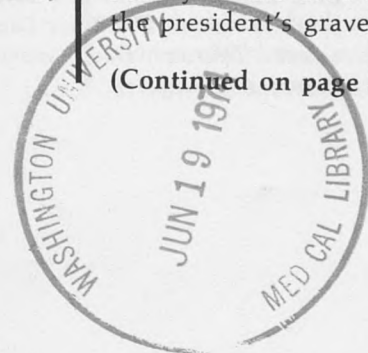


SHELVED IN ARCHIVES



## Renovated Floors Dedicated

Two renovated floors in the Rand Johnson building at Barnes Hospital were dedicated April 23 in ceremonies marked by a ribbon cutting and unveiling of dedication plaques.

Participating in the dedication were trustees of the Harry Edison Foundation which donated \$500,000 for the renovation. Trustees are Mr. Irving Edison, who also is a member of the Barnes board of directors, Mr. Eric Newman

and Mr. Henry Kohn. Mr. Robert E. Frank, hospital president, introduced guests and Mr. Raymond E. Rowland, chairman of the Barnes board of directors, assisted with the ribbon cutting and unveiled a plaque marking the dedication.

Beds for 60 surgery patients are located on the renovated sixth and seventh floors of Rand Johnson. Dedication activities were held on the sixth floor. The

Harry Edison Foundation is recognized for its grants to hospitals and institutes of higher education.

The opening of the new floors marks a milestone at Barnes, enabling the hospital to close the last of its wards so that all patients will now be housed in private or semi-private rooms. Patients from wards on the first floor of Rand Johnson were moved to the seventh floor April 1 and patients were admitted to the sixth floor beginning April 24.

The sixth and seventh floors were totally razed except for exterior walls and then completely rebuilt with up-to-date facilities for patient care and comfort. All the new rooms have bathroom and shower or tub facilities, carpeting, draperies and television sets. In addition they are equipped for instant two-way communication with the nurses station and each bed has its own panel for air vacuum, oxygen and blood pressure units.

Also attending the dedication were Barnes administrators, members of the surgical staff and nursing personnel who are working on the two floors. Refreshments were provided by the dietary department.



Irving Edison, a member of the Barnes' board of directors, cuts ribbon opening the recently renovated sixth and seventh floors of the Rand Johnson building. Also participating in dedication ceremonies were Raymond E. Rowland, second from left, chairman of the board of directors; Eric Newman, left, and Henry Kohn, both directors of the Harry Edison Foundation which donated \$500,000 toward the renovation.

## Auxiliary Gives \$200,000 To Barnes

The Barnes Hospital Auxiliary presented a check for \$200,000 to the hospital during its annual spring luncheon held April 25 at Musial and Biggie's restaurant. The gift brings the total money given to the hospital during the past two years to \$350,000.

Last year the auxiliary announced a pledge of \$800,000 and an initial gift of \$150,000 for the new cardiothoracic

nursing division and intensive care unit. The amount of that pledge has been increased to \$850,000 according to auxiliary President Mrs. Stanley P. Kolker.

The check was presented to Robert R. Hermann, a member of the Barnes board of directors, and represents monies earned entirely from in-hospital projects including the Wishing Well, Nearly New Shop and Baby Photo program.

The luncheon was highlighted by the premier showing of a documentary film about the auxiliary. "To Barnes With Love" told of the history of the auxiliary from its beginning in 1958 and showed how members of the auxiliary volunteer their time and effort in hospital work.

The luncheon marked the 15th anniversary of the auxiliary and other activities included a style show and election of officers. The style show, featuring auxiliaries and volunteers as models, showed fashions available at the Wishing Well and included a "wedding" showing clothing available at the Nearly New Shop.

Mrs. Kolker began her second year of a two-year term as auxiliary president. Officers elected this year are Mrs. George L. Minor, Jr., vice president, finance; Mrs. Burt M. Wencker, vice president, program and hospitality;

Mrs. William J. Savage, treasurer; Mrs. Carl Hartman, assistant treasurer; Mrs. Jack Luper, corresponding secretary; and Mrs. Rayferd Routh and Mrs. Kenneth Gable, members of the nominating committee. Mrs. Savage and Mrs. Cupher are continuing in their offices.

The \$850,000 pledge by the auxiliary equals the amount set aside in the will of Robert A. Barnes to establish Barnes Hospital at the turn of the century. Another coincidental fact is that since the beginning of the auxiliary in 1958, vol-

(Continued on page 2)



Mrs. Stanley P. Kolker, president of the Barnes Auxiliary, presents \$200,000 check to Robert Hermann, a member of the hospital's board of directors. The auxiliary has given \$350,000 in the past two years to the cardiothoracic unit at Barnes.

Barnes Hospital  
St. Louis, Missouri

May, 1974





Dr. Fleming Harper, left, outgoing president of Barnes and Allied Hospitals, presents gavel to newly-installed president Dr. Ernest Rouse. Dr. Charles Roper, right, is president-elect for the 1974-75 year.

## Barnes And Allied . . .

(Continued from page 1)

Elected to serve on the society council were Dr. James Heins, Dr. John Martin, Dr. William Coxe and Dr. Harry Morgan. The meeting was held in Scarpellino Auditorium.

Members of the society paid tribute with a moment of silence to six former members of the society who had died in the past year. They are Dr. Frank Bradley, Dr. Alfred Goldman, Dr. Daniel Klaff, Dr. Frank McNalley, Dr.

Lawrence Thompson and Dr. Sol Weisman.

Announcement was made at the meeting that an elevated walkway is to be constructed across Euclid at McMillan. Barnes President Robert E. Frank spoke to the society and told of facility changes being planned and of projects recently completed.

Members of the society also reviewed and discussed the proposed revisions in the rules and regulations of the medical staff by-laws.

## Scanner Aids Diagnosis

"The most significant advance in radiology since Roentgen discovered the x-ray," is the way Dr. Ronald Evens, radiologist-in-chief, describes the new \$350,000 scanner recently put into service for Washington University Medical Center.

Conventional x-rays do not penetrate the skull sufficiently and do not differentiate soft tissue. The scanner, manufactured by EMI, Ltd., combines highly sensitive x-ray detectors with the speed and accuracy of a digital computer to provide 100 times more information than obtainable with ordinary x-rays. Thousands of readings from all angles are fed into the computer. The readings are transformed into an x-ray photograph that can be compared to a cross-section of the brain, delineating gray and white matter, clotted or fresh blood, tumors and cysts.

The test requires only 20 minutes and test results are available within a few

minutes after the test which can be done without hospitalization, inconvenience or discomfort. Previous tests, involving forcing air or another element into the brain cavity or blood vessels, are not as complete and may cause pain.

Although the scanner will be used initially to detect and diagnose brain lesions, Dr. Evens said he had great hopes for using it for all portions of the body in the future.

## Auxiliary

(Continued from page 1)

unteers will have donated 850,000 hours of service to the hospital by October.

General chairman of the annual luncheon was Mrs. Gerald Canatsey, outgoing vice president for program and hospitality. Other outgoing officers are Mrs. George DuBois, Mrs. Harry J. Holmes, Mrs. Norman Greitzer and Mrs. Kurt Bemberg.

## Women Employes View Film On Self-Defense

Barnes employes who recently viewed "Nobody's Victim" learned that regardless of size and strength, a woman can defend herself against attack.

"I thought it would be interesting as well as useful to employes," said R.N. Marian Cavaness, instructor in staff development, nursing service. Divided into two parts, the film described ways a woman can avoid situations where she is vulnerable to attack. Methods included walking only on well-lighted streets, locking all car doors, keeping windows rolled up, and having secure locks on all doors in the home. Women who live alone should put only their last name and first initial on mail boxes and in phone books.

The film also described ways a woman can defend herself once she is attacked. The film stressed that a woman should do whatever she can to surprise and distract her assailant long enough for her to get away before the attacker has a chance to recover. Articles commonly carried, such as a purse, book or keys, can be effective weapons if used correctly.

"There is no reason for women to accept the idea that they are helpless just because they are women," the film concluded. "Learn to protect yourself so that you are nobody's victim."



Mrs. Marian Rosenberg, a Barnes volunteer, presents rose to Dr. Bruce Lucas during the recent "Doctors' Day" sponsored by the Barnes Auxiliary.

# Teaching Model Created

A teaching model created by Dr. Bela I. Hatfalvi, Barnes anesthesiologist, is making it easier for medical personnel to learn to administer spinal injections.

Dr. Hatfalvi worked for four years to develop the model of the sacro-lumbar region of the body. The model utilizes skin-like vinyl and other plastics and is a complete replica of the lower part of the human back. The model is used to teach techniques of administering spinal, epidural and caudal analgesia, sacral nerve blocks and lumbar sympathetic blocks.

The model consists of the lower part of the spine, nerves and yellow ligament embedded in transparent material and of tissues and muscles surrounding the spine. A needle penetrating the model into the yellow ligament and the epidural space will allow for the tapping of spinal fluid just as happens with a patient, Dr. Hatfalvi said.

Several models were made in cooperation with Nasco Co., which produces anatomical replicas, before the model was perfected. "The model is an exact

replica," Dr. Hatfalvi said. "We spent much time developing the model."

Dr. Hatfalvi, who has been at Barnes for 18 years, said he developed the model with the help and encouragement of Dr. Charles R. Stephen, anesthesiologist-in-chief. Dr. Hatfalvi also said that one of the models has been donated to the anesthesiology department.

Dr. Hatfalvi said that one problem with spinal anesthesia in the past has been that some patients have developed headaches. Dr. Hatfalvi said he has developed a new technique for administering the anesthesia and that "our most recent tests indicate that anesthesia can be administered without causing headaches. This technique deserves further intensive clinical testing," Dr. Hatfalvi said. His technique utilizes an oblique entrance of the needle rather than a perpendicular one.

The model was first exhibited in Boston and later in Chicago. Dr. Hatfalvi said reaction to the new model has been enthusiastic.



Olga Dippel



V. Leutzinger



Wilma Houston



Rosa Elliott

## Retiring Employes Honored

Five Barnes Hospital employes have retired following many years of service. They are Olga Dippel, credit clerk in patient accounts; Virginia Leutzinger, cooks assistant, dietary; Wilma Houston, lab assistant in the bacteria lab; Rosa L. Elliott, an aide in service and supply for laboratories; and Elizabeth Miller, a secretary in admitting. All were presented with award certificates by hospital President Robert E. Frank.

Mrs. Dippel was employed at the hospital in 1956 and retired March 26 with almost 18 years of service. She said she plans to make more use of her travel trailer and may take an ocean cruise. Her co-workers honored her with coffee and cake.

Mrs. Leutzinger retired March 31 with 32 consecutive years of service to Barnes and a total of almost 40 years of employment. She plans to relax and visit in Texas and California. Mrs. Leutzinger, who was only 16 when she first began work at Barnes, remembers when the hospital had no air-conditioning, when she lived over the laundry and when she served patients during World

War II. The dietary department gave a party in her honor in the employe cafeteria.

Mrs. Houston, who retired April 19, was employed at the hospital for more than 18 years. She said she had mixed emotions about retirement because she has enjoyed working at Barnes. She said she plans to use her retirement for sewing, baking, church work, travel and to spend time with her five grandchildren and 10 great-grandchildren. Her daughter, Ruth Harris, works in the microbiology lab at the hospital.

Mrs. Elliott plans to visit relatives during her retirement and to spend time with her husband. "He is looking forward to having me around the house," Mrs. Elliott said. She retired April 19 after working at Barnes for almost 28 years in laboratories.

Mrs. Miller received her certificate from Mr. Frank while a patient in the hospital. She retired in late April following almost 20 years of employment beginning in 1954. She is recuperating at home.



## Doctor's Notes

Dr. Warren A. Weinberg, Barnes pediatrician and neurologist, recently spoke on learning processes to a meeting of public school teachers, counselors, nurses and administrators in Cape Girardeau, Mo.

Dr. Steven Podos, ophthalmologist, recently spoke to the 23rd annual symposium of the New Orleans Academy of Ophthalmology. Dr. Podos warned of possible dangers when glaucoma patients are treated with cortisone.

Dr. E. James Anthony, Barnes psychiatrist, participated in a recent seminar dealing with overly inhibited children. The seminar, held at the Chase-Park Plaza, was sponsored by the Washington University School of Medicine's Division of Child Psychiatry and Child Guidance Clinic.

Dr. Barbara Cole, Barnes pediatrician, recently spoke to the South Side St. Louis chapter of Life Seekers, a volunteer organization to support medical programs.

Dr. Claude R. Cloninger, psychiatrist, was a recent guest on a Des Plaines, Ill., radio program discussing psychiatric disorders and relationships to criminality.

Barnes psychiatrists Samuel B. Guze, Robert A. Woodruff, Jr., and Paula J. Clayton are authors of an article on criminal neuroses and treatment appearing in a recent edition of the *Journal of the American Medical Association*.

## Operating Room Technicians

### Crown Queen At Dance

Thelma Stocking, a Barnes employe, was a candidate for the title of Queen of Operating Room Technicians during a dance held late last month at the Sheraton-Jefferson Hotel. Six candidates from St. Louis hospitals were contestants.

The contest was sponsored by the Operating Room Technicians of Greater St. Louis. Mrs. Frankie Mitchell of Barnes is chairman of the ways and means committee of the organization and also served as contest organizer.



# human relations

Do you have "high patient contact?" If you do, then do you have "high patient patience?"

To increase employee awareness of the needs and anxieties of patients, Barnes Hospital recently held a 'pilot' course in human relations with a small group of employees representing different departments in the hospital.

"We used an experimental curriculum to see how it was received by the twenty employees who were enrolled," said John Thompson, instructor in the nursing in-service training program.

What happened?

"It was just beautiful," said Georgia Owens, of central service. "I've never gotten so much out of a program before. It was great to meet people and share ideas. It really helped me and I think because of the class I can do a better job for the hospital."

The class met each Thursday for eight weeks in January, February and March. Sessions lasted an hour and a half. "At the first session, after an introduction by Rex Ward (Barnes' training director) we asked the group to list their own concerns and expectations about the course," said Mr. Thompson. "At first, they seemed hesitant to write anything down. But soon, after breaking into small groups and holding short discussions, they all were able to communicate to the instructor what they wanted to know. I was impressed by the group's appreciation of what was needed."

Some typical concerns were the communication between departments, and how to relate to the patient. "What do I do when a patient is upset?" was a common problem of the high-patient-contact employee.

"We studied patient anxiety, and the kinds of behavior it can produce," Mr. Thompson said. "We discussed what happens to a person when he or she becomes a patient. We tried to put ourselves in the patient's place, to realize how even the simplest things can cause anxiety in the unfamiliar surroundings of the hospital. We studied how different kinds of worry can make the patient irritable or even downright antagonistic. Most employees in the course had never realized that fear of illness and the unknown can make people act hostile."

The group discussed emotionally charged situations, such as when the patient who is upset because, "This isn't what I ordered."

"The group learned that the best way to handle this type of situation is to deal with the feeling first, then tackle the problem," Mr. Thompson said. "For instance, instead of arguing with the patient, citing rules, and so forth, it's better to say,

'well, how can I help make this right?' Later, when the patient is calmer, it may be possible to point out how to avoid this in the future, if the patient's own actions caused part, or all, of the problem. But even if this is the case, the first thing to do is to be soothing, to be sorry the patient is unhappy. Then later the matter may be discussed with the patient."

"The class dealt with problems of communications and attitudes," said Charlotte Redding, LPN in the East Pavilion. "We learned it may not be what you say but how you say it that is important. I think the class should be offered to all personnel and I also think doctors should attend."

Colette Chase, head nurse in labor and delivery, agreed, saying, "The basic value of the course to me was that it enabled persons of various viewpoints to express their ideas. I think it has helped me in my dealings with hospital patients."

Along with learning to work with patients, the group also found that the course will help them in relationships with their fellow employees. Clarence Robinson, supervisor in dietary tray assembly, said, "I believe the course has helped me to take more time in talking with people I supervise, to discuss their problems and let them know they can always talk to me."

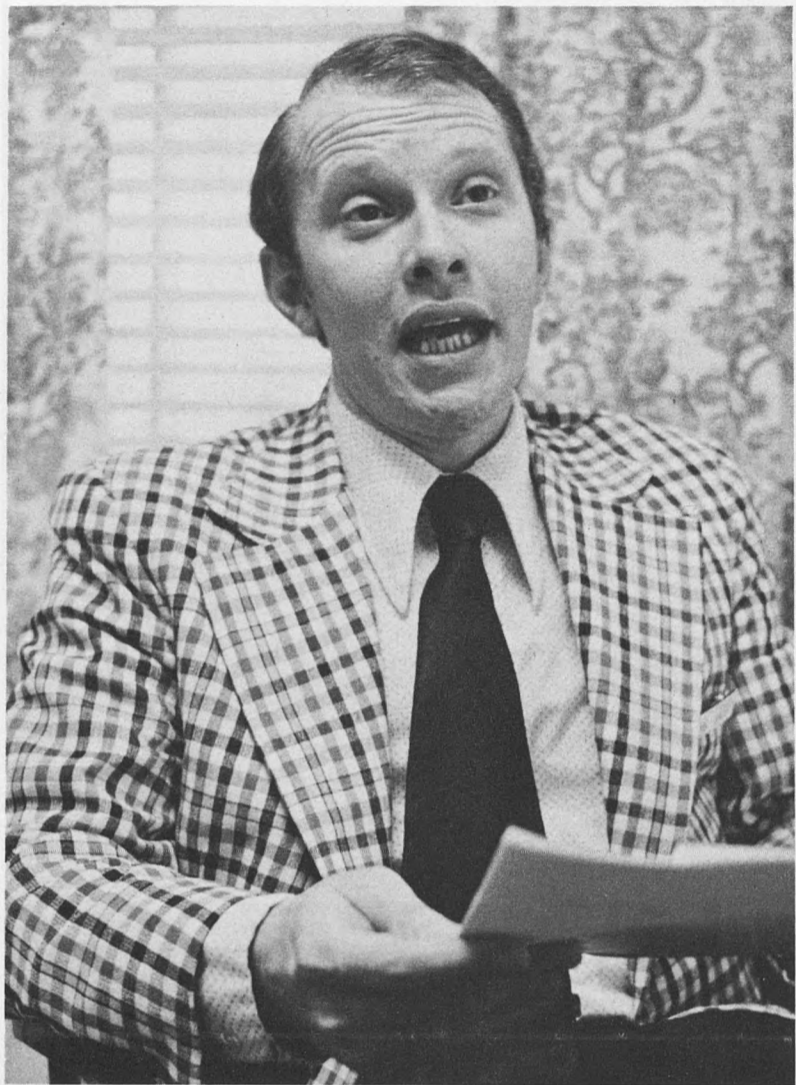
The class learned to clarify the message they wished to give to the patient or other employee, then to check the feedback. They learned how past experiences, attitudes, or prejudices can affect the process of getting the message across. "Any outward signs of annoyance may close the door to communication," Mr. Thompson told the group.

Listening is just as important as talking, if not more so, the group learned. Respect, and a feeling of importance, must be afforded to the listeners. Bad listening habits were explained, things like "tuning out," interrupting, or drowning out the other person. "Of course, health can be a barrier to understanding, too," Mr. Thompson pointed out. "A patient in pain, or who is worried or tired, is difficult to reach. Special effort is needed."

Jo Ann Martin, a registered nurse in the East Pavilion, thought the mixture of the group made the class more interesting. "There were so many points of view, and that was helpful," she said.

Mr. Thompson was especially pleased because there was a great deal of unsolicited feedback. "Many of the people told me they were sharing what they had learned with other people on the floor, and we thought this was a very good sign," he said. "Of course, communication is a continuous process, and the key facts learned in the course must be used over and over, or they are of no value."

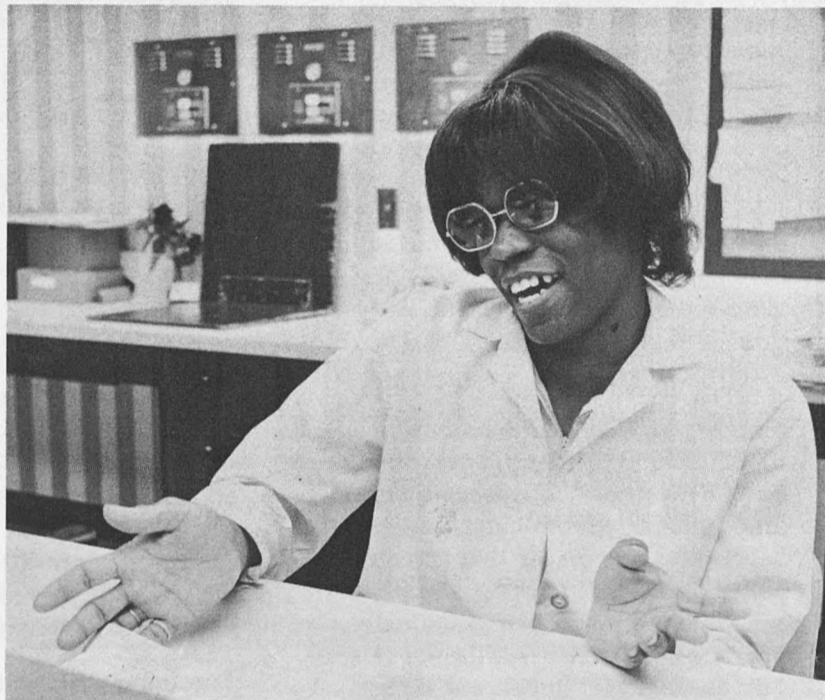
The course will be offered on a continuing basis starting in May.



John Thompson: "Communication is a continuous process."



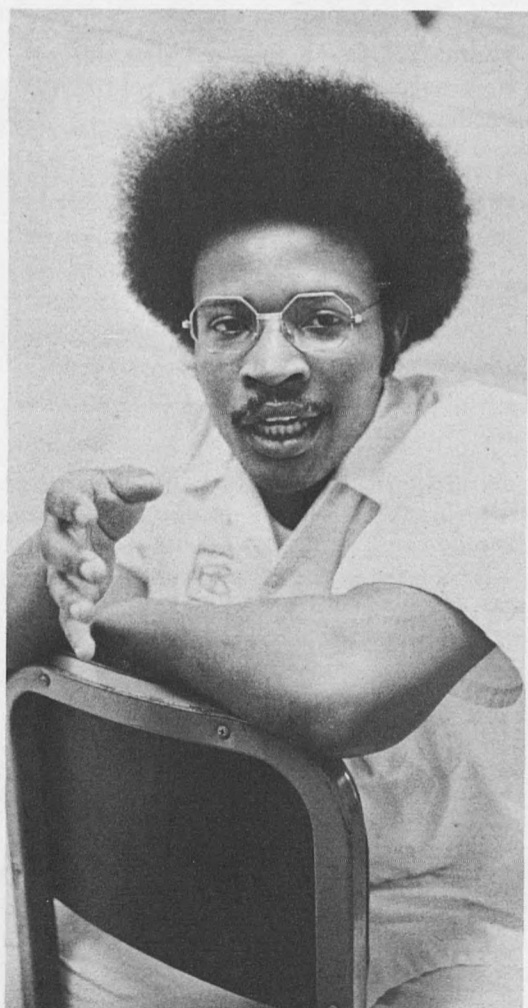
Georgia Owens: "Just beautiful."



Charlotte Redding: "How you say it is important."



Jo Ann Martin: "Many points of view."



Clarence Robinson: "Take more time in talking."



Colette Chase: "It helped me with patients."

## Hope for diabetic patients

# New Operation Restores Sight

A new operation that can restore eyesight to totally blind patients is being performed by Drs. Edward Okun, Glen Johnston, Isaac Boniuk and Neva Arribas at Barnes Hospital. The procedure, vitrectomy, involves extracting old clotted blood that has evolved into fibrous fatty-like tissue in the vitreous of the eye (that space between the front of the eye, where light enters, and the retina at the back of the eyeball).

In this condition, which is common in long-term diabetes, the eye is eventually filled with opaque material, blocking out light and resulting in blindness.

"Up until now there was absolutely no hope for restoration of sight in these people," according to Dr. Edward Okun, Barnes ophthalmologic surgeon, who is one of the first ophthalmologists in the world to perform this operation. He describes the idea of the procedure itself as being very logical, but its success had to await the technological advances that finally made the construction of the miniaturized Douvas roto-extractor possible.

Simply put, that instrument, which is 2 millimeters in diameter, sucks the vitreous fibers into a microscopically small hole where a roto-cutter chops the debris into fine pieces that are then expelled by the suction. A fiberoptic light built into the instrument illuminates the operating field from within the eyeball. "Because these fibers are firmly attached to the retina itself, suction alone would detach the retina," Dr. Okun points out.

Other specialized equipment, particularly the new \$20,000 operating microscope Barnes installed in Operating Room 5, is essential. And, because the surgeon must keep both hands free and at the same time have control of all equipment, foot pedals have been installed which move and focus the microscope, adjust the magnification, control the rate of infusion of fluid into the eye, and activate the cutter. George Lambert, a fulltime machinist, services all the equipment, which is under continuous modification.

Of equal importance is the availability of other skilled hands. The operating assistant, a Fellow in ophthalmology, also views the operating field through the microscope and maintains correct suction. Linda Schlechte and Genevieve Mason, OR nurses, and Glover Miller,

## Sammy Davis Jr. Benefit

Entertainer Sammy Davis, Jr., will appear May 15 in the Khorassan Room of the Chase-Park Plaza Hotel in a benefit show for the Chromalloy Kidney Center and for the American Medical Center in Denver.



Dr. Edward Okun, Barnes' ophthalmologic surgeon, uses microscope to see into the eye of a vitrectomy patient. Assisting Dr. Okun is Dr. Richard Escoffery, a Fellow in ophthalmology.

OR technician, take an integral part in each operation. A successful method of general anesthesia, "always very tricky for the diabetic patient," according to Dr. Okun, has been developed by Barnes anesthesiologists.

The operation, which takes two to five hours, has been performed on almost 50 patients at Barnes, many of whom have been blind for up to seven years. The amount of vision restored depends on how severely damaged the retina has become.

Some formerly blind patients can now read small print, while others cannot read but can see well enough to walk around by themselves. "It's hard to imagine how wonderful even minimal sight is if you have never been completely blind," Dr. Okun says. "These people have a whole new world opened up to them."

In addition to patients with diabetes, who constitute 70% of the cases, the operation is also helpful in other circumstances that have resulted in retained blood in the vitreous, including hemorrhage from hypertension as well as trauma.

But, at present, the most important application is in the diabetic patient who has had the disease 15 years or more. "After that length of time," Dr. Okun says, "there is often sclerosis of the walls of the blood vessels of the retina and new vessels are formed which for some yet unknown reason grow into the inside of the eye, where their fragile walls rupture and leak blood into the vitreous.

"The sad part is that the patient has no symptoms, and unless the dilated eye is examined by a trained ophthalmologist, the condition will go undetected until suddenly one day it leads to a hemorrhage which appears as floaters in front of the eye. Recurrences of these hemorrhages can result in total blindness. A diabetic patient can go to sleep one night with good vision and wake up the next day with very blurred vision."

Dr. Okun said methods are available to treat the condition before blindness results, especially if the process is diagnosed early. "I cannot emphasize enough the importance of a diabetic patient having regular eye examinations by an ophthalmologist who is aware of the diabetes," he says.

But now, at last, for those patients who did not know of their condition in time to arrest it, and for those where other procedures failed, there is a second chance at sight.

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# Nurses Making Bedside Audits

Twice each month nursing divisions at Barnes Hospital are checked to assure proper care is being given to patients. This "bedside audit," also called a clinical audit, was initiated in 1973 and is part of the hospital's total patient care program.

Susan Kingston, director of nursing and associate director of the hospital, said the audit is conducted by nursing personnel and is an attempt to measure the quality of patient care. "We compare commonly accepted standards of care against what we find by visiting nursing divisions," Mrs. Kingston said.

The result of the audit has been to point out both strengths and weaknesses in patient care. "We have found generally that our patient care is good," Mrs. Kingston said. "We have found some weaknesses and have taken steps to

correct them and we have found, for instance, that even though our care is good, we were not doing a good job of reporting or recording the care given."

For several years the Joint Commission on Accreditation of Hospitals (JCAH) has required that a patient care plan be maintained for each patient. The plan should include information pertaining to such items as medication, sensitivities, allergies, nursing care needed, short and long term care objectives, socio-psychological needs and discharge planning.

The patient care planning at Barnes also provides for a nursing interview with each patient on admission so that a comprehensive plan can be initiated.

A closed-chart audit, one conducted after the patient has been discharged, was used to assure the care plan was functioning correctly. "We were not, however, getting information from the closed-chart audit which was of any benefit to the patient before discharge," Mrs. Kingston said. "Of course our goal is to provide the best possible care so we began conducting the 'bedside audits.'" Closed audits are still conducted.

In bedside audits, a staff nurse or a medicine-qualified Licensed Practical Nurse (LPN) visits a nursing division other than her own. Pat Keys, clinical specialist in the nursing service, said the time of the visit and patient charts are selected at random. Checks also are made of such things as the nursing station, nursing entries and statistical information. The visiting nurse also talks with the patient.

Mrs. Keys said the audit is extensive including checks to see that all prescribed treatments have been given on time, that the patient's medicine is on the floor, that the patient is wearing proper name tags and that unit emer-

gency carts are current and completely supplied.

The completed audit is sent to the nursing office for tabulation and copies are sent to the division, to the associate director of nursing in charge of that division, to Mrs. Kingston and to staff development for evaluation.

"Because we found that we were not properly recording our activities on the division, we substituted a checklist for some forms nursing personnel fill out on each patient each day," Mrs. Kingston said. "Instead of writing a patient had his daily bath, now a simple check mark accomplishes the same thing. The nurses have more time to devote to the patient and to more meaningful notations."

A change is being made in patient care recording to make these reports problem-oriented. "This means that the nurse is to be more alert to particular problems of the patient and that these problems take reporting priority," Mrs. Kingston said.

Ann Ikeda, a management consultant in the nursing service, is in charge of the closed-chart or retrospective audit which is required by the JCAH. She said the closed audit serves to review patient care and to provide a basis for self-evaluation by nursing personnel. During closed-chart audits, findings are shared and any problems which come out are relayed to the division which reports on what steps are being taken to eliminate the problem.

The use of auditing procedures has resulted in the formation of the Committee for Quality Assurance. The committee has several subcommittees which report on the closed-chart audit, the bedside or clinical audit, problem-oriented patient records and nursing care plan forms. A new subcommittee on peer review is soon expected to begin meeting according to Mrs. Kingston.



Susan Kingston, left, Barnes director of nursing, checks patient chart with Pat Keys, center, and Ann Ikeda of the nursing service.

## Hospital Happenings

Kathy McClusky, an associate director of nursing at Barnes, recently spoke on diets to a "Changing World" group sponsored by the Jewish Community Centers Association.

The American Red Cross will sponsor a blood collection May 29 from 11 a.m. to 3:30 p.m. in Room 228 of the School of Nursing. Additional information about the bloodmobile may be obtained from supervisors.

## Staff Changes

The President's Office reports the following persons on staff: Dr. Necita Roa, assistant anesthesiologist, effective April 1; Drs. Philip Alderson, Andrew Cacciarelli, Ralph E. Coleman, Thomas F. Craven, Guillermo Geisse, Edward R. Graviss, James E. Marks, Ernest M. Mittelholzer, Bruce J. Walz and Frederick R. Zivnuska, assistant radiologists, effective July 1, 1974.



Two Italian physicians, Dr. Marco Pedrazzi, center, and Dr. Paolo Mocarelli, right, talk with Dr. Leonard Jarett, director of laboratories, about computers. The doctors were touring the U.S. studying medical applications of computers and said the Barnes' system was the most sophisticated and impressive they had seen.



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.

# Barnes Hospital Tribute Fund Gifts

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

## In Memory Of:

**Marilyn Moscowitz**  
Mr. & Mrs. Darwin Portman

**Earl Srenco**  
Robert, Jackie, Robynn & Andrew Srenco

**Mr. Lloyd Hill**  
Myrtha & Mike McCarty

**Mr. Earl H. Whitlock**  
Mr. M. R. Chambers

**Clifford F. Zell**  
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Friends & Neighbors  
A Friend  
Staff of Oakland Terrace  
Elementary School  
Faculty & Staff of Westbrook  
Elementary School  
Anonymous  
Miss Nancy Schaffer  
Security Pacific National Bank  
Mrs. Fred A. Tobin  
Mr. & Mrs. John M. Kelley  
A. John Rottiers

**Mr. Milton Epstein**  
Mr. & Mrs. Darwin Portman

**Father of Brian Martin**  
Mr. & Mrs. Darwin Portman

**Mrs. Walter Schimmel**  
Mr. & Mrs. Philip L. Moss

**Donald Alliston**  
Barnes Blood Bank Staff

**Miss Grace Hurt**  
Eva Williams

**Mr. Lester Ginsburg**  
Mr. & Mrs. Sidney Levinson

**Mrs. Vivian Cravens**  
Mr. & Mrs. Stanley Kolker  
The Nearly New Shop—Barnes  
Dorothy Savage

**Mrs. Dorothy Taylor**  
Dr. & Mrs. Harold Scheff

**Mrs. Walter Guier**  
Graduate—Barnes School of Nursing

**Joseph Heller**  
Mrs. Sheldon R. Lending

**Mrs. Elsa Arnstein**  
Mr. & Mrs. John Friedman

**Mrs. Mary Rajnoha**  
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**Father-in-law of Roger Stricklin**  
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**Mr. Herbert Gavron**  
Mr. & Mrs. Sid Levinson

**Abe Weisman**  
Mr. & Mrs. Frank Middleman

**Sister of Mrs. Ray Puffer**  
Thursday Barnes Volunteers

Anonymous

## In Honor Of:

**Dr. Samuel Soule's Birthday**  
Mr. & Mrs. Philip L. Moss

**Dick Wagner's Speedy Recovery**  
Reggie & William Klien

**Barnes Auxiliary**  
Mrs. William S. Bedal

**Birthday of Mr. M. K. Einstein, Jr.**  
Mr. & Mrs. Philip L. Moss

**Recovery of Mrs. William Moore, Jr.**  
Mr. & Mrs. Harvey B. Wittcoff

**Mrs. Edna Mathes' Recovery**  
Mr. & Mrs. Arthur Bittker

## What's Inside?



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