure reflects the sound waves. Thus it is possible to determine if something abnormal is present, where it is located, and sometimes what it is.

Dr. Feibel, who operates the device, said he does five to ten ultrasound diagnostic procedures each week. Since this is the only unit of its type within a large radius of St. Louis, he sees patients referred to Barnes for diagnostic help by physicians all over the two-state area. It is also requested by Barnes ophthalmologists prior to surgery when there is vitreous hemorrhage or other obstruction so that the surgeon can have a picture of what additional abnormalities he should expect to find during the operation.

It is also extremely helpful in detecting and locating foreign bodies in the eye, especially those that would not show up on x-ray, such as wood splinters, plastic, and some types of glass.

Dr. Feibel is quick to point out, "You can't do this test in a vacuum; it must be correlated with clinical information and you have to look for something specific." He added that one has to combine a knowledge of the patient's case history with clinical judgement and an understanding of ophthalmology to be able to read the ultrasonic findings accurately. "If we see an abnormal echo in the eye, for example, of a patient whose glasses have been shattered, we would suspect a particle of glass. On the other hand, a similar blip on the screen in a patient with diabetic hemorrhage but no history of trauma might suggest old blood clots."

The test is ideal from several standpoints, according to ophthalmologists: it can be used on all age groups and there is no pain or manipulation of the eye. A jellylike substance is applied to the closed eyelid and the scanner head is applied lightly to the eyeball through the lid rather than directly onto the eyeball itself. Diagnosis is made from the TV screen view but a Polaroid camera attachment to the machine makes it possible for Dr. Feibel to take a permanent picture of the most typical finding. He then uses this to complement his diagnostic report to the referring physician.

Frank Heads Health Group

Barnes Hospital President Robert E. Frank has been appointed chairman of the Health Services Planning Task Force of the Alliance for Regional Community Health, Inc. (ARCH) by alliance president Alphonse J. Lynch.

Mr. Frank is responsible for assuring that the health needs in the ARCH planning region are met in ways that make possible the highest level of health to individuals and families at the lowest possible dollar costs.

Laundry Adds Dry-Cleaning Equipment

Barnes Hospital laundry personnel will no longer be dropping items by the dry cleaners. The change is a result of the installation of a dry-cleaning facility designed to enable the hospital for the first time to handle all dry-cleaning work. The dry-cleaning equipment has been installed in the hospital laundry according to Dillon Trulove, assistant director.

The \$30,000 unit will be used to dry clean draperies, bedspreads and blended uniforms, much of which was previously sent to commercial cleaners at an annual expense of more than \$10,000, Mr. Trulove said.

"Our main reasons for installing the dry-cleaning equipment are the service and economic factors," Mr. Trulove said. "With the facility we will be able to clean our draperies and bedspreads more quickly than before and to rapidly return them to use. We also will have the ability to dry clean blended uniforms which we have previously had to wash with water. Dry cleaning them should give these uniforms extended life. The economies of the installation are apparent since we are now spend-

ing so large an amount annually on commercial cleaning and the cost of that service probably will continue to rise in the coming years."

Mr. Trulove said that all draperies in the hospital are cleaned at least once a year and that, as part of the decontamination process after infectious cases, many pairs must be cleaned several times yearly. Each pair is treated with a flame retardant and dry cleaning is essential for the draperies to remain fire-resistant. He said that Barnes is one of the few hospitals with enough volume to warrant the purchase of dry-cleaning equipment.

The equipment includes a solvent "washer," dryer, pleater and press. Sixty pounds of laundry can be "washed" with the solvent in an 18-minute cycle then dried in the dryer in 4 to 5 minutes, according to Arthur E. Gordon, director of linen services.

The drape stretcher will hold drapes so that pleats may be steamed into them by means of a steam "wand." The equipment is electrically powered.



GRUWCH 1974



¹
Barnes maintenance employe checks window for air leaks.

²
Joining together in a car pool are (from left) Dr. Leonard Jarett, Dr. Stuart Kornfeld and Dr. Laurence Sherman.

³
Don Pendleton, maintenance employe, checks bulbs in ceiling light to make sure lights are working correctly. Some lights, normally left on at night, are being turned off to conserve energy.

⁴
Susan Burris (left) and Vicki Hensler, Barnes secretaries, check car pool board in employe dining room.

⁵
Dr. John Pierce, respiratory expert, believes cooler temperatures make people more efficient in their work.

⁶
Nurse Mildred Halliburton lowers thermostat in eye clinic.



Walking up those two flights of stairs will probably be better for you than taking the elevator. Joining that car pool will save you money and help conserve gasoline. Turning down the thermostat may improve your work efficiency. In fact, it is difficult to find fault with the suggestions which are being made to conserve energy, especially since they lead to better health and financial savings.

The biggest problem is that we have become such "creatures of comfort" that we have misused energy to the point where many of us now take it for granted. And it's hard to believe what the experts are telling us, that there is a shortage.

We haven't experienced a blackout, except for normal power failures due to temporary problems or weather; many of us don't remember the rationing of World War II; we haven't run out of heating fuel in our home; and we haven't had to work in a cold office.

But we are being told that we may not be able to buy all the gasoline that we want and, in fact, we may be rationed; that we may have power blackouts or brownouts; that we may not have heat at all unless we turn our thermostats down; and that things may get much worse before they get better. It's hard to believe all this can happen, especially in 1974.

At Barnes we've started to believe—and conserve.

We are being advised by experts how to conserve. We are being advised to join car pools, to turn down thermostats, to close windows, to insulate our homes, and to buy smaller cars. So far no one has told us to stop using energy, they are just warning us that unless we use it more carefully, more slowly, we may not have any energy to conserve.

Barnes Hospital is doing its part. We have been asked to work

in cooler temperatures, to use hot water that is slightly cooler than that to which we are accustomed and to drink water that may not be as cold as we would like. We are being asked to close windows, to walk up and down stairs whenever possible instead of riding elevators and to be careful in our use of supplies ranging from linens to paper. (No changes are being made, of course, which will affect the quality of safety and infection control.)

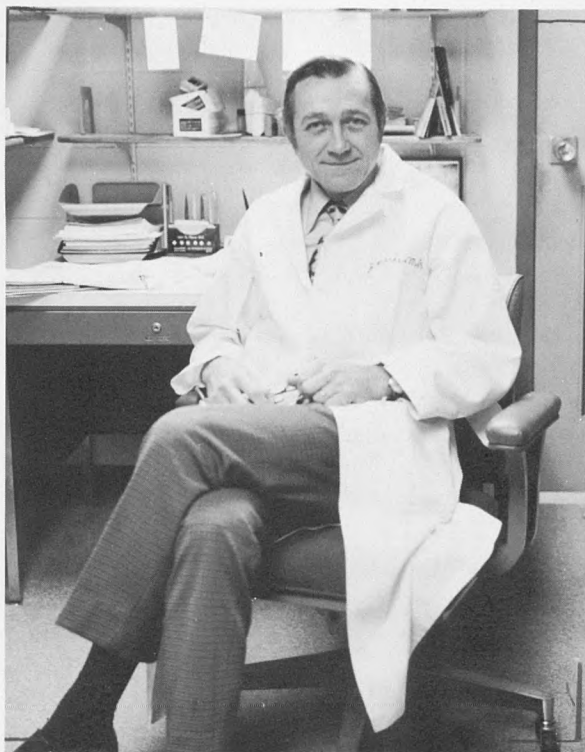
Maintenance personnel are making sure no energy is wasted. Some light bulbs are being replaced by bulbs of lower wattage. Lights are being turned off at night which had previously been left on. Windows are being checked for drafts and preventive maintenance is being done on heating equipment.

These energy conservation measures pose no real hardships on anyone and financially they make a great deal of sense.

And the whole energy conservation program—a crisis to some—may also be good for our health and purse. Dr. John Pierce, director of the respiratory care unit, agrees with those who say that lower temperatures, such as 68 degrees in an office, are better for a person's health. Dr. Pierce said that the body may notice little difference between a temperature of 68 degrees and one of 72 degrees.

"Physically, the difference is not that great between the two temperatures," Dr. Pierce said. "The difference does not have much effect on the body as it would if the temperature were much higher or much lower. The body has various ways to deal with cold and will make its own compensation.

"At extreme temperatures, hot and cold, the heart must work harder to pump blood and the body's metabolic rate increases as the body seeks to maintain its normal temperature," Dr. Pierce



said. "A reduction of a few degrees in the temperature at work or at home should not cause problems for most people. I believe cooler air makes us more efficient in our work, we tend to become less active as the temperature rises. We have always had the thermostat turned down in our home."

So Barnes may be a healthier place to work under the existing conditions and we all can make our contributions to energy conservation at the hospital. We can do things like reporting that leaky hot water faucet, pulling shades when we leave to keep heat in, conserving supplies, turning off unused lights and equipment. And while you are thinking conservation, take a look at the car pool board in the employe cafeteria.

The board was set up by the personnel office and divides the St. Louis area into zip code areas. If you are interested in having riders, sharing rides or if you need a ride, fill out a card. The chances are someone who lives close to you works at the hospital and you may be able to save a lot of gasoline, a lot of money and maybe even make new friends.

Ed Summers, technical director in respiratory therapy, is participating in a car pool now because of the apparent shortage of gasoline. His large car has been getting poor gas mileage and he intends to trade it shortly for a smaller car. Mr. Summers, who lives in Florissant, said the car pool is working well for himself and the two other people who share rides each day.

Although she owns a small car, Miss Pam Steinlage, a chemistry lab technician, would rather be in a car pool from her home in Chesterfield. For Mrs. Jeanne Agnew, service clerk, the choice she is making is one of either joining a pool or buying another car because her husband drives the family car.

A small car owner, Mrs. Eunice Henry, a research assistant in psychiatry, lives in Olivette and said she is seeking riders because of the shortage of gasoline and because she feels there is too much traffic on highways. "I believe everyone should attempt to join a car pool if possible," she said.

Other employes of the hospital may have more or less severe problems in an energy crisis, depending on how far they live from the hospital. It's 132 miles round trip between Barnes and Flat River, Mo., and James Loines of the maintenance department and two other employes drive the distance daily. "Our only problem at this point," Mr. Loines said, "is that sometimes we work different shifts and then we sometimes have to drive alone."

For the commuter, the main problem with car pools is again "creature comforts." Most of us are accustomed to riding from door-to-door and are hesitant to give up such luxury. "I would have to walk quite a distance to catch a bus," one employe said. "To me it's just not worth it."

And another problem enters in, one that is basically psychological. Dr. Paula Clayton, Barnes' psychiatrist, said, "We really don't like to be told what to do. Ours is an individualistic society where we all look out for 'myself.' We aren't good at team effort except in war."

Barnes is in the business of saving lives, of conserving human resources. It only makes sense that we who work at the hospital should be vitally concerned with the effort to conserve natural resources and should set the pattern for thrifty living for our families, friends and neighbors. If it is true, as Dr. Clayton believes, that we only function together when in war, then perhaps Barnes employes can join the 'war' on the waste of energy.

School Of Nursing Conducts Evaluation

Barnes School of Nursing conducted an evaluation of its two-year curriculum in conjunction with a visit in early November by representatives of the National League of Nursing (NLN) and found "very real strengths" in its faculty, library and quality of students, according to Joan Hrubetz, director.

Miss Hrubetz, who directed the evaluation, added, "Results of the state board examinations taken by students indicate our curriculum also is strong."

She said the school has an excellent faculty. Many members have the masters degree and many faculty members with baccalaureate degrees are working toward graduate degrees. The quality of the nursing education permits the school to be selective in its recruiting of students for the program.

"The evaluation study gives us an opportunity to study in depth all aspects of our program and to submit this report to objective reviewers and to have them evaluate it on the basis of criteria for excellence in nursing education," Miss Hrubetz said.

The NLN is a national organization for nurses and lay persons and provides professional services in addition to being an accrediting agency.

Communications Coordinator Surprised By Twin Births

Most fathers are surprised at the birth of twins but for communications coordinator George Voyles, it was almost too much.

Mr. Voyles, who coordinated the "birth" of the Centrex telephone system at Barnes, was at the hospital at 2 a.m. Dec. 2, the time of the actual change-over. The first incoming call on the Centrex equipment was from Mrs. Voyles telling her husband that a neighbor was taking her to an Illinois hospital for the birth of their fourth child.

Six hours after the "birth" of Centrex at Barnes, Mrs. Voyles gave birth to Kerry Wade, the couple's third son, at St. Joseph Hospital in Highland. The Voyles live in Troy, Ill.

The baby was three weeks past due and Mr. Voyles said people at the hospital had been joking about the possibility of the child being born the night that Centrex went into service. "When my wife called we had just completed the switchover to Centrex," Mr. Voyles said. "I was able to sit down and drink a cup of coffee before driving to the hospital."



Rose Valle



Lessie Jackson

Retirees

Two long-time employes of Barnes Hospital recently retired and were honored by the hospital with the presentation of service certificates by Barnes' President Robert E. Frank.

Mrs. Rose Valle, an administrative secretary for almost 20 years, was honored also by an informal luncheon attended by many administrative personnel and by her husband, Pat. She joined the Barnes staff in 1954 and retired Nov. 23.

Mrs. Lessie Jackson, a maid in the School of Nursing for more than 17 years, plans to devote more time during her retirement to doing volunteer work through her church. She was employed in 1956 and retired Dec. 1.

Dr. Alfred Goldman Dies; Chest Disease Specialist

Dr. Alfred Goldman, emeritus physician of medicine at Barnes Hospital died Nov. 25 at Jewish Hospital. Dr. Goldman, who graduated from Washington University School of Medicine in 1920, was 78. He was a well-known specialist in chest diseases and had practiced medicine for more than 50 years. Survivors include his wife and three sons.

Dr. Goldman's interest in research began early, and led to an unusual experiment which he conducted as a junior in medical school, along with two fellow medical students, Dr. Samuel Grant and Dr. Stuart Mudd, both of whom also later became distinguished members of the Barnes medical staff.

It was the fall of 1919, and influenza was rampant. "People died like flies," one Barnes physician recalls. "I was in military school at the time and during one epidemic, about 14 students in our school died."

The team of medical students spent 16 days in the Barnes Hospital walk-in refrigerator at a temperature of four degrees centigrade. They took into the cold box a series of different organisms to study the relationship between these filterable viruses and any illness which the students might acquire.

The young students found, after more than two weeks dressed in coats, gloves, and scarves in the confining atmosphere of the refrigerator, that they were not victims of influenza and thus concluded that the low surface temperature had little effect on the incidence of the deadly influenza infections.

Ann Jones Campbell Dies; Former Nurses Director

Ann Jones Campbell, former director of nurses at Barnes Hospital, died Nov. 29 at the age of 64. She retired in 1971 after 27 years in the nursing service at Barnes and Maternity hospitals.



Miss Campbell was charged with initiating and developing a program for the Barnes School of Nursing when the Barnes Trustees decided to form a school for the hospital in the spring of 1954. Prior to that time, Washington Uni-

versity's school of nursing was the main source of nursing education for the hospital.

When the school of nursing opened in July, 1955, Miss Campbell was its first director of nursing education, holding both that title and the post of director of nursing service. She designed the cap which still is worn by Barnes graduates, and supervised the choice of a design for the pin.

Prior to becoming director of nursing for the entire Barnes complex, Miss Campbell was director of nursing in Maternity Hospital. When Barnes took over Maternity in 1945, she assumed new duties as nursing head for the hospital.

With the late Dr. R.J. Crossen, she authored a book on obstetrical nursing. Miss Campbell, a graduate of Vanderbilt University, assisted in setting up the service manager system, self care area and the nurse scholarship program. She is survived by a brother.





Doctor's Notes

An article on the fight against cancer in the British Isles by Dr. Gordon W. Philpott, assistant surgeon, was published in the November issue of *Surgery* magazine. The report was based on meetings, personal observations and papers collected in Great Britain.

Dr. Paul Lacy, pathologist-in-chief, recently participated in a seminar on the newest developments in the treatment of diabetes held at the Medical University of South Carolina. The seminar, presented for South Carolina practicing physicians, stressed clinical application of recent knowledge.

Dr. Robert E. Shank, associate physician and chief of preventive medicine, has been named chairman of the American Heart Association's nutrition committee. He is a member of the board of directors of the St. Louis Heart Association and has served on nutrition survey teams in Newfoundland, Peru and Brazil.

Dr. Saul Boyarsky, associate surgeon, is a member of the new seven-member panel that will review the U.S. Department of Health, Education and Welfare's contraceptive evaluation research contracts.

Staff Changes

The President's office reports the following persons on staff: Dr. Johnny Bliznak, assistant radiologist in the department of radiology, effective Dec. 1; Drs. Huldah C. Blamoville and Santosh Gupta, assistant pediatricians, both effective Sept. 1; and Dr. Wallace Gleason, assistant pediatrician, effective July 1.

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Dr. Evarts Graham, noted Barnes surgeon-in-chief from 1919 to 1951, works in his office on the fourth floor of Rand Johnson in this 1951 photograph.

Dr. Graham Remembered

A talk on Evarts Ambrose Graham, noted surgeon-in-chief of Barnes Hospital from 1919 to 1951, was a highlight of the opening ceremonies of the 59th annual Clinical Congress of the American College of Surgeons this fall.

Brian B. Blades, chairman of the department of surgery at George Washington University School of Medicine in Washington, D.C., delivered the speech, which was reprinted in the Bulletin of the American College of Surgeons.

Titled, "Evarts Ambrose Graham, a Benign Paradox," the talk traced Dr. Graham from his early education through his marriage to Helen Treadway, who later became professor of pharmacology at Washington University. He told of Dr. Graham's years of private practice, then his work in the U.S. Army where he established the fundamentals of the treatment of empyema thoracis and saved countless lives during the influenza epidemics which swept Army camps in that period.

After his Army duty, Dr. Graham came to Barnes and Washington University School of Medicine. "This institution was undergoing a renaissance led by Shaffer, Erlanger, Robinson, Marriott, and Opie," Dr. Blades said. "In a relatively short time the school's national and international reputation grew, and the surgical service became widely known."

Dr. Blades traced Dr. Graham's career through his discovery of a means of viewing by x-ray the gall bladder in the living patient by introduction of radiopaque dyes.

The most well-known accomplishment of Dr. Graham's career came in 1933 when he performed the first successful one-stage pneumonectomy for lung cancer. Dr. Blades says, "This feat, though spectacular, in no way compares in importance with the methods he (Dr. Graham) and Dr. Cole developed that

made possible the visualization of the gall bladder."

Dr. Blades said, "Probably no American surgeon has ever so completely won the esteem of his colleagues in Europe, South America, and particularly, England."

After his retirement in 1951, Dr. Graham was more active than ever. He worked to produce cancer in mice with tars from cigarette smoke. He had a thesis that if the mystery of rapid regeneration of the antlers of a deer could be solved and applied to humans with fractures, wound healing would be accelerated. "At one time," Dr. Blades recalled, "there was a temporary delay in this particular investigation when his deer jumped off the roof of the medical school building and landed on Euclid avenue during rush hour."

The "benign paradox" of which Dr. Blades spoke was illustrated to him "When a little girl with...severe jaundice was brought to Barnes Hospital. His tender consideration of the mother and child was somewhat neutralized after their departure by the comment, 'Why in hell would anybody dress a child with jaundice in a pink dress?'"

The tragic irony in Dr. Graham's life was his death in 1957 of bronchogenic cancer, which he had fought successfully in others. The patient on which he had performed the first successful surgical lung removal and cured of the same disease outlived him by many years. In Dr. Graham's case, as Dr. Blades pointed out, the cancer "was of insidious onset, and hopeless at the time of discovery."

"This kind, paradoxical man lived to see his early goals fulfilled; namely, to do major surgery, to engage in research work, and to have a clinic (eventually worldwide) of young men interested in studying and developing ideas," Dr. Blades concluded.



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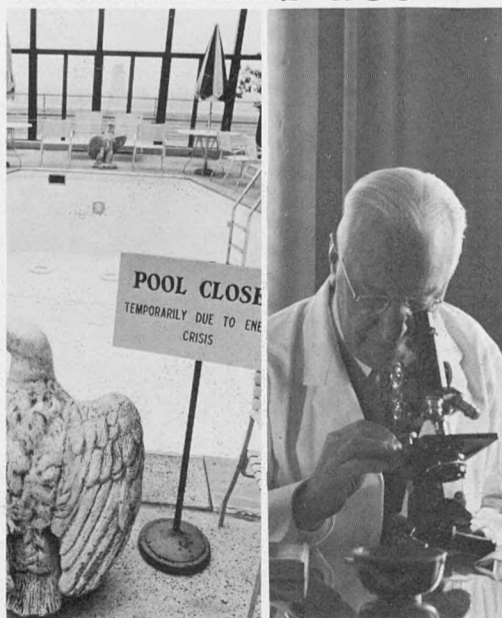
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