

Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, November, 1975, Volume XXIX, Number 11.

Switch to Centrex for patient phones set for December 1

Patient telephones at Barnes Hospital are scheduled to be converted to the Centrex system of direct dialing Dec. 1. The change comes two years following the conversion of non-patient telephones to Centrex.

George Voyles, director of telecommunications, said the switch to Centrex for patient telephones will result in more efficient service to patient rooms and more convenience in telephone service.

Mr. Voyles also said that the Centrex conversion is being coupled with a service called Hospax, offered by Southwestern Bell system to meet unique hospital requirements.



George Voyles, director of telecommunications, inspects installation of new Centrex telephone system for patient rooms. The unit shown is the Hospax addition to the system.

Patient phones will be switched to Centrex at 2 a.m. on Dec. 1. After the switch, relatives or friends can call their room directly, instead of calling the 454-3900 number which has been effective for the past two years. The 454-3900 number, used to reach all patients in the hospital, will no longer be used and an intercept message will direct calls to the main hospital number, 454-2000.

When patients are admitted to the hospital after Dec. 1, the patient information brochure will note their room number and that room's telephone number. Patients may inform persons who will be calling them of the telephone number in the

patient's room. Patients in the hospital at the time of the conversion will be notified prior to the change and will be told of their new telephone number.

If a caller knows the room number but does not know the room's telephone number, he or she should dial 454-2000 and the switchboard attendant will connect the caller to the patient's room and also advise them of the room's telephone number. If the caller does not know the room number, the caller should dial patient information 454-2481. Patient information will advise the caller of the room number and then connect the call to the patient's room, again after advising the caller of the telephone number.

On outgoing patient calls, patients will continue to reach local telephones by dialing nine and the number and long distance will continue to be placed through the hospital switchboard.

Several features of the Centrex system have been tailored to hospital needs in the form of Hospax. This part of the Centrex system will help provide expanded service to patients. For example, one Hospax feature cuts in on calls after a preset number of rings and a recorded message tells the caller that the patient is not available and advises the caller to place the call later.

Another feature allows for the cutting off of incoming calls while still allowing outgoing calls. An incoming caller would be told by recording that the patient's physician has determined that the patient cannot receive calls and that patient information, 454-2481, will supply the patient's condition.

Hospax also allows for all patient phones to be shut off for incoming calls from 11 p.m. to 6:30 a.m. each night. Although outgoing calls can still be made from the patient's phone, incoming calls will hear a recorded message saying that hospital policy is that patients do not receive calls between those hours. Provisions are made, however, for emergency calls.

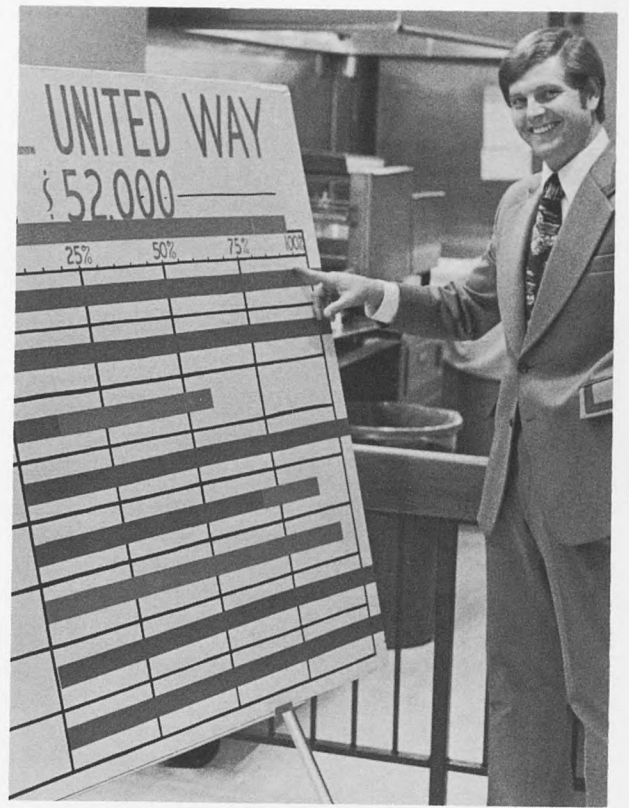
If a patient's condition warrants it, the physician may ask that all incoming and outgoing calls be curtailed.

"We feel that the change to patient Centrex will be more convenient for patients, their relatives and friends," Mr. Voyles said. "We think that the complete change to Centrex will greatly increase our ability to service the telephone needs throughout the complex."

Shortly after the changeover Dec. 1, all private branch exchange (PBX) switchboards will be removed from the telecommunications offices and all attendants will be using telephone consoles. There are more than 600 patient telephones in the hospital.

Volunteer reception is set

Barnes Hospital will host a reception for hospital volunteers Nov. 21 in the Olin Residence Hall at Washington University School of Medicine. The reception will be from 5 to 8 p.m. and is sponsored to show the hospital's appreciation to the many volunteers who serve in the hospital. In 1974, 602 volunteers worked a total of 74,614 hours at Barnes.



Rich Grisham, United Way coordinator at Barnes, updates the United Way progress board which was set up in the employe cafeteria. The campaign at Barnes exceeded its goal.

Barnes goes over United Way goal

The Barnes Hospital United Way goal of \$52,000 has been exceeded according to a report by campaign coordinator Rich Grisham. By mid-October, the total of gifts and pledges had reached more than \$53,000.

Mr. Grisham, associate director for professional services, said the final figure will be available later in October because some employees have been on vacation and had not returned their pledge cards. "The important thing is that we had a realistic goal and we reached that goal," Mr. Grisham said. "The United Way provides many needed services for people in the St. Louis area and I want to thank each employe who contributed to the United Way fund."

The drive at Barnes was part of the overall United Way campaign in the St. Louis metropolitan area. The area goal was \$15,250,000 and approximately 75 per cent of the amount had been raised by mid-October, United Way Month.

Barnes Volunteers attend workshop

A day-long workshop for hospital volunteers, featuring speakers telling of the medical center and of specific areas in the center, was held Oct. 31.

Rich Grisham, associate director for professional services at Barnes, spoke on "The Medical Center: Today and the Future." Also scheduled to speak to the volunteers during the meeting in the East Pavilion auditorium were Dr. Ronald Evens, radiologist-in-chief and chairman of the Medical Advisory Committee; Dr. Leonard Jarett, director of the Barnes diagnostic laboratories; and Dr. James Warren, obstetrician-gynecologist-in-chief.

Front Cover: Fences are installed around six tennis courts as relandscaping continues on the top park above new underground garage. The relandscaping project is scheduled for completion by the end of the year.

History wall dedicated; Dr. Hobbs unveils photographic display

Dr. John Hobbs, a long-time member of the Barnes Hospital medical staff, gave the dedicatory address and unveiled a history display of Barnes Hospital during ceremonies held Sept. 24 in the East Pavilion.

Hospital President Robert E. Frank and board of directors Chairman Raymond E. Rowland also spoke during the activities to dedicate the photographic display honoring the founder of the hospital, Robert A. Barnes. The idea for the display was conceived by Dr. Hobbs and funded by the Barnes Hospital Society.

The display consists of two groups of large plasticized sepia-toned photographs showing the growth of the hospital from the first load of sand in 1912 to the completion of the East Pavilion in 1972. A portrait of Mr. Barnes is centered between the two sections along with a block of type about the founding of the hospital.

The following are excerpts from Dr. Hobbs' address:

"This is an occasion for retrospection, and a feeling of gratitude that a man of unusual perception and nobility of purpose, came our way, founded and endowed Barnes Hospital.

"For many years there has been concern that our founder, Mr. Robert A. Barnes, has not had conspicuous recognition within the walls of the institution he so carefully planned and funded. Many people, including a large part of our staff, have no conception of the role played by Mr. Barnes in the development of Barnes Hospital.

"On several occasions I discussed with the late Dr. Frank Bradley, then director of the hospital, my concern about this oversight. We agreed that something should be done about it but we were never inspired nor motivated to devise a suitable memorial.

"Mrs. Cleopatra Lewis, R.N., who was a student nurse at Missouri Baptist Hospital during the construction and dedication of Barnes Hospital,

took many pictures at different periods of construction and during the dedication ceremonies. About one year ago she gave these pictures to Dr. Thomas Burford, who knew I was interested in developing a plan for public information concerning Barnes Hospital and at the same time in showing our appreciation and reverence for Mr. Barnes. He gave the pictures to me. At first viewing of these pictures, for the first time, a plan came into focus.

"Research was begun by reading Mr. Barnes' will. Fortunately there was access to the large amount of material collected by the late Dr. Bradley, for his book, *The History of Barnes Hospital*. Other sources of information were newspapers of the time, speeches by trustees and the Bishop of the Methodist Church and interrogating the few remaining people who were on the scene.

"Even the tomb of Mr. Barnes was visited in an attempt to sense the spirit of the man. Mrs. Alice Marshall in Mr. (Robert) Frank's office, was very gracious and greatly aided the research in obtaining pertinent material.

"A model of the proposed display was made and exhibited to Mr. Frank. He was impressed and referred it to public relations for implementation. With his encouragement and helpful suggestions today's presentation was evolved.

"The present and, I am sure, succeeding administrations as well as the legions who have an affection for Barnes Hospital will be forever grateful that the Barnes Hospital Society, through their concern and generosity, has made this memorial possible. I hope and believe that my esteemed colleagues will be rewarded by public acclaim for their generous deed.

"Ladies and Gentlemen: Today, at long last, our dream has come to fruition. I have the privilege and honor to present to you *The Barnes Hospital Story*, a tribute to a genius in finance, a philanthropist, a humanitarian, a visionary and a benefactor of mankind, our noble and generous founder, Mr. Robert A. Barnes."

Dr. Hobbs also expressed appreciation in his speech to Daisy Kramer of public relations and to Elizabeth North of the obstetrics and gynecology department for their help in preparing the display.

West Pavilion is in planning stages

The planning phase for the proposed West Pavilion is nearing completion with groundbreaking set for early next year if the appropriate approvals are obtained. At present, a great amount of work is going into writing up the scope and details of the construction for application for approval from the various planning agencies.

Those tentative plans provide for new operating rooms for genitourinary, orthopedic, plastic, cardiothoracic, outpatient, pediatric and general surgery. The proposed plans currently include office space for physicians on the Barnes staff. Mallinckrodt Institute of Radiology is considering cooperative building of additional space in conjunction with construction of the West Pavilion.

The size of the West Pavilion, which will adjoin the East Pavilion and Rand Johnson just east of Queeny Tower, has not yet been determined, according to Robert E. Frank, Barnes president. "We are rechecking the various requests for space at this time, hopefully to condense the total amount of space that would have to be built," he explained.

The new pavilion would add no new beds to Barnes total of 1200, but would provide replacement beds for psychiatric patients now housed in Renard and for medical patients in Wohl Hospital. Those areas would then be closed to inpatients. If the project is approved, the target date for completion should be 1978.

Dr. William Fair named urologic surgeon-in-chief

A Stanford University surgeon has been named urologic surgeon-in-chief at Barnes. Dr. William R. Fair also was named chairman of the division of urology at Washington University School of Medicine.

Dr. Fair, who recently returned from a one-year sabbatical in England, formerly was acting head of the clinical renal transplantation service at Stanford where he has been since 1965. His sabbatical was spent at the Chester Beatty Research Institute in London.

Dr. Fair received the B.S. degree from Philadelphia College of Pharmacy and Science and the M.D. degree from Jefferson Medical College, also in Philadelphia. He succeeds Dr. Robert Royce who has been acting urologic surgeon-in-chief and who remains with the department.

Laundry supervisor dies

Emma Morris, an assistant supervisor in the sewing room of the laundry, died of cancer Oct. 13 in Wohl Hospital. She had been a Barnes employe for almost ten years.

Mrs. Morris, 63, is survived by a son and a grandson and was preceded in death by her husband Edward. Funeral services were held at Antioch Baptist Church and she was buried in National Cemetery.

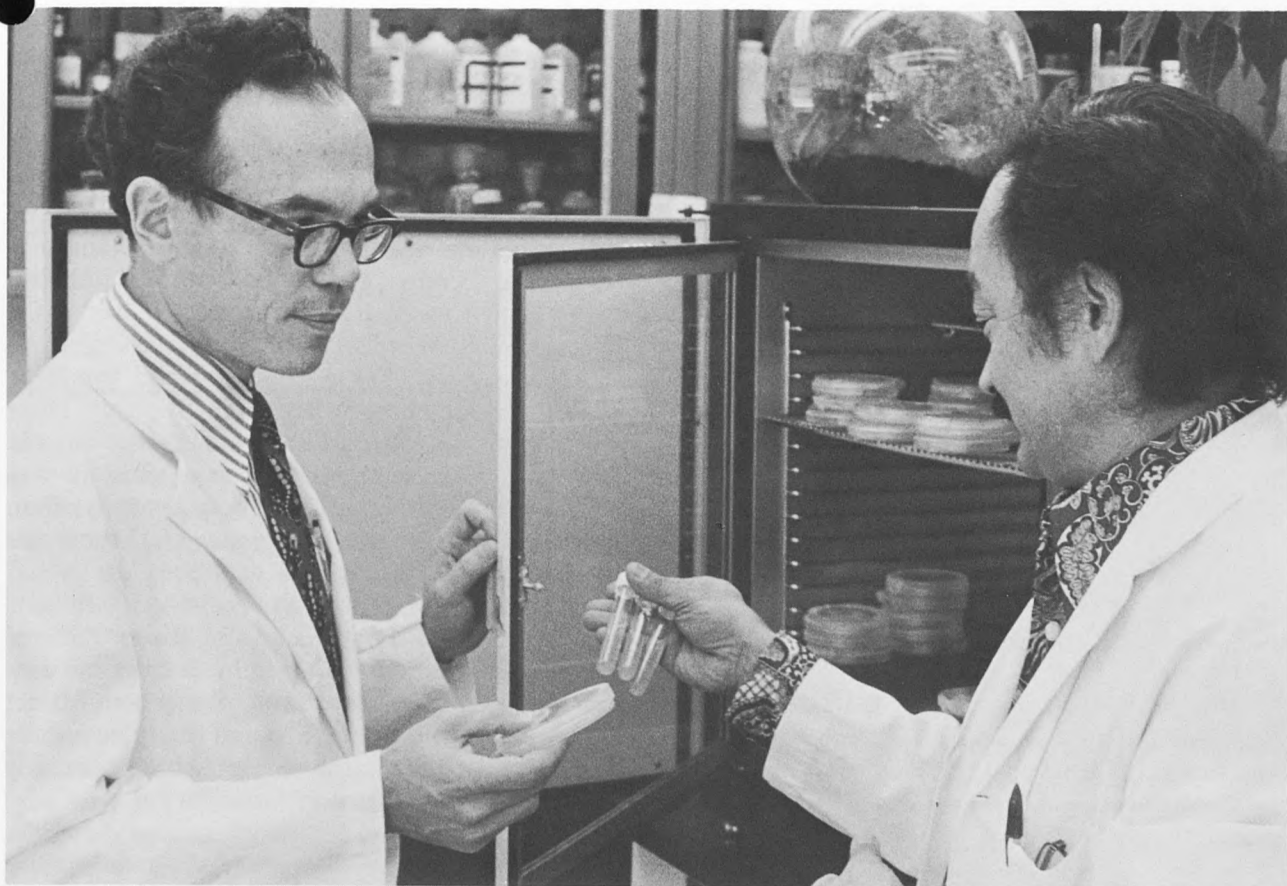
Staff changes

The President's Office reports the following physicians on staff: Dr. William Fair, urologic surgeon-in-chief; Dr. Jorge Alegre, assistant physician; Dr. Albert Hesker, assistant radiologist; Dr. Albro C. Tobey and Dr. Alfred Knight Jr., assistant obstetricians-gynecologists; and Dr. Robert Kraetsch, voluntary assistant in medicine, outpatient department only.



A photographic display of the history of Barnes Hospital was dedicated in ceremonies held in the Barnes corridor in the East Pavilion. Raymond E. Row-

land, chairman of the hospital's board of directors, spoke during the ceremonies. Also participating was hospital President, Robert E. Frank, left.



Dr. Gerald Medoff, left, and Dr. George Kobayashi are investigators for a study on histoplasmosis. The

Research grant funded to study fungal disease

A search for a better way to diagnose and treat histoplasmosis is being funded by a three-year, \$167,298 grant from the National Institutes of Health. Dr. Gerald Medoff, chief of the division of infectious diseases, is the principal investigator and Dr. George Kobayashi is a co-investigator for the study.

Histoplasmosis is a fungal disease that affects the lungs and is prevalent in the Midwest. In its progressive form, it is fatal if untreated. Diagnosis can be made by culture or by demonstration of a rise in complement-fixing antibody titers in the serum. However, two to four weeks' time is required to grow a culture, and antibody levels give varying degrees of accuracy. Frequently a tissue biopsy is necessary to make the diagnosis. Appropriate treatment is often delayed until the diagnosis is made.

Drs. Medoff and Kobayashi hope to discover faster, more efficient methods of diagnosis, improved methods of treatment and perhaps prevention of the disease. In addition to looking for purified antigens, the researchers hope to discover a nonvirulent strain of the fungus that could be used for vaccination. They will also screen currently used drugs to determine their effectiveness and will study the possibility of developing new drugs.

The infectious agent that causes histoplasmosis grows in the droppings of birds (especially starlings) and chickens and is found in bat guano. Humans are infected when they breathe the airborne spores contained in the droppings. The disease is particularly prevalent in areas where there are large concentrations of birds or bats, and it is the danger of histoplasmosis that has recently led to drives to exterminate starlings when they have appeared in large flocks near populated areas. (The infected birds show no symptoms of disease.)

Dr. Medoff said that although 80 to 85 per cent of people in the Midwest have a positive skin test for histoplasmosis, their normal defense systems successfully fight off the fungus and they remain symptom-free. However, about one per cent develop the severe form of the disease.

disease affects lungs and is most common in the midwest.

The debilitated, the young, and those with existing lung disease seem to be more susceptible. The severe form, which sometimes resembles tuberculosis, frequently causes acute pneumonia or an influenza-like illness. It involves the lungs, meninges, heart, peritoneum and adrenals in that order of frequency. Three to six cases a year of the progressive form of the disease are seen at Barnes, Dr. Medoff said.

Redevelopment plans reviewed at annual medical center meeting

A review of recent developments in the Medical Center Redevelopment Corporation plans for the area around Barnes and the medical center was a focus of the annual meeting of the Washington University Medical Center held in late September.

Dr. Samuel Guze, vice chancellor of Washington University for medical affairs and psychiatrist-in-chief at Barnes, said that the redevelopment project is underway with the building of the Blue Cross building on Forest Park Blvd. Construction is scheduled to begin early next year on a 250-unit apartment complex for the elderly. A major city bank facility, also located on Forest Park, is now being built.

A major renovation of single family homes on Laclede Avenue is being planned and owners in the commercial area north of the medical center have made commitments for major rehabilitation.

"A critical element in our progress has been the cooperation from neighborhood associations and individuals living in the redevelopment area," Dr. Guze said. "The goals of the redevelopment corporation are to a large measure now consistent with the goals of the people who live in the central west end."

In other action taken by the medical center's board of directors, Dr. Charles A. Thomas was elected chairman of the board, succeeding Raymond E. Rowland who had served three years as chairman. Mr. Rowland is chairman of the Barnes Hospital board of directors. Dr. Thomas is a former chairman of the board of directors of Monsanto.

Blood Bank director receives training grant

Dr. Laurence Sherman, director of the Barnes Hospital blood bank, has received a five-year grant of just under \$400,000 from the National Heart and Lung Institute to train post-resident physicians in blood banking.

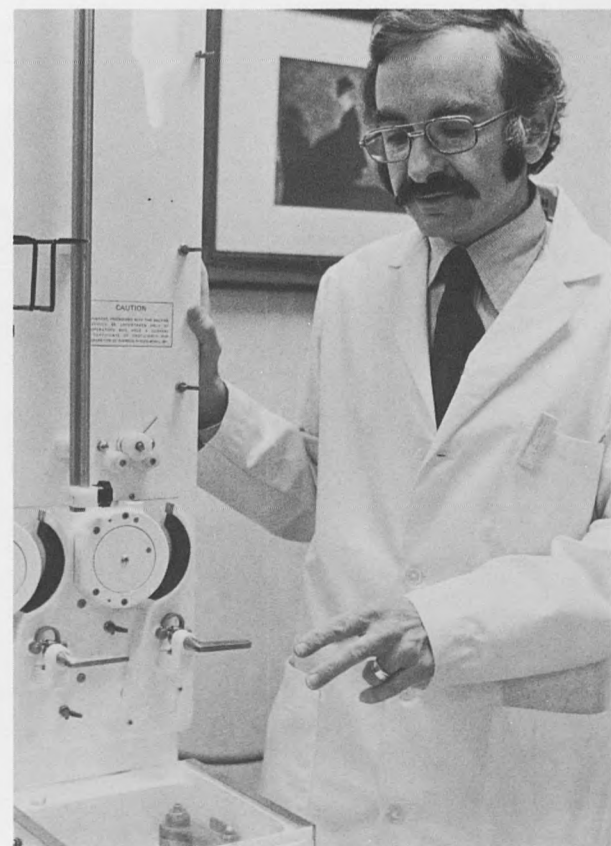
Physicians in such areas as clinical pathology, surgery and medicine will be trained in blood banking in areas related to their specialty, according to Dr. Sherman. For example, a doctor working with the gastroenterology division might work in advanced studies in hepatitis or a surgeon might do advanced work on massive transfusions.

The five-year grant involves the training of doctors who have completed their internships and residencies and who are gaining additional experience in their specialty. The training is directly related to already existing studies or research projects which various senior staff physicians now have in progress. Physicians involved include Dr. Richard Aach, medicine; Dr. Hugh Chaplin, preventive medicine; Dr. John Collins, surgery; Dr. Heinrich Joist, laboratory medicine; and Dr. William Miller, pathology.

"The goal of the grant is to train people to do research in blood banking, as it relates to a medical specialty, and to train persons who may become specialists in blood banking in academic situations," Dr. Sherman said. Areas of research include hepatitis, platelet and plasma protein turnover, auto-immune anemias, tissue typing and blood components.

He said that the grant provides the potential for training up to five persons each year through 1980. He also said that because of changes in blood banking and in the parts of blood which can be used to treat specific illnesses, there is a need for more blood banking specialists in academic centers.

Dr. Sherman said that until the 1960's whole blood or blood plasma were the only blood products used by medical personnel but that in recent years, specific blood components, such as platelets or blood cells have been used frequently to meet specific patient needs. "It is possible to divide a unit of blood into several components, so more than one patient can receive the benefit of the blood," Dr. Sherman said.



Dr. Laurence Sherman

To most Barnes employes ten-four means the tenth floor of the number four building (East Pavilion), but to others ten-four means something else. Citizen's band (CB) radios.

And many of these employes will disagree with the popular concept that the only use for a CB is to watch out for the "smokies" (the highway patrol). In fact, they say that there are many reasons for having a CB and that "smokie" rates low on the list.

Citizen's band radios have been around for many years but did not come into popularity until the oil embargo and resulting lower speed limits. Over-the-road truck drivers were the first to use CBs, watching out for "smokie bear" but also trying to find which service stations were open for service and fuel.

Now, more than six million base and mobile CBs are in use and approximately 50,000 are being sold each month. Their popularity crosses a wide socioeconomic spectrum and CBs are just as high in urban areas such as St. Louis, as in rural areas.

The CBs have brought with them a whole new language and, although CB users are required to give their FCC call letters, most rely on their "handles," CB nicknames.

One Barnes employe who knows the value of the CB is Jim "Irishman" McQue, a Barnes security

"Cars with CBs obey traffic rules better than other drivers."

officer, who recently used his CB to contact the highway patrol about a wrong-way driver on an interstate highway. "I travel quite a bit and it sure is nice to know that if you see something happening like a wrong-way driver or an accident, you can do something about it."

Ken "Freezer" Yates, a supervisor in the plant engineering department, thinks that CBs are valuable for traffic information. "Of course a lot of people use them to find out where the police are, but you can get some valuable road information by using the CB. The State Highway Patrol has recognized the value of CBs."

Indeed they have! All of the Missouri Highway Patrol cars, all 750 of them, are equipped with CB radios and they monitor emergency channel nine. During August, the patrol monitored almost 3,500 calls from CB units with the result being

390 arrests. Reports range from wrong way drivers to cars weaving on the highway, cars without light and even speeders.

Not everyone talks a lot on the CB (sometimes you can't get a "break" from anyone) but as Charlie "Barcat" Toye of plant engineering says, "I can get just about any information I want from listening." Carol "Moonshadow" Ezell, an administrative secretary, said that she has a CB because it makes her feel safer in traveling to and from work. "It's a safeguard and would be a big help if I ever have car trouble." Dixie "Honeydo" Fehrmann, a staff nurse in the ophthalmic operating rooms, says that she believes cars with CBs obey traffic rules better than other drivers. "Maybe they know that there are a lot of police around."

Mrs. Fehrmann believes one of the attractions of CBs is the language. "I think people think up their handles or use funny phrases to attract attention." She and her husband travel frequently with members of a campers' club which has many members with CB radios.

Larry "Woodpecker" Bridges of the refrigeration department in maintenance agrees that names are picked to be remembered. "The more outlandish the handle is, the more easily it will be remembered."

A large percentage of the CB users are women. Yvonne "Humpty-Dumpty" Miller, a dietetics employe, has been around CBs for a long time because her husband is a truck driver. She lives in Illinois and frequently uses the radio to get information on bridge traffic across the Mississippi. Alma "Sugarbear" Ratliff, a unit manager in the nursing service, has had her radio only for three months but says that it's good to know that if she has trouble on the highway, help is only a call away.



That's a big ten-four.

CB radios growing in popularity for reasons other than "smokey bear"

Alma Ratliff, a unit clerk, uses her radio to check road conditions before leaving work.

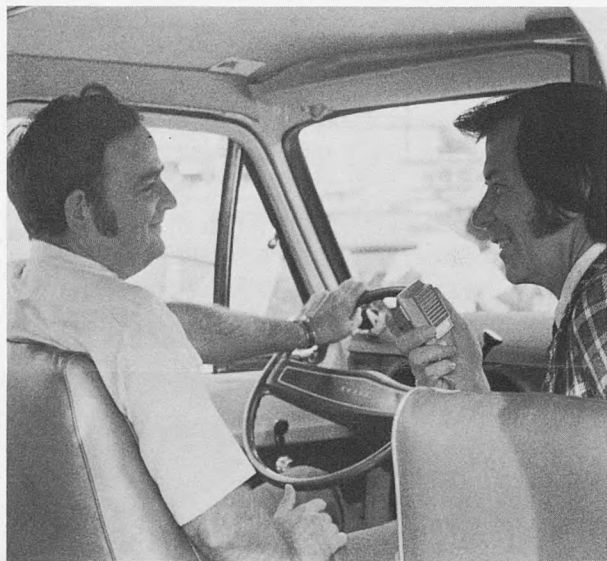
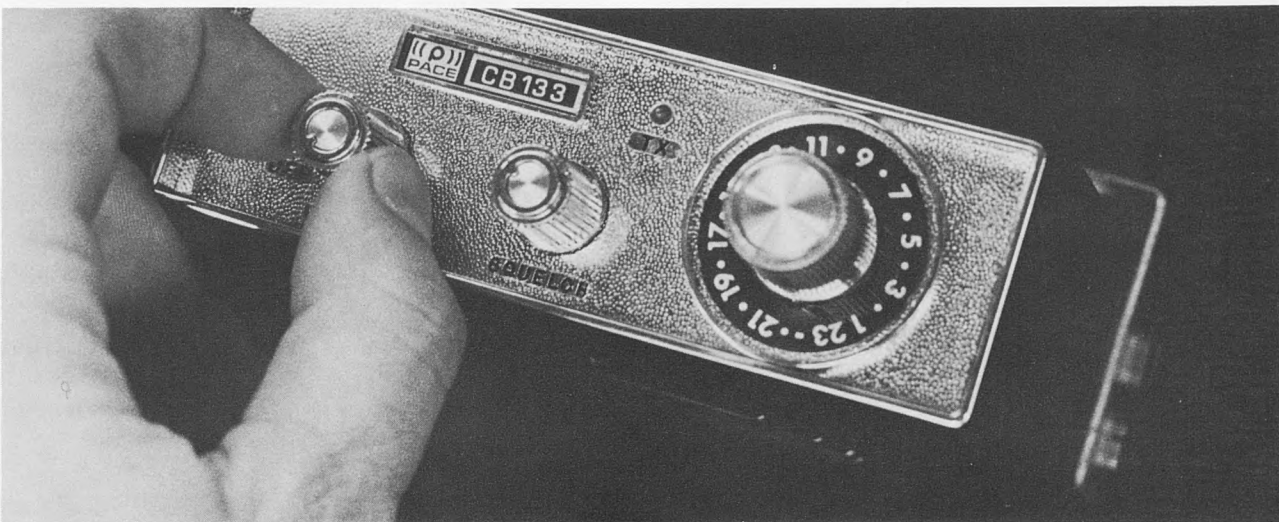
People not familiar with CB radio may find it difficult to understand such expressions as "chicken coup" (weight scales); "Tijuana taxi" (a marked highway patrol car); "picture taker" (patrolmen using radar); or "18-wheeler" or "4-wheeler" (a trailer truck and a car or small truck).

The CBs have brought with them a whole new language

Most everyone who has a CB says they would not give them up, at least not willingly. Thefts of the units has been soaring as sales increase. St. Louis police recently advised CB owners to remove the radios and antennas at night. They also advise marking the radio with a driver's license number. It is possible to borrow an electric engraving tool from any St. Louis district police station or a St. Louis library under the "Operation Ident" program. Many county police departments also lend engravers. (This writer did not take this advice. And his CB was stolen from his car parked at home, just as *Bulletin* went to press.) CBers point to the praise that CB operators have earned from the highway patrol and to incidents such as a recent case in south St. Louis where many CB operators turned out to try to help find a lost six-year-old child.

Although CBs aren't cheap, it doesn't cost an arm and a leg to get to know what CB "talk" is all about. The cost of a three-channel unit may be as low as \$75 while 23-channel radios may cost up to \$400. Base units, for the home, also are popular.

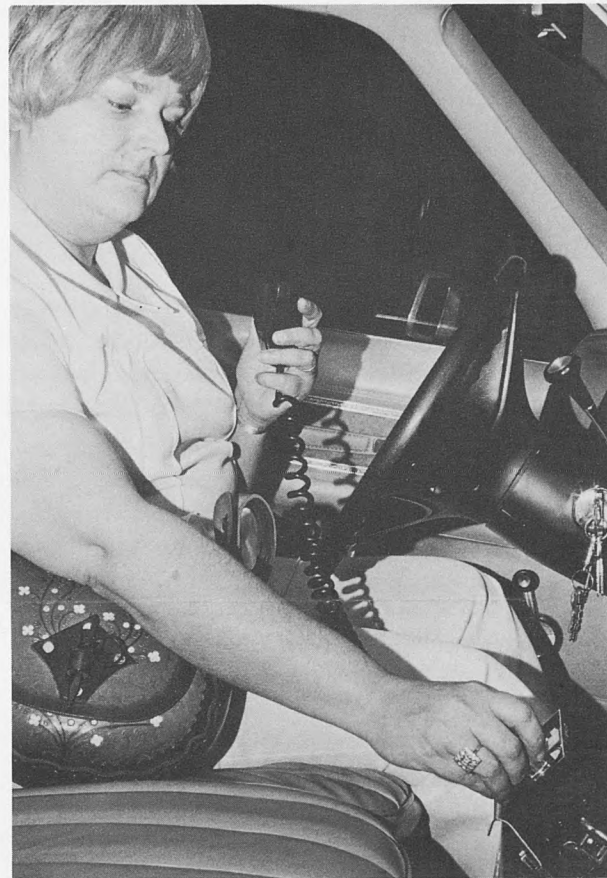
But still, CBers, like most other people, don't want to get their picture taken by "smokie bear" and have to turn over some of them "green stamps" to the judge. Ten-four.



Charlie Toye and Ken Yates, supervisors in plant engineering, test a CB in Mr. Yates' van.



Carol Ezell, as administrative secretary, conceals her CB radio and tape deck because of the increasing thefts of the items.



Dixie Fehrmann, an operating room nurse, believes that part of the attraction of CB radios is the fascinating language.



Yvonne Miller, dietetics, became interested in CBs from her husband who is a truck driver.



Jim McQue, security officer, checks the tuning of his CB radio with a meter designed to show most efficient operation.

Modern technology being applied to microbiology lab

With the use of a new computer system recently put into service, modern technology is being applied to the science of microbiology at Barnes Hospital.

The system has two component parts: An administrative computer that keeps track of each specimen from the time it enters the microbiology lab until it is finally signed out, and a computer-assisted identification and retrieval system. The two components will work together so that all information, including organism subtypes, automatically will be entered in the daily chart report.

The outstanding advantage of the computerized method of reporting test results, according to Dr. Joseph Marr, is the elimination of the numerous individual request slips that were formerly used. "Instead of perhaps eight report slips, each being run separately and at different times, the information for all the tests for a single patient is pulled together at 5 p.m. each day and a cumulative report made to the floors. Consequently all this information is gathered together in one place in the chart rather than entered on numerous small slips of paper throughout the chart."

He added that the computer eliminates the need for handwritten material that could be misread, "and the computer has built-in safeguards to avoid many types of incorrect entries that could occur with the old system."

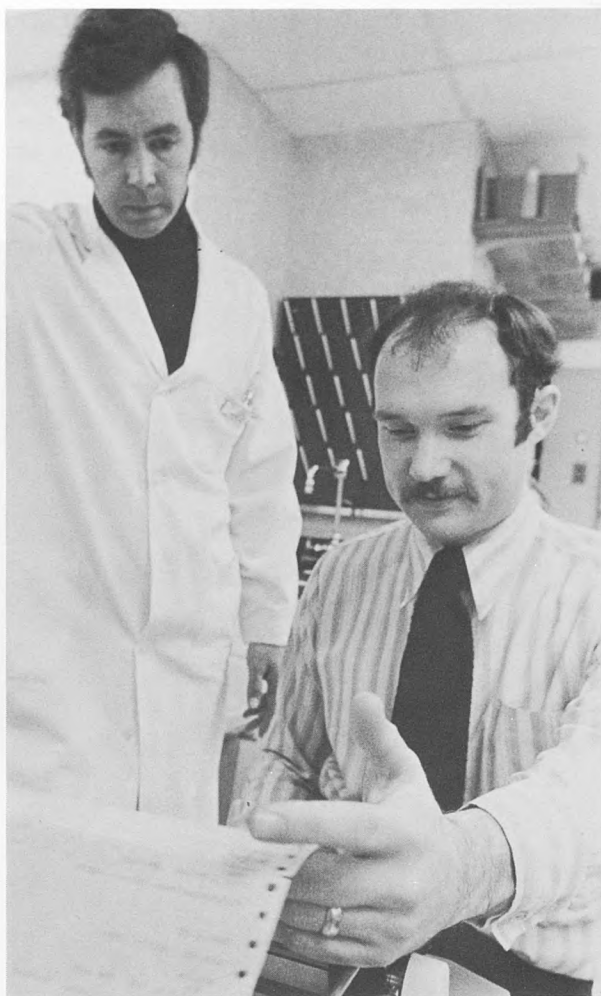
In addition to the routine 5 p.m. report, virtually instant recall is possible when immediate information is needed, cutting the time required to answer telephone requests 75 to 80 per cent. "We merely enter the patient number or name into the computer and it displays all information up to that time on that person." The computer also stores data for up to two months so that it can be recalled later for statistical purposes.

The other half of the system, computer-assisted identification, identifies organisms based on their biochemical characteristics with a far more exact breakdown (to subspecies and strains) than possible otherwise. "A technician is limited in the amount of information that he or she can remember, while the computer data base of many thousands of organism subtypes can give better identification more accurately and more quickly," Dr. Marr said.

"The computers should enable us to trace infections in the hospital, to analyze and to prevent them. It will provide the name of the organism, its location in the hospital, the source of the specimen and antibiotic sensitivity. Patterns will be graphed every two weeks so that trends can be identified far sooner than heretofore. It will be extremely important in tracing infections."

The identification part of the system was originally developed by the National Institutes of Health and was adapted for use at Barnes by Fred Waitman, laboratory maintenance engineer, and Dr. John Lewis, director of laboratory computing.

The microbiology information management system is based on a system developed at the Massachusetts General Hospital. A decrease in the cost of computer hardware in the past few years has, according to Dr. Lewis, allowed Barnes to install a system which is more powerful at only a fraction of the cost.



Dr. John Lewis, seated, and Dr. Joseph Marr check operation of new computer system in microbiology laboratory.

When the organism identification program is merged with the information management system, Barnes will be the only hospital where such integration exists.

The computer system in the microbiology laboratory is in addition to a similar system put into use three years ago in other laboratory areas. Dr. Lewis said the new system is smaller and costs substantially less than the older system. The two systems, although not interfaced, represent one of the most comprehensive and cost-effective medical laboratory installations in the United States, Dr. Lewis said.

New fast-service line opens in cafeteria

An expanded fast-service line in the employe cafeteria is offering a larger selection of food items at lunch time for Barnes personnel.

The new line is located in the northeast corner of the cafeteria and provides an expanded menu from the former fast service line which was

started in January, 1974. The new line opened Oct. 2.

New equipment was purchased which now offers freshly-cooked hamburgers, milkshakes, and French fries in addition to other hot and cold sandwiches, soups, salads, beverages and desserts.

Doris Canada, director of dietetics, said the new line operates on a "scramble" system. "People don't have to wait in line to get their food," Mrs. Canada said. "People can go to the food they want to pick up, pay and leave. We think people will find there is little waiting in the line. Some people have only 30 minutes for lunch and time is important."

Popular items, such as roast beef sandwiches, are available in the new line as they were in the old. One of the main changes, however, has been hamburgers. "Prior to getting the new line in service, we made the hamburgers in the kitchen. The quality of the hamburger was good but it was not as hot as the hamburger which is now available. Now an employe can watch the hamburger as it is broiled. It is a very quick process."

Mrs. Canada said that the location of the new line enables persons to enter and leave from the Renard corridor. "Previously we had people entering from the Barnard corridor and we sometimes had a bottleneck because that entrance is used mainly for persons who are going through our regular cafeteria lines. We think the location of the new line will help decrease congestion."

The new line is open from 11:15 a.m. to 1:15 p.m. and offers hamburgers for \$.70, French fries for \$.25 and milkshakes for \$.30. Prices for the original menu foods have remained the same. The line is all self-service.

Meningitis study is funded by grant

Dr. Ralph Feigen, Barnes pediatrician, is principal investigator for a three-year study to evaluate childhood bacterial meningitis. The study is being funded by a \$184,966 grant from the National Institute of Neurologic Diseases and Stroke.

The study is designed to assess methods of therapy and to evaluate the long-term effects of bacterial meningitis. Researchers also will study the pathogenesis of the disease in an attempt to find reason for its increased incidence. Dr. Feigen said the disease is one of the most important life-threatening disorders of childhood.



Many Barnes employes are customers at the new fast service line located in the Barnes cafeteria.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from Sept. 12 to Oct. 16, 1975.

IN MEMORY OF:

Harry E. Wuerthenbaecher

Mr. and Mrs. James P. Hickok
Mr. and Mrs. Jerry Wightman
Mrs. Mary Hord Perry
Dr. and Mrs. Clinton Welsh Lane
Mrs. Jerome A. Combs
E. R. Culver, III
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Oscar Pearl

Mr. and Mrs. Sid Levinson
Mr. and Mrs. George Savage

John G. Moore

Mr. and Mrs. Joe E. Dowell

Mrs. Margaret Thomas

Barnes Hospital Board of Directors

IN HONOR OF:

Mr. and Mrs. Henry Winer

Mr. and Mrs. Sid Levinson

Recovery of Eula Fulton

Marcia Kopitsky

Recovery of Al Gerber

Stan and Natalie Wald

Heart Research

LaBelle (Mo.) Community Fund

Barnes Hospital

Kendall D. Clowe

Cancer Research

C. D. DePew

Birthday of Rose Sheffler

Mr. and Mrs. Julius H. Drucker

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Constance C. Barton Director

Jim Hubbard Associate Editor

Daisy Kramer Associate Editor

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Endowment Fund

Mrs. A. W. Baum
Joseph T. Greco
Glen Harvey
Larry Sturgeon
Dena Rogers
Fae Powell
Joe P. Hall
Annie L. Ward
Donald P. Pray
Bernice A. Krieg
Robert Ward
John McKay
Amelia G. Shasserre
William A. Sohn
Dubois T. C. Chen

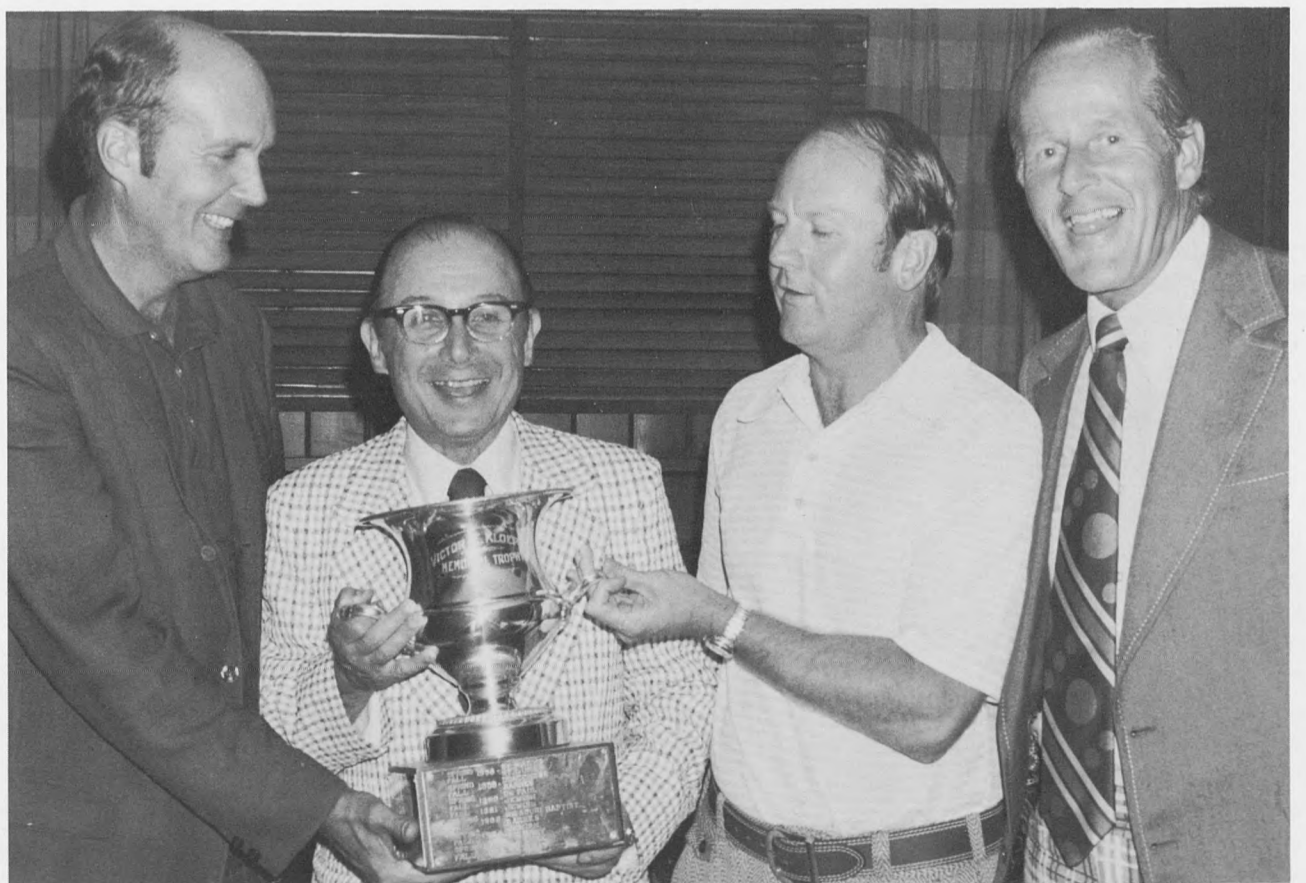
Patient Care Fund

Dot M. Roby	Elizabeth O. Stokes
Marion J. Bono	Myrtle Tulo
Whittaker Wobus	E. G. Higdon
George Redford Turner	Keith Foster
Marina Holmes	Flossie Taylor
Grover Hohenstreet	Viola Schoenfeld
Amelia Prelec	Darwood Sheriffs
Alphons Gorenwewegen	C. L. Thomas
Clarence J. Wright	

Emergency Service Fund

Susan Ruth Hacker	Georgia C. Donnelly
Loris Tourijigian	Sammie McCollough
Mae A. Mayer	Mina R. Steinmeyer
Sophia Uhrmacher	Linda Hartman
Olivia Stevenson	Vernice Prothro
Elsie Traufler	Sylvester Hogan
Donna Scharfenberger	Virgia Lee Carter
Joseph Renner	Hortense Cook
Emanuel Suessmann	Barbara J. Havis
Norah B. Melton	Sylvia A. Killy
Edna L. Lowe	Sophia Wilson
Walter A. Schmid	

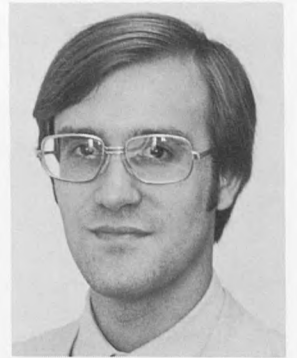
Barnes doctors win traveling golf trophy



A foursome of Barnes physicians won the first place Kloepper trophy during the recent St. Louis Medical Golf Tournament at Crystal Lake Country Club. Receiving the trophy are, from left, Dr. G. Lynn Krause,

Barnes has new administrative resident

Robert Maurer, a graduate of the University of Cincinnati, has joined the hospital staff as an administrative resident. Mr. Maurer is from Pompano Beach, Fla., and is working on his degree in hospital administration at Washington University School of Medicine.



He began work at Barnes Sept. 2 and for the next nine months will handle selected administrative responsibilities as he gains practical experience. His interests include photography, travel, cooking and music.

Doctors' notes

Dr. Janice Willms, a resident at Barnes from 1961 to 1965, has joined the staff of Altoona (Pa.) Hospital as associate director of the hospital's Family Practice Residency program.

Dr. Stephen Lee Kash, who recently completed his third year as a resident in ophthalmic surgery at Barnes, has gone into practice in Wilmington, N.C.

Dr. Amoz Chernoff, a former Barnes resident physician, has been named the medical and scientific director of the Cystic Fibrosis Foundation. He has been serving as director of the University of Tennessee Memorial Research Center in Knoxville.

Dr. Arthur Prenskey, Barnes pediatrician, has been named to receive the newly-created Allen P. and Josephine B. Green Professorship in Pediatric Neurology at Washington University School of Medicine. The professorship is funded by a grant from the Green Foundation.

Dr. Marvin Levin, Dr. Leslie Walker and Dr. Charles Abel. The trophy is currently on display in the hobby showcase in the East Pavilion.

Unit managers seminar held at Barnes

A day-long seminar to assess the role of unit managers in the health care community was held Oct. 3 at Barnes Hospital.

John Thompson, an instructor in the education division of the nursing service, coordinated the seminar which was attended by approximately 60 unit managers, including 15 from Barnes, representing hospitals in the metropolitan St. Louis area.

Keynote speaker was Mary Ann Hess, training director of DePaul Hospital, who spoke on the "Role of the Unit Manager in the Life of the Nursing Division." Barnes unit managers Wandy Simmons and Bill Matula made presentations during the seminar and tours were conducted of hospital nursing divisions.

A videotape showing unit managers and unit clerks at work was presented, and Maureen Byrnes, associate director in the nursing service, conducted an evaluation portion of the seminar. The seminar was the first of its kind in the St. Louis area.

Hospital happenings

William Burkett, security director, was recently elected vice-chairman of the St. Louis chapter of the American Society for Industrial Security.

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Anne Strozier of the social work department at Barnes was among speakers at a national conference on "The Invisible Elderly." The conference was held at St. Louis University and focused on elderly persons living alone in hotels which supply sleeping rooms only, with no supportive services.

Employees may now obtain 1976-77 parking permit stickers in the security office. The stickers are required for the two employe parking lots located at Clayton and Newstead, and Duncan and Taylor street lots. The stickers must be in place by Jan. 1.

Doctor's notes

Dr. Henry Schwartz, neurosurgeon, recently received the Distinguished Service Award of the Society of Neurological Surgeons at a meeting in Dallas, Texas, and was elected first vice-president of the American Surgical Association at a meeting in Quebec. He is currently serving as editor of the *Journal of Neurosurgery*, the official publication of the American Association of Neurological Surgeons.

Dr. Paul Lacy, pathologist-in-chief, recently had a paper entitled "Endocrine Secretary Mechanism: A Review" published in the April issue of the *American Journal of Pathology*.

Dr. John Vavra, Barnes physician, was among speakers at a recent regional meeting of research nurses and dietitians held at the Cheshire Inn. Participants work in clinical research centers supported by the National Institutes of Health.

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