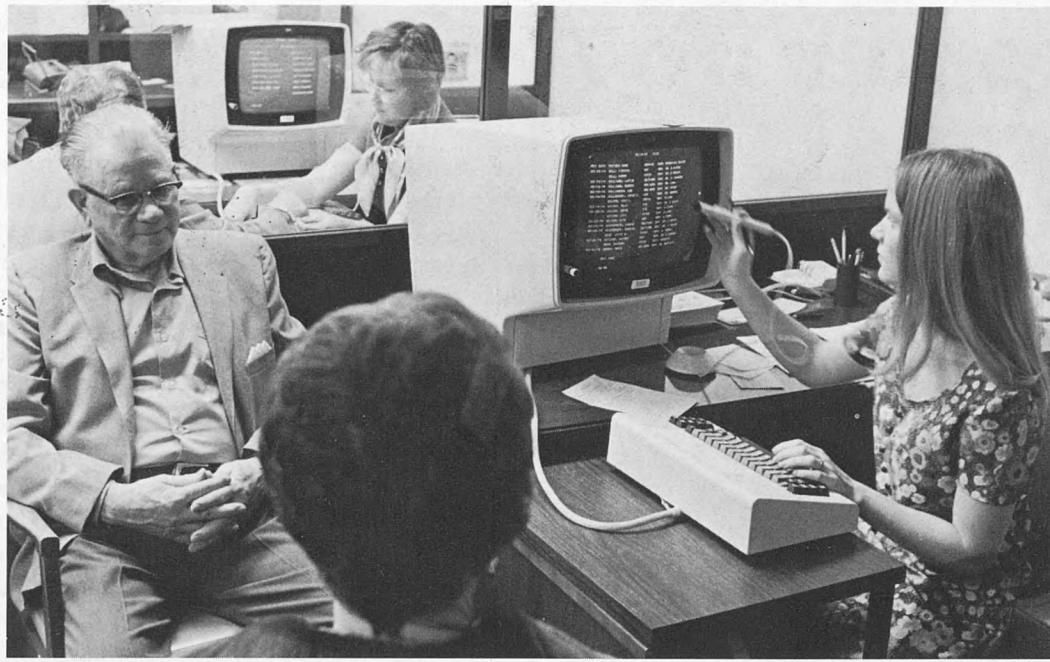
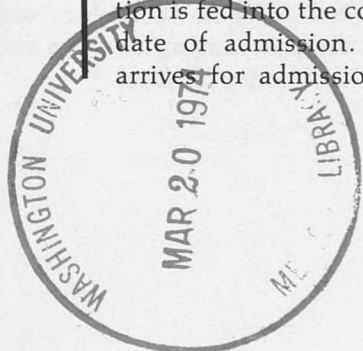


SHELVED IN ARCHIVES



With a flick of a light pencil, admissions interviewer Judy Bohnenkamp verifies pre-admission information on patient during admitting process.

New Computer To Aid Hospital Admissions

A computer system, complete with television-type view screens, will soon be aiding the admission of patients to Barnes Hospital according to Jay Purvis, associate director.

Scheduled to be fully operational soon, the unit will facilitate the completion of admitting forms and also will advise other hospital departments and functions, such as housekeeping, dietary and patient information, of patient admissions. Scheduled to be linked into the system later this year are pharmacy and patient accounts.

Mrs. Mae Martin, admitting coordinator, said the computer also will provide a print-out which is valuable for monitoring and record keeping. "We will be able to more easily tell where problems exist and we will have a more legible, accurate record of information received from each person admitted. We will also have consistent information being provided to other departments."

With the help of the computer, the admitting office hopes to cut the time required to process persons because much of the paper work and checking with other departments will be handled by the computer.

Everett Menendez, director of data processing, said that the benefits of the new computer setup will be seen in time savings of other areas of the hospital. He said other areas will benefit from the quicker transmission and accessibility of information.

Pre-admission information is now and will continue to be sought of patients who make reservations. The information is fed into the computer prior to the date of admission. When the patient arrives for admission, the information

stored in the computer can be retrieved and appears on the cathode ray tube viewing screen at one of the seven interviewing desks in the admitting office. Information appearing on the screen can be checked for accuracy by the interviewer and the patient.

Mrs. Martin was quick to point out, however, that during recent months almost 40 per cent of persons admitted to the hospital each day have been "add-on," persons who have not filled out pre-admission forms. "Add-ons" are generally persons admitted after having been treated in the emergency room or under emergency circumstances. "We have to start from scratch in getting information for "add-on" admissions. Our goal is to increase the number of patients who have completed pre-admission forms. We realize, of course, that 100 per cent pre-registration will not be possible, primarily because of acute emergencies."

(Continued on page 2)



Cathode ray tube terminals aid in quickly identifying and locating available beds, thus speeding up the admitting procedure for both patients and hospital personnel.

Barnes Hospital
St. Louis, Missouri

March, 1974

West Pavilion Study To Be Conducted By Consulting Firm

Barnes is often referred to as the "Barnes Hospital complex." And, that's true. It *is* complex. Planning for a large new facility, such as the West Pavilion which will be joined to the East Pavilion on Barnes Hospital Plaza and extend nearly to Queeny Tower, has been going on for some time and yet there are still many decisions to be made.

To insure that the building's services are as efficient and comprehensive as possible, Barnes has engaged a health facilities consultant firm to review present facilities, conduct interviews with department heads, administration, and medical staff, and make recommendations on how the West Pavilion can best serve the needs of the entire hospital.

The California-based firm, American Health Facilities, Inc., now have representatives at Barnes conducting a study of existing facilities and interviewing hospital personnel. The firm began its work at Barnes in late February with orientation sessions and interviews and a preliminary report is expected by late May. A comprehensive report will be submitted later this year.

Interviews will be extensive. Written reports of these interviews first will be submitted to the interviewee to make sure that they are accurate and give a true picture of the interviewee's opinions. Then they will be included in a full report to Barnes administration, for thoughtful evaluation and possible action.

Then, the firm will study and make recommendations on plans for the West Pavilion and the locations and space allocations of different departments. The study will also consider departmental interaction. In addition to facilities to be included in the new West Pavilion, the firm will study existing medical facilities and departments and their locations.

Experts in various areas of hospital facilities and planning are visiting Barnes, conducting interviews with department heads, chiefs of clinical services, physicians and hospital administrators. Representatives will include persons specializing in areas such as architecture, nursing, planning, and medical services.

The consultants will tie their study into suggested long-range goals for the entire complex.

(Continued on page 2)



Computer To Aid Admissions

(Continued from page 1)

After necessary information has been fed into the computer—by means of a typewriter keyboard located beside each screen—the person has completed the first stage of the admitting process, and he or she is assigned a room and the necessary laboratory specimens and x-rays are obtained, hospital areas are informed by computer of the pending admission.

The computer will tell such areas as dietary that another meal must be prepared; housekeeping that another bed is filled; patient information what patient is in what room; the nursing office that another patient has been added to a particular nursing unit; accounting that a new record of patient charges can be made.

Several hospital areas have either the viewing screens or printers to record information fed into the computer in the admitting office. The computer also prints necessary Blue Cross and Medicare forms and any 3x5 admission cards which need to be circulated to administrative and medical personnel.

The admitting office is the first office to utilize this computer setup. "Since the office is generally the first place a person, who is being admitted, goes," Mr. Purvis said, "and since we have so many persons being admitted daily, we want the information we receive there to be totally accurate. We believe this computer setup will help accomplish this."

"The admitting office also is the logical place to obtain information that can be

computer processed for distribution to concerned departments and individuals," Mr. Purvis said. "This is the first stage of a data processing-oriented information system. This is the basic system and we can expand it from the admitting office to many others."

Mr. Menendez said the system is a necessary tool to improve procedures at the hospital. "If we are going to do in the future what we have to do, this system is absolutely necessary. It will improve hospital performance without increased cost."

Mr. Purvis said the purpose of the installation is to be a tool to coordinate multiple hospital activities and to expedite patient paper work. He said that in the future the computer may be used to record and coordinate the surgery schedule.

"We should be able in the future to utilize the computer for room assignments," Mr. Purvis said. "We plan for the unit to keep track of bed availability and conditions such as whether a bed is ready for a patient now or will be in 30 minutes. We also may be able to match persons in semi-private rooms so that we can get persons in the same room who have similar characteristics, such as condition, type of illness, age, and whether or not they smoke."

Mr. Purvis said he hoped that the computer unit will be fully operational by the first of March. "As with any system like this we will go through a transition period during which developmental problems in the system have to be

worked out," he said. "We will have some problems but we are confident this is the proper equipment and method to use to facilitate our work in this area."

Other programs, not necessarily tied into the computer, are being carried out in the admitting office Mr. Purvis said. "We are conducting a departmental study, analyzing all work being done by the office, seeing what can be done to save the time of the employees there and the patients they are processing. We will be continually seeking ways to expedite admission of patients to the hospital."

Mrs. Martin said there are definite ways in which the computer system can aid in the admitting office, "but until we have had a chance to work with it for a month or so, on a full-time basis, we hesitate to make claims about what it can accomplish for us. We have been a little frustrated at times when we have had to go back to the 'old way' of admitting after working with the computer, but our interviewers realize the necessity of getting the 'bugs' out," she said. "We are excited about the possibilities."

Waiting Area Head Named

Mrs. Buddy Mathis is chairman of the new surgical waiting area in the East Pavilion. Mrs. Mathis will work with the 12 volunteers who staff the waiting area on the ground floor of the East Pavilion, providing information to designated friends or relatives of surgery patients in the building on floors four, five, seven and eight.

Mrs. Mathis said she feels the waiting area and the volunteers are providing an important service. "We feel this information center is beneficial to everyone involved," she said. Information on patients undergoing surgery is available in the waiting area.

Consulting Firm

(Continued from page 1)

A West Pavilion planning committee, composed of hospital personnel, has been holding regular meetings with hospital President Robert E. Frank. Committee planning has reached a stage where the independent outside consultants can review existing plans and supplement them with their own findings.

The new Pavilion is expected to include additional operating room suites and active consideration is being given for the inclusion of doctors' offices, a psychiatric nursing division and additional laboratory facilities.



Fred Lanigan, data processing analyst, works with CRT unit. The memory bank, or "brains" of the system is the IBM 370 system behind Mr. Lanigan.



Child Care Deduction Allowed By IRS

Many Barnes Hospital employees may be affected by a liberalized tax deduction offered by the Internal Revenue Service. The deduction, which became effective with 1972 tax returns, enables persons to deduct up to \$400 per month or \$4,800 a year for child care. The amount of deductions has been increased.

The deduction can be claimed provided both parents work at least three-quarters of a work week and provided their combined income is less than \$27,600. The deduction applies to household and dependent care expenses incurred because the taxpayer was gainfully employed.

IRS regulations are that those eligible are single persons or married couples (both employed) who pay for the care of children under 15 years of age. The deduction stops at the child's 15th birthday, whenever it occurs during the year. Household and dependent care payments qualify if they are made to almost any domestic worker in the house, except those such as gardeners or chauffeurs and except for relatives or other dependents of the taxpayer.

The full \$400 per month deduction may be claimed if the family income is less than \$18,000. After that amount, the deduction is reduced by \$1 for every \$2 of income up to the \$27,600 limit. The regulations also provide for some deduction for day-care center expenses.

New Uniforms



New dark blue smocks and jackets such as those worn by Mary Jackson and Wayne Roberts, above, have been acquired for Barnes dispatch personnel.

Staff Changes

The President's office reports the following persons on staff effective Jan. 1, 1974: Dr. Gordon M. Goldman, assistant obstetrician-gynecologist; Dr. George H. Dowell, assistant psychiatrist; and Dr. Fremont P. Wirth, assistant neurosurgeon, department of neurosurgery.



Dr. Marr demonstrates gas chromatograph. Printout of graph at right enables doctors to identify bacteria.

Microbiology Gets Gas Chromatograph

A gas chromatograph recently put into operation in the microbiology laboratory enables doctors to identify the specific organism responsible for bacterial infections in a matter of minutes so treatment can be begun at once. According to Dr. J. Joseph Marr, director of the microbiology labs, wound infections can be caused by any one of a number of bacteria. The proper treatment for one type could be ineffective for another type, even though the two are bacteriologically indistinguishable.

Acquisition of the gas chromatograph makes Barnes one of the few hospitals in the nation capable of routinely culturing anaerobic bacteria. Specific identification was, for all practical purposes, not possible in the past because it could take days or weeks to identify the responsible bacteria. With the gas chromatograph a positive identification can be made within ten minutes after the organism is grown.

Dr. Marr explains that different bacteria produce different chemical compounds when cultured and the gas chromatograph breaks down these products according to the length of their carbon chain, thus revealing the organism's "signature" and providing identification. He pointed out that many bacteria are very difficult or virtually impossible to distinguish by other methods and may look very much alike on gram staining.

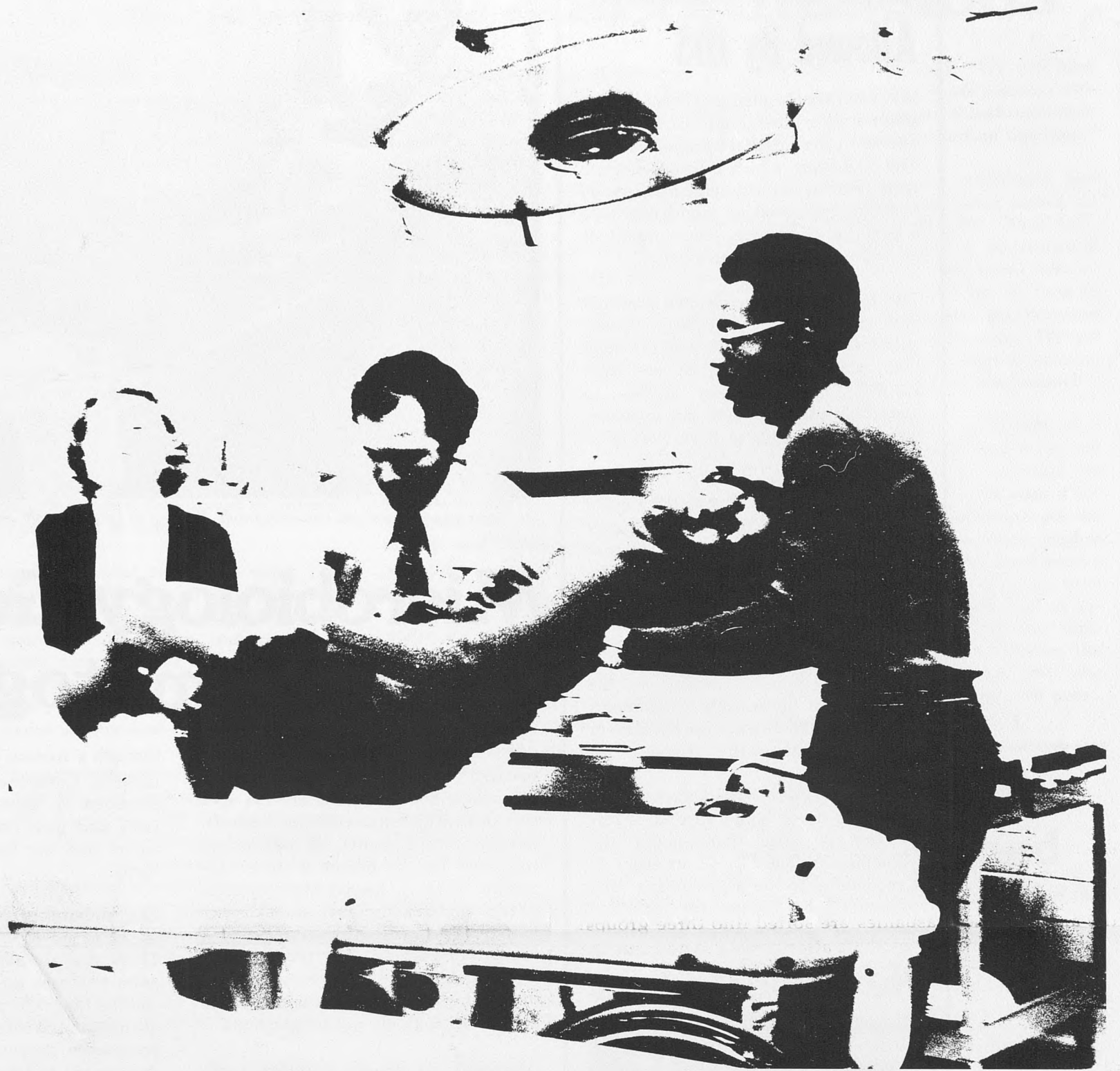
Gas chromatography is a fairly simple procedure, Dr. Marr said. One or two microliters of a culture is injected into the chromatograph where it is vaporized by heat, then swept along by helium gas

through a six-foot column of absorbent material. Components of the culture are absorbed or slowed down at varying rates and then empty into a detector where they are burned in a hydrogen flame.

The amount of conductivity thus released is fed to a strip chart recorder. There the position on the chromatogram indicates the type of component and the height of the peak indicates the quantity of the substance. The complete breakdown showing what components are present and to what degree each is absorbed during this process reveals the identity of the causative bacteria. This allows quicker, more accurate treatment and often reduces hospital stay.

A bonus function the gas chromatograph provides is information on anaerobic bacteria normally present in the human body, an area about which very little is now known. Dr. Marr expects this data, too, will eventually benefit the patient with bacterial infection.





DISASTER:

The Ozark plane crash. The fireworks accident during "Hill Day" Italian celebration. Two different kinds of crisis situations during St. Louis' summer of '73. Both dramatically illustrate the need for Barnes Hospital's staff to continue to train for preparedness in a disaster situation.

Because Barnes has so many highly specialized services, such as the burn unit and the neurosurgery facilities, almost every type disaster in this sector of the country may involve this hospital.

When the Ozark plane crashed last July, several patients were brought here after being screened at another St.

Louis hospital. This is commonplace; because even though Barnes is not in the immediate vicinity of the occurrence, chances are excellent that this hospital will be treating some, or many, of the injured.

While these recent incidents did not result in large numbers of patients, both were potentially real "disasters," in the hospital sense of the word.

What constitutes a disaster? The hospital disaster manual says, it can be "Arbitrarily defined as any accident or series of accidents resulting in ten or more critically injured persons. Since such an occurrence is generally unfore-

seeable and unplanned, . . . hospitals must be prepared to divert elements of their normal operations to the care of these injured persons while still providing care for those persons already in their charge. The essence of such preparedness is placing required resources at a given point at a given time and under coordinated direction."

Barnes employees and medical staff regularly train for an event of this type, with several disaster drills each year. The most recent, on January 21, and February 20, were held during two separate periods to familiarize different groups of staff members with the routine. Another will be held at 0300 hours (3 a.m.) on March 19.

"Each time we hold a disaster drill, we learn some things," said Thomas Winston, associate director who is chairman of the disaster planning committee. "For instance, during the January drill, the need to place a member of the administrative staff *in* the emergency room to coordinate communication between the ER and disaster control was noticed, and disaster assignments have been changed accordingly.

"Unfortunately, though, the importance of disaster drills can be overlooked," Mr. Winston said. "To avoid problems during a true disaster situation, problems that could mean the difference in our ability to successfully handle a large number of casualties, drills are needed along with the full cooperation of both the hospital and medical staffs."

When the call "Code 1,000" comes over the loudspeaker, all medical staff and others with designated roles in the disaster situation report to their assigned posts. The emergency room is the triage area. Triage, a term derived from the French which means to sort, or to choose, is the area in which casualties are sorted into three groups: (1) Those requiring immediate attention, who go from the emergency room to post anesthesia recovery room, to the operating room or their hospital room; (2) Those with only a minor injury who can have their treatment delayed slightly by moving them to the second floor clinics area; (3) The dead on arrival casualties, which go to the morgue.

Other personnel go to supporting areas. Safety and security sets up radio equipment and makes contact with the Metropolitan Hospital Association on the emergency disaster radio network. This setup is located off the President's office in the East Pavilion. A press room for media is set up by public relations in the East Pavilion auditorium. Social service establishes a headquarters for family members (and those persons who do not know if their family members are among the injured) in the Queeny Tower lobby.

Nursing begins to check on each floor to locate patients that could be moved if necessary. Admitting looks into elective admissions that could be delayed if more seriously ill patients from the disaster need the beds.

"In the future, we would like departments who do not have a designated task to check with disaster control (via the switchboard) to see if their people are needed to serve as runners between the various areas," said Mr. Winston. "We want responses to where to go and what to do to become so automatic that we will be able, should the real thing occur, to immediately know the routine and be able to fully concentrate on taking care of the patients who are arriving here."



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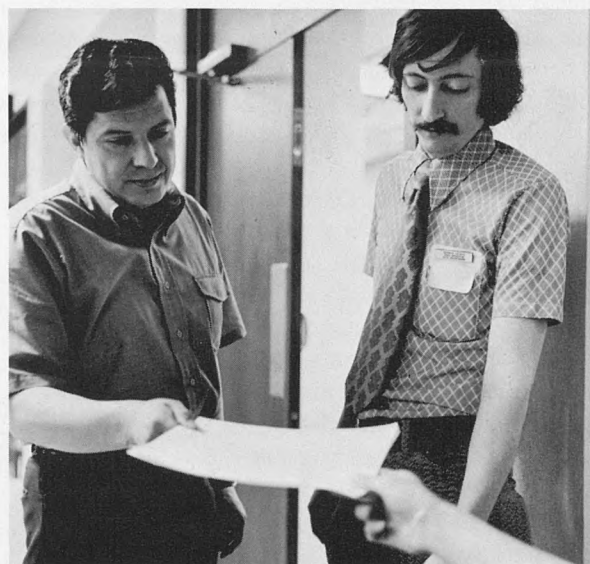
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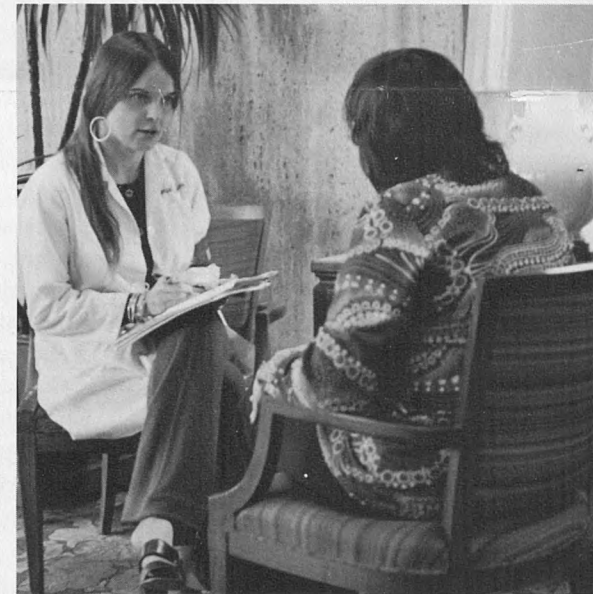
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3



6

During the drill...

1 Karen Lammert assists with installation of special communication phones in East Pavilion auditorium.

2 RN Estria Tyler and RN Doris Thone join Dr. Raymond Bass in the 2nd floor clinics area where the walking wounded were treated. Vickie Hensler, administrative secretary, took the part of a disaster victim.

3 Data Processing personnel Hugo Mena and Dennis Henke served as runners to speed information between public relations people and social workers.

4 Sarah McManus of medical records and Barb Stuart, public relations, type patient information forms for news media and social service.

5 Evening administrator Thomas Behnen and Ed Thurman, director of safety and security, operate emergency radio receiver.

6 Social worker Chris Fitzgibbons provides up-to-the-minute information on disaster victims to a concerned relative, portrayed by Chris Czok, also of social service.



Quick Service Begins

What's mostly baloney and full of beans?

A watergate sandwich, of course. You can buy it in the new quick service line at the Barnes Hospital employe cafeteria. It's bologna, with kidney beans. Quite tasty. But don't spill the beans.

The sandwich is only one of several hot and cold sandwiches which are avail-

able, along with pizza, chili, chef and gelatin salads, pie, cake, cookies, ice cream, soup, and beverages in the quick service line which was opened in the cafeteria in January.

"We wanted to provide a quick service line for the person who just wants a light lunch," said Mrs. Doris Canada, director of dietetics. "We have found that the quick service line also benefits those employes who go through either of the two regular lines because those lines now move more quickly. The new line has been well-received."

Persons wishing to use the quick service line may enter from the Barnard or Renard doors but are asked to use the Renard entrance whenever possible. "This would help the traffic flow through the two regular cafeteria lines especially during the noon hour," Mrs. Canada said.

She said that approximately 300 to 400 persons were using the quick service line for noon meals. Between 1500 and 1700 persons go through the regular meal lines.



A variety of food is available in the quick service line, a new feature of the employe cafeteria.

Renovation Nears Completion

When current renovation projects are completed at Barnes Hospital, every bed at the hospital with the exception of those in Renard and Barnard Hospitals, will be located in a facility which has been built or extensively renovated since 1960. Renard and Barnard Hospitals both were built in the 1950's.

Hospital associate director Tom Winston said that most current projects are going smoothly and that completion of each is in sight. "We are running a little behind our original completion dates because of a shortage of building materials," Mr. Winston said, "but we are nearing completion of work in the emergency room, Wohl Clinics and Rand Johnson.

"With only nominal exceptions, at completion all beds will be located in one or two bed rooms," Mr. Winston said.

Renovation of the emergency room facilities is scheduled to be completed by mid-March. The facility, located in the Wohl Clinics on Audubon Avenue, has been almost totally renovated. The emergency facilities will include expanded radiology services, new electrically-isolated circuitry, a "crash" room designed for coronary and other acutely distressed patients, and a five-bed observation unit for patients who may or may not have to be admitted to the hospital and upgraded operative facilities. The waiting area for patients and relatives has been centralized. Visits to the emergency room increased 17.2 per

cent in 1973 over 1972 with 34,326 persons being treated.

Patients from the number four building are to be housed in the renovated patient care areas of floors three, four and five in Wohl. Work was scheduled to be completed by mid-February and Mr. Winston said he expected the hospital to occupy the area in early March.

In addition to refurbishing, Wohl renovations include piped oxygen and suction for each room and sleeping rooms for on-call house staff members. The fifth floor will house a new respiratory intensive care unit.

Building four will be closed when patients are moved to Wohl. Building four will be demolished and a new structure is expected to be built there.

The sixth and seventh floors of Rand Johnson will house general and orthopedic surgery patients and will allow for the closing of the wards on the first floor of Rand Johnson. The seventh floor is expected to be completed by the first of March and the sixth floor by the first of April.

Work on the clinical unit for the recently expired also is scheduled for completion this spring. The unit will incorporate an area for the taking of organs for transplantation purposes as well as an upgraded autopsy facility. The unit is being built in the area which formerly housed the hospital print shop.

Employees Are Saluted On Housekeeping Day

Housekeeping employes here were wearing red flowers on Feb. 14 but they were not only celebrating Valentine's Day. The day also was proclaimed Hospital Housekeeping Employes Recognition Day in Missouri by Gov. Christopher S. Bond.

At Barnes, employes were presented with red carnations or boutonnières, and served refreshments in the housekeeping office prior to their work shift.

They heard brief talks by hospital administrators, including Tom Winston, associate director; Dillon Trulove, assistant director; and Ernest Launsby, executive housekeeper. A photo display was set up in the East Pavilion lobby calling attention to Housekeeping Day.

Employes were told that their work in the housekeeping department was being formally recognized as a vital part of hospital operation and they were urged to take pride in their jobs, which contribute so much to the patient's comfort and health.

In his proclamation Gov. Bond said the importance of the contributions through personal performance and pride, of the housekeeping employe to the overall health of the state should be recognized. He said there continues to exist a tremendous requirement for well-trained health care personnel.

Lisha Parker, a housekeeping employe, said she was happy that housekeeping employes in health facilities were being honored. "It's nice to be appreciated as part of the total hospital team. Everyone has their job to do and it's good to be thanked for doing ours well."



Executive housekeeper Ernest Launsby pins carnation on housekeeping employe Willie C. Jones to mark Hospital Housekeeping Employes Recognition Day, Feb. 14.



Charles Wilson (left) and William Chulick, president and chairman of the sight conservation committee, respectively, of the Downtown St. Louis Lions Club, present ELAN materials to Carol Smith, charge nurse in the eye clinic, and Ruth Barr, supervisor of occupational therapy in ophthalmology.

Barnes' Eye Units Receive ELAN Materials

Two service organizations have made gifts of materials so that eye patients at Barnes Hospital and the eye clinic can learn to overcome sight impairment.

The pioneers club of Southwestern Bell Telephone and the Downtown St. Louis Lions Club have donated ELAN paper, raised-letter telephone dial covers and playing cards for patients of the eye clinic in McMillan and eye patients receiving occupational therapy. ELAN paper produces raised characters when marked by a pen or pencil.

The Pioneers, a service organization whose members work on projects during lunch and work breaks, donated books of ELAN material for use in occupational therapy. The materials were received by Mrs. Ruth Barr, supervisor. Presenting the materials were Robert Bannecker, supervisor of urban affairs for Bell and president of the Pioneers, and Rich Shaffer, a phone switchman and president of the St. Louis Mid-City Pioneers Club.

Charles Wilson, president of the Downtown St. Louis Lions Club and

William Chulick, sight conservation chairman, made an ELAN presentation to RN Carol Smith of the eye clinic. The paper, cards, and telephone dials will be distributed to clinic patients.



M. Katterhenry



Zoe Brown

Retirees

Three retiring employees, with more than 80 years of combined service to Barnes Hospital, were recently presented service certificates by hospital president Robert E. Frank. Receiving certificates were Mrs. Zoe Brown, supervisor of lab service and supply; Miss Matilda Katterhenry, nurse anesthetist; and Mrs. Hilda Hume, receptionist in the outpatient clinic.

Mrs. Brown, with almost 33 years of service since 1941, retired Jan. 18. She plans to work in her church's shared ministry program assisting her minister. She began her work at Barnes in central services.

Miss Katterhenry has been a nurse anesthetist at Barnes for a total of 27 years and retired Feb. 9. She had specialized in anesthesia work for plastic surgery and plans to live in retirement in Richmond Heights.

Mrs. Hume worked at Barnes from October, 1951, to Feb. 15 and most of her time was spent in the ear, nose and throat clinic. A native of St. Louis



Hilda Hume

County, Mrs. Hume has no definite plans for her retirement.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund during January, 1974.

In Memory Of:

Ann Jones Campbell
Carolyn Graff
Gladys Gunness

Dorothy Dixon

Drs. Burford, Ferguson & Roper

Mr. Kantor

Mr. & Mrs. Frank Middleman & Family

Dr. Alfred Goldman

Dr. & Mrs. Michael Karl

Mr. Ralph Hirsch

Dr. & Mrs. Michael Karl

Mr. Thruston Pettus

Dr. & Mrs. Robert W. Bartlett

Bobby Bloom

Mary Lou & Art Heman

Selma Kothe

Norman & Shirley Greitzer

Christianne Josse

Mr. R. E. Lorenz

Anna Hurwitz

Reggie & William Klein

Jack Watts

Gloria Meyer

Don Curry

Robert L. Inman

James Barlow

Patrick Healey
Leonard Huber
William McKenzie
Steve Osterloh
Clint Mobley
George Smith
Dennis Anderson
William Burkett
Guy Lee
Richard Mansfield
Joe McCluskey
Mike Wagster
Ken Keeton
Robert Goodell
Robert DeClue
Greg Howell
Betty Falkenberg

Ralph Piper

Mr. & Mrs. Fred Hermann
Mr. & Mrs. Robert Arthur

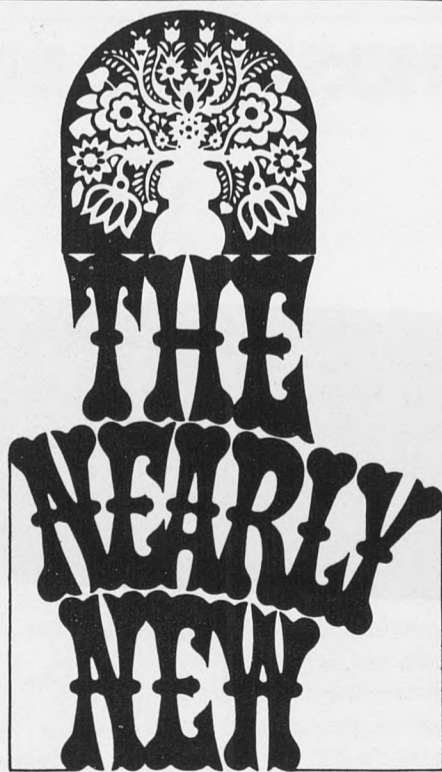
Mother of Nancy Muller

Mr. & Mrs. Darwin Portman

Clifford F. Zell, Jr.

Mr. & Mrs. Ward Fickie
Bob & Ardath Costello
Truman & Lorraine Sloan
Mr. Harold W. Brown

(Continued on page 8)



The BARNES HOSPITAL BULLETIN is published monthly for and about the employes, students and friends of Barnes Hospital. The Barnes complex includes Queeny Tower, Rand Johnson, Barnes Hospital, Barnard Hospital, East Pavilion, Renard Hospital, Wohl Hospital, Wohl Clinics and the Irene Walter Johnson Institute of Rehabilitation. The BARNES HOSPITAL BULLETIN is produced by the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo., 63110. Telephone 454-3515.



Doctor's Notes

Dr. Burton Sobel, Barnes' chief cardiologist, outlined new methods of predicting damage to heart muscle early enough to salvage it after a heart attack at the American Heart Association's science writer's forum held recently in Florida.

Dr. William H. Danforth, chancellor of Washington University and a Barnes' physician, was the speaker for Founders Day ceremonies and received the honorary Doctor of Humane Letters degree recently at Culver-Stockton College in Canton, Mo.

Mrs. Mary Sachs, widow of the late Dr. Ernest Sachs, a pioneer brain surgeon at Barnes Hospital, died recently in New Hampshire. She was a poet, playwright, and author. She is survived by two sons, one a doctor at Dartmouth Medical

Dr. Philip R. Dodge, pediatrician-in-chief at Barnes Hospital, has been appointed as a member of the Missouri Mental Health Commission by Gov. Christopher S. Bond.

An article written by Dr. Arthur H. Stein, Jr., orthopedic surgeon-in-chief, was published in the January issue of *Emergency Medicine*. The article was an excerpt of an address Dr. Stein made at a Barnes' seminar on hand injuries.

Tribute Fund

(Continued from page 7)

Paul Atley
Richard O'Toole
Eileen O'Toole
Amy Suchan

Lawrence E. Speis
Employees of National Food Store #27

Mrs. Adelaide Hach Carlis
Margaret Schoeberle

In Honor Of:
Mr. Leonard Hornbein's Birthday
Mrs. Ira Wittelshofer

Bob Hillard's Wedding
Mr. W. R. Persons

Dr. William D. Perry
Anonymous

Recovery of Lou Senturia
Bob, Jackie & Robynn Srenco

Gilbert Hecker's Birthday
S. Darcy Hecker

The Birth of Mr. & Mrs. Steve Lowy's Son
Milton, Jane & Michael Goldberg

For Burn Unit
Robert L. Nichols

Anonymous

Pay Increase

Many employes who qualify for the six per cent job grade increase during 1974 became eligible on Feb. 3 rather than on the date of their periodic job review, according to hospital President Robert E. Frank. These employes are those who did not receive longevity pay increases during 1973 because they were in the top step of their job grade. Exempted were employes who received the increase between Jan. 6, 1974, and Feb. 3, 1974, since they have already received the raise.



Hospital Happenings

John Keppel, manager of patient accounts at Barnes Hospital, has been elected to the board of directors of the Missouri Consumer Credit Association at a meeting in St. Joseph, Mo. Mr. Keppel served as president of the association in 1971.

The East Pavilion Auditorium of Barnes Hospital was the site of the Third Glover H. Copher Visiting Professor of Surgery lecture Feb. 12. Dr. Richard B. Welbourn, director of the department of surgery at the Royal Postgraduate Medical School and Hammersmith Hospital, London, Eng., was the speaker for the lecture sponsored by the department of surgery of Washington University School of Medicine.

Dietary Sponsors Food Fair

A Spring food fair, sponsored by the dietary department of Barnes Hospital, will be presented March 6 from 9 a.m. to 4 p.m. in the Sun Room area of the employe cafeteria. Booths designed to provide information on nutrition and foods will be set up and information sheets will be available.

The fair is being sponsored in connection with National Nutrition Week according to Mrs. Doris Canada, department director. She said that Miss Shelley Ford, dietitian, and Miss Christine Anderson, dietetic intern, are in charge of the fair, which is open to everyone.

What's Inside



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BARNES HOSPITAL BULLETIN

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