

# Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, May 1977, Volume XXXI, Number 5

## Dr. Post to lead Barnes society

Dr. Lawrence Post, Jr., ophthalmologist, was installed as president as officers were elected for the Barnes Hospital Society during the group's meeting April 21.

Dr. Harry Morgan, orthopedic surgeon, is president-elect; Dr. Robert Stanley, radiologist, is vice president; and Dr. Duane Cozart, physician, is secretary-treasurer.

A plaque of recognition was presented to Dr. M. Richard Carlin who served as president during the past year. New council members elected were Dr. Wanda Lamp, psychiatrist; Dr. Robert Goell, obstetrician-gynecologist; and Dr. Fredric Askin, surgical pathologist. Dr. Raymond Doucette, obstetrician-gynecologist, was elected representative to the Medical Advisory Committee.

The meeting's program included a presentation by Dr. William Owens, anesthesiologist and medical director of the respiratory therapy department. He spoke on "The Respiratory Therapy Department—An Update."



Dr. Lawrence Post, left, new president of the Barnes Hospital Society, congratulates Dr. M. Richard Carlin, who recently completed a term as president.

## Director emeritus dies

As the *Bulletin* went to press word was received of the death of Robert W. Otto, 84, a member of the Barnes board of directors since 1956 and a director emeritus since 1973. He died at Barnes May 2 following a brief illness.

Mr. Otto was president of Laclede Gas Co. from 1947 to 1974 and also served as Missouri Attorney General and Justice of the Missouri Supreme Court.

A completed obituary will be printed in the June issue of *Barnes Bulletin*.

**Front Cover:** Dr. Clarence Weldon, left, and Dr. Joseph Sandza, performing an open-heart operation at Barnes. (See related stories pages 1 and 4)



Participants in the Auxiliary luncheon program included, from left, Dr. Clarence Weldon, cardiothoracic surgeon-in-chief; Barnes President Robert E. Frank; Auxiliary President Clara Tremayne; Joe Sullivan, di-

rector of operations for the Football Cardinals; and Raymond E. Rowland, chairman of the Barnes board of directors.

## One pledge completed, another announced at Auxiliary luncheon

A pledge of \$850,000 for a new cardiothoracic intensive care unit was completed April 21 when the Barnes Auxiliary presented the hospital with checks totalling \$230,000.

Clara Tremayne, Auxiliary president during the past two years, made the check presentations to Raymond E. Rowland, chairman of the board of directors, and board member Robert Hermann. One check for \$70,000 fulfilled the \$850,000 pledge toward the new cardiothoracic intensive care unit (see related story on page 4). The remaining \$160,000 of this year's gift will be applied toward a new Auxiliary project.

Mrs. Tremayne announced that the Auxiliary is undertaking a new pledge of \$1 million to build one patient care floor of the new West Pavilion. The pledge is to be completed in six years.

Also participating in the luncheon ceremonies were Dr. Clarence Weldon, cardiothoracic surgeon-in-chief; Joe Sullivan, director of operations for the Football Cardinals who recently had coronary by-pass surgery and was a patient in the cardiothoracic intensive care unit; and Barnes President Robert E. Frank.

This year's gift came during the annual spring luncheon for the Auxiliary. New officers were elected, individuals and groups were given special recognition and Barnes dietitian Kathy McClusky spoke on "Food—Good, Bad and Fad." She also answered questions from those attending the luncheon at Junior League headquarters in Richmond Heights.

In announcing the completion of the current pledge, Mrs. Tremayne said that total Auxiliary contributions to the hospital since the group was organized in 1959 has gone over the \$1.6 million mark. Last year \$220,000 was given by the group. All monies are earned by in-hospital projects including the operations of the Wishing Well gift shop, Nearly New Shop, Baby Photo service and Tribute Fund.

(Continued on page 2)



Kathy McClusky spoke on "Food—Good, Bad and Fad" during the Auxiliary luncheon.



Clara Tremayne, Auxiliary president, made the check presentation to Raymond E. Rowland, chairman of the hospital's board of directors.

## Auxiliary pledge . . .

(Continued from page 1)

The Auxiliary also sponsors the volunteer services at Barnes. Last year more than 600 volunteers contributed more than 76,000 hours of service to the hospital in a wide variety of areas, many involving aspects of patient care.

Mr. Rowland said the Auxiliary is a good example of why Barnes is an excellent hospital. He said that the time and effort put forth by Auxiliary members cannot be measured in dollars and cents. Mr. Frank said that Auxilians and volunteers are important parts of the total health care team.

"We know that attention to detail, the little extra effort which we all try to put forth, makes a great difference in how a patient feels about his or her hospitalization. The work of Auxiliary members and volunteers contributes greatly to the positive feeling which most patients have about Barnes.

"We appreciate the time you give to Barnes. We appreciate the gift of money which enables Barnes to continue to provide the facilities and equipment needed for superior patient care," Mr. Frank said. "But most of all we appreciate you because you truly put the care into caring at Barnes."

Dr. Weldon expressed his appreciation for the hard work which is resulting in the large financial gift to build the intensive care area. Dr. Weldon originated the idea of the area, isolated from other services for prevention of infections, which will become reality when the West Pavilion is completed in 1980.

Mr. Sullivan, a familiar face to many St. Louisans who follow the Football Cardinals, was a patient at Barnes during March and had a coronary by-pass procedure. As is normal, Mr. Sullivan spent several days in the intensive care unit and then as a patient on the cardiothoracic surgery floor, 2200.

He also is known for his telephone conversations with KMOX Radio personality Jack Carney. Mr. Sullivan was Mr. Carney's frequent guest via telephone even during hospitalization. "I wanted to speak at this luncheon because I have seen first hand the medical necessity for such intensive care," Mr. Sullivan said. "I can never say enough about the doctors, nurses and all other personnel at Barnes. They are the best. And I think you also are the best because of your ef-

forts to contribute so much to the healing process of Barnes patients."

Mrs. McClusky spoke on the need for proper nutrition education cautioning her listeners to be wary of fad diets which could lead to medical problems. "We advise the patients we see to contact a doctor before going on a diet. Sometimes even a minor variation in the amount or type of food intake can produce serious consequences."

New officers were installed during the meeting. Elected to two-year terms were Carol Minor, president; Mary Barenkamp, vice president for volunteer services; and Shirley Pfeifle, recording secretary. Continuing in the second year of two-year terms are Arthur Niemoeller, vice president-finance; Elaine Wenneker, vice president-program and hospitality; Doris Smith, treasurer; Flossie Hartman, assistant treasurer; and Edith Curtis, corresponding secretary.

Officers completing their two-year terms were Mrs. Tremayne; Lynn Bachmann, vice president for volunteer services; and Ruth Sneed, recording secretary.

New members of the nominating committee are Thelma Clark and Ruth Sneed. They join Lynn Bachmann, Billie Erickson, Dorothy Savage, Victoria Drieke and Lee Hayward. Mrs. Wenneker coordinated this year's luncheon.

Certificates of Appreciation were presented to 15 individuals and groups who have made special contributions to the Auxiliary and to the hospital.



Newly-elected Auxiliary president Carol Minor received a fire chief's hat symbolizing her new position in the organization.

## Dr. Kipnis leads advisory board

Dr. David Kipnis, physician-in-chief at Barnes, has been appointed chairman of the National Diabetes Advisory Board.

Dr. Kipnis, who has conducted extensive diabetes research, will direct the board as it reviews and evaluates the implementation of the long-range plan formulated by the National Commission on Diabetes to combat diabetes mellitus.

The National Diabetes Advisory Board is composed of 23 members, including seven physicians and scientists, all appointed by the Secretary of Health, Education and Welfare. Dr. Kipnis will serve as chairman through September, 1980.

## Doctor is for home blood pressure checks

A Barnes neurologist recommends that persons with diagnosed hypertension (high blood pressure) acquire blood pressure cuffs and stethoscopes so that they may check their blood pressure at home. These devices can be purchased at any medical supply house and advice about different models should come from the physician.

Dr. Joseph Hanaway said that the devices are relatively inexpensive and can be very valuable in controlling the disease. His advice comes during National High Blood Pressure Month being observed during May.

Hypertension affects an estimated 23 million Americans and untreated hypertension is an important contributor to almost 300,000 deaths per year, according to the U.S. Public Health Service of HEW. National High Blood Pressure Month is being sponsored by HEW's National Heart and Lung Institute.

Dr. Hanaway, a proponent of public education to emphasize the real dangers of hypertension, said that it is a significant factor leading to coronary heart disease, stroke and kidney failure.

He said that taking one's own blood pressure is a simple process but recommends that it be supervised by a doctor initially to be sure the cuff and stethoscope are being used properly. The patient should practice and then compare readings with a doctor or R.N. "If these readings are close, then it can be assumed the person is determining the blood pressure correctly.

"The key to controlling hypertension is to determine the blood pressure on a regular basis," Dr. Hanaway said. "If a person has to go to a doctor or clinic each time, the chances are that it will be checked on an irregular basis or not at all. Lack of knowledge about one's blood pressure and infrequent determinations are responsible for poor control."

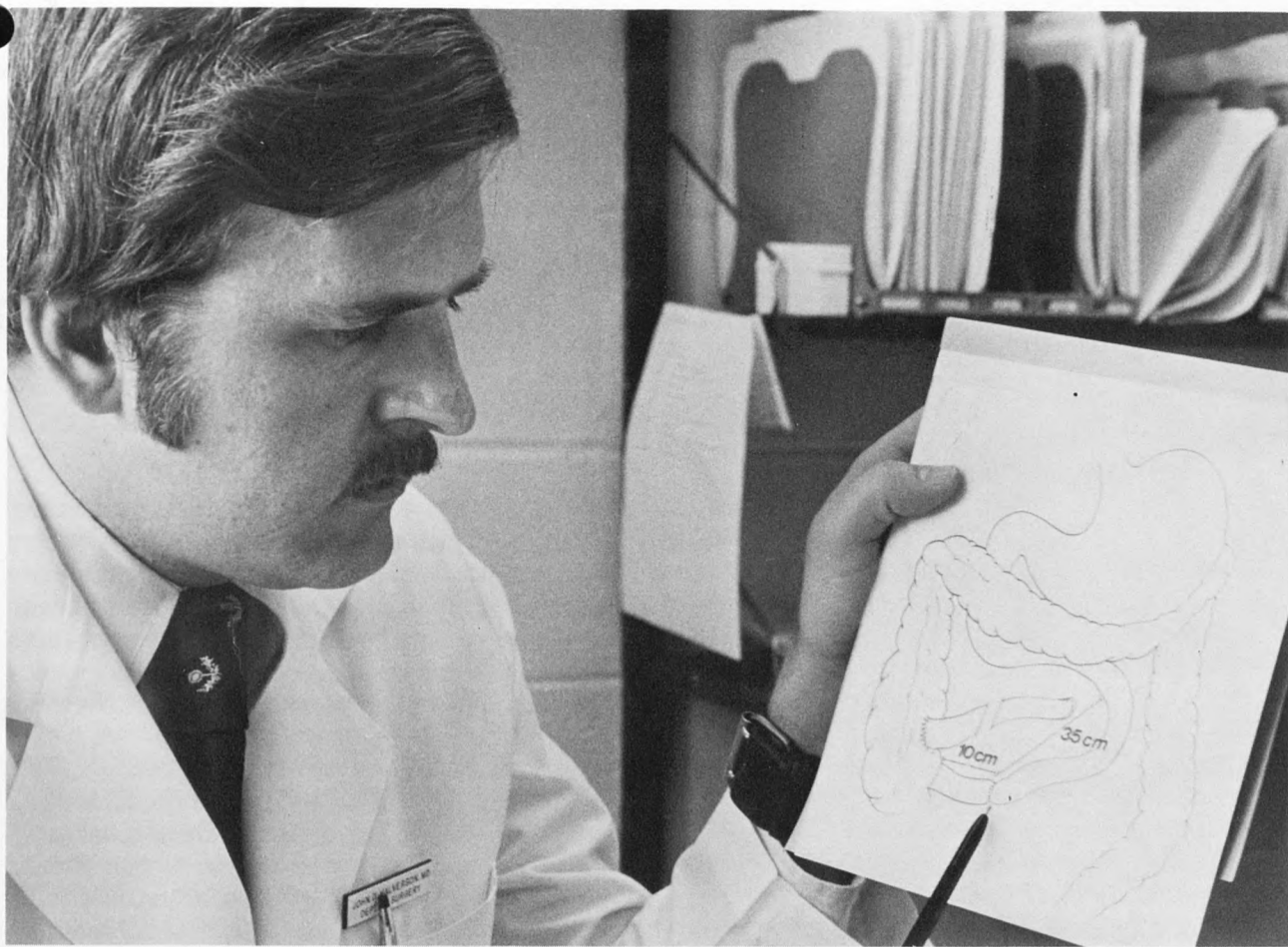
He said that hypertension is the number one risk factor in stroke and "is the most common health problem in the background of the vast majority of stroke patients. Many otherwise healthy people never know their blood pressure is elevated until they seek medical care for something else, or have a stroke."

He said that hypertension is a tragedy because it is treatable in most cases. "The outcome of the hypertensive individual could be improved significantly if people knew more about it and if they were taught to control it as diabetics are to control their disease. In this age of increased public awareness of medical problems the patient must take more responsibility for his own health.

"The ultimate level of prevention will be when hypertensive patients are trained to monitor their own blood pressure at home and adjust their own medicine with adequate medical supervision," Dr. Hanaway said. "This may sound radical but so did self-administration of insulin in the 1930's."

## Duke surgeon visits

Dr. Samuel A. Wells, a member of the staff of Duke University Medical Center in Durham, N.C., was the tenth Evarts A. Graham visiting Professor of Surgery April 29 and 30. He spoke on "Transplantation of Parathyroid Glands" and "The Diagnosis and Surgical Management of Multiple Endocrine Neoplasia Type II."



Dr. John Halverson demonstrates jejunoileal bypass procedures which he says can lead to serious complications.

## Barnes surgeon warns of procedure complications

A Barnes surgeon has warned that a generally accepted surgical procedure to control obesity may result in life-threatening complications and urges the jejunoileal bypass only be performed for patients who suffer immediate, life-threatening problems caused by obesity.

Dr. John Halverson said that a five-year study, involving 101 patients undergoing the operation at Barnes, showed that more than 20 percent of the patients had to have the operations reversed and that almost 60 percent suffered serious complications.

The findings are contained in a paper written on the study conducted by Dr. Halverson; Dr. Walter Ballinger, surgeon-in-chief at Barnes; and Dr. Leslie Wise.

The jejunoileal bypass operation has grown in popularity since the late 1960s. It involves bypassing 90 percent of the small intestine so that absorption of food into the body is decreased. Generally, persons who have had the bypass have experienced significant weight loss, and many have improved self-images.

However Dr. Halverson said that comparatively little information is available on the post-operative complications of the jejunoileal bypass patients. "We decided that there was a need for a controlled, exhaustive study to determine the safety of the procedure," Dr. Halverson said.

"Our findings indicate that the jejunoileal bypass is a severely crippling procedure from a metabolic standpoint and is not acceptable to us as a means of treating morbid obesity except perhaps in cases where a patient's life is imminently threatened by obesity."

Major complications have been liver failure, gall stones, fluid and electrolyte imbalances, liver fibrosis and urinary tract stones. A lack of Vitamin D that many of these patients have may result in weakness of the skeletal system. Almost half of the patients have required reoperation since their bypass.

Morbid obesity is defined as being two times or more than the body's ideal weight. Historically, morbid obesity has been treated by medical management of the problem. "Another factor that we are seeing is that being overweight, or obese, is not culturally accepted in this country," Dr. Halverson said. "Most Americans are, or will be overweight at some point in their lives."

He said that many overweight persons look for simple ways by which to lose weight. "The jejunoileal bypass is attractive to many people," Dr. Halverson said. "And this is why so many of the procedures are being performed. Unfortunately, we have found that it may well not be acceptable in terms of possible complications."

The study states that, in general, the number of patients having abnormal liver function tests decreased with time following the procedure but that liver complications within the first months were present in many patients. Six patients (seven percent of the total) developed liver failure within 14 months of the surgery.

The greatest changes in serum electrolytes were seen in potassium and magnesium, and most patients required supplements at some point in their postoperative care. Also, more than one-half of the patients developed hypocalcemia (lack of calcium).

Gallstones formed in 13 percent of the patients and most required surgery to correct that condition. Some patients developed urinary tract stones. A form of arthritis developed in 19 percent of the patients. A temporary thinning of the hair was noted in 24 percent of the patients and others developed some form of psychiatric problems.

"I think it is important to note that we have never performed this operation on a 'demand' basis," Dr. Halverson said. "We have been very selective in types of patients who were accepted into the study group. Now that the study has been finished, we are concerned about the large number of persons throughout the country who may not be fully aware of some of the complications arising from the surgery."

Dr. Halverson said that surgeons here are currently evaluating the effectiveness of a different procedure, a gastric bypass, which appears to achieve similar results but without the complications of the jejunoileal bypass.

## Ophthalmologist honored as Teacher of Year

Dr. H. Phillip Venable, an assistant ophthalmologist at Barnes and director of the department of ophthalmology at Homer G. Phillips Hospital, has been chosen Man and Teacher of the Year by residents and medical students at Phillips. He was honored at a banquet marking the 32nd annual convention of the Phillips Alumni Association on April 27.

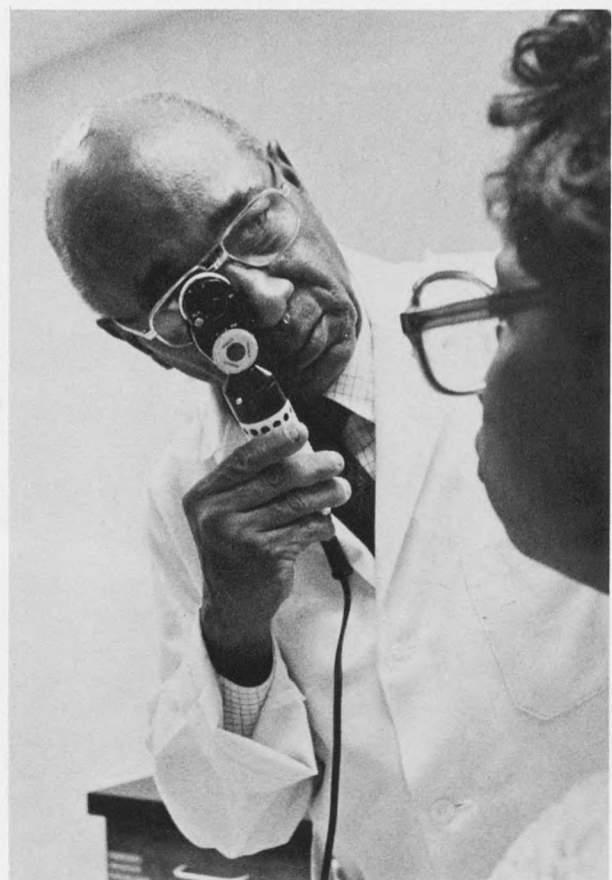
In commenting on this honor, Dr. Venable said that his philosophy of life has always been to give every man a chance to prove himself and attain his goal. "In my relations with medical students, nurses and residents over a period of 33 years, I have tried to find a spark in their character—be it ever so dim—and supply the fuel to develop that spark into the flame of knowledge.

"I have continuously encouraged my residents and students to persist in their quest for knowledge and technical skills. More importantly, I have emphasized over and over again that in their quest for knowledge and skills they must never impede nor deny that right to others."

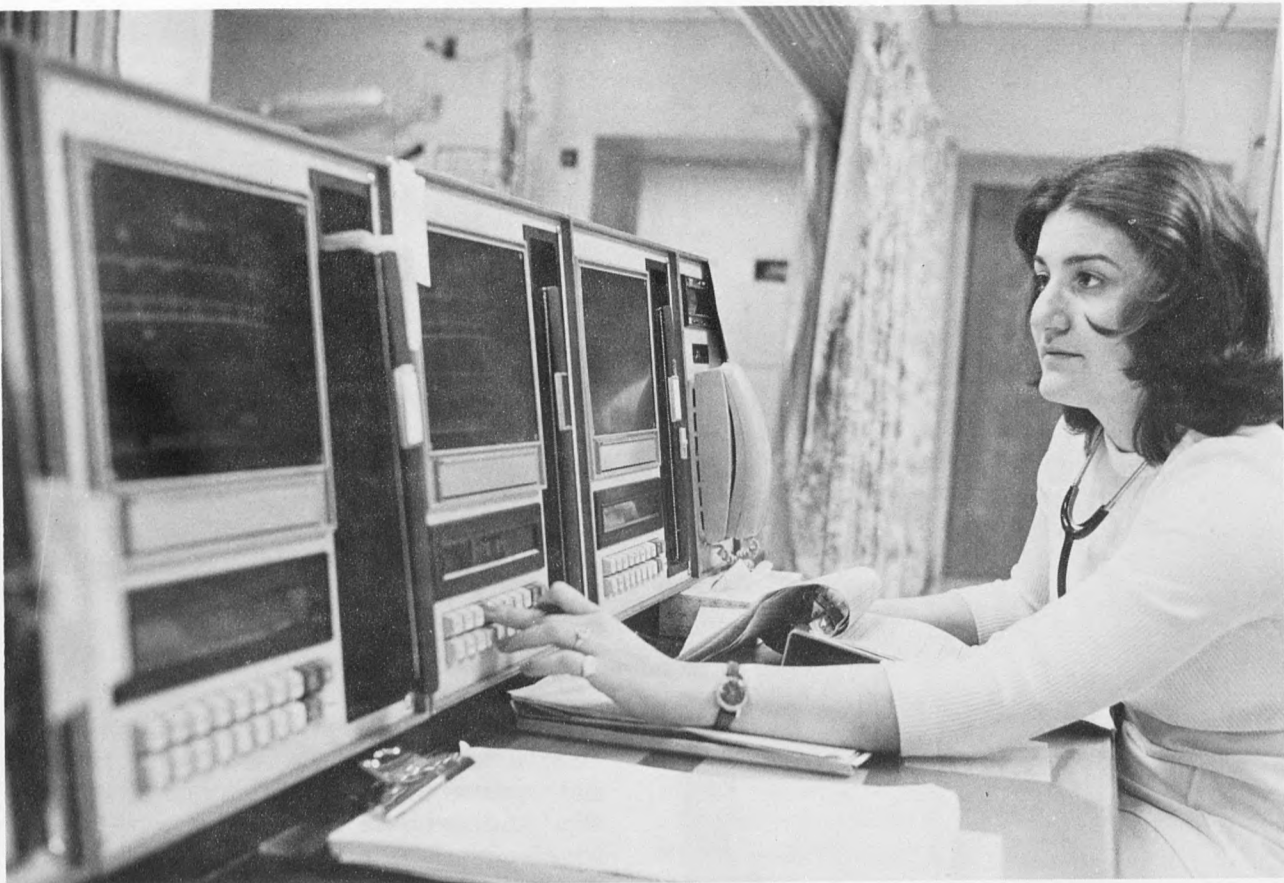
Dr. Venable feels his most important contributions to medicine are his studies on glaucoma in the Negro and pseudotumor cerebri, an eye disorder that affects mainly young and middle-aged Negro women. "My findings regarding glaucoma in the Negro, published in 1952, were controversial at the time and not accepted by ophthalmologists until ten years later," he said.

Dr. Venable is a member of various professional organizations, and was recently notified that he will become a Life Fellow of the American Academy of Ophthalmology and Otolaryngology on January 1, 1978. He became a diplomate of the American Board of Ophthalmology in 1944 and is a member of the Pan American Congress of Ophthalmology, the American College of Surgeons, and the International Congress of Ophthalmology. In addition he is a member of the board of admissions of Washington University School of Medicine.

He and his wife Katie live in Ballwin. His daughter, Louise, is an associate librarian at Olin Library, Washington University.

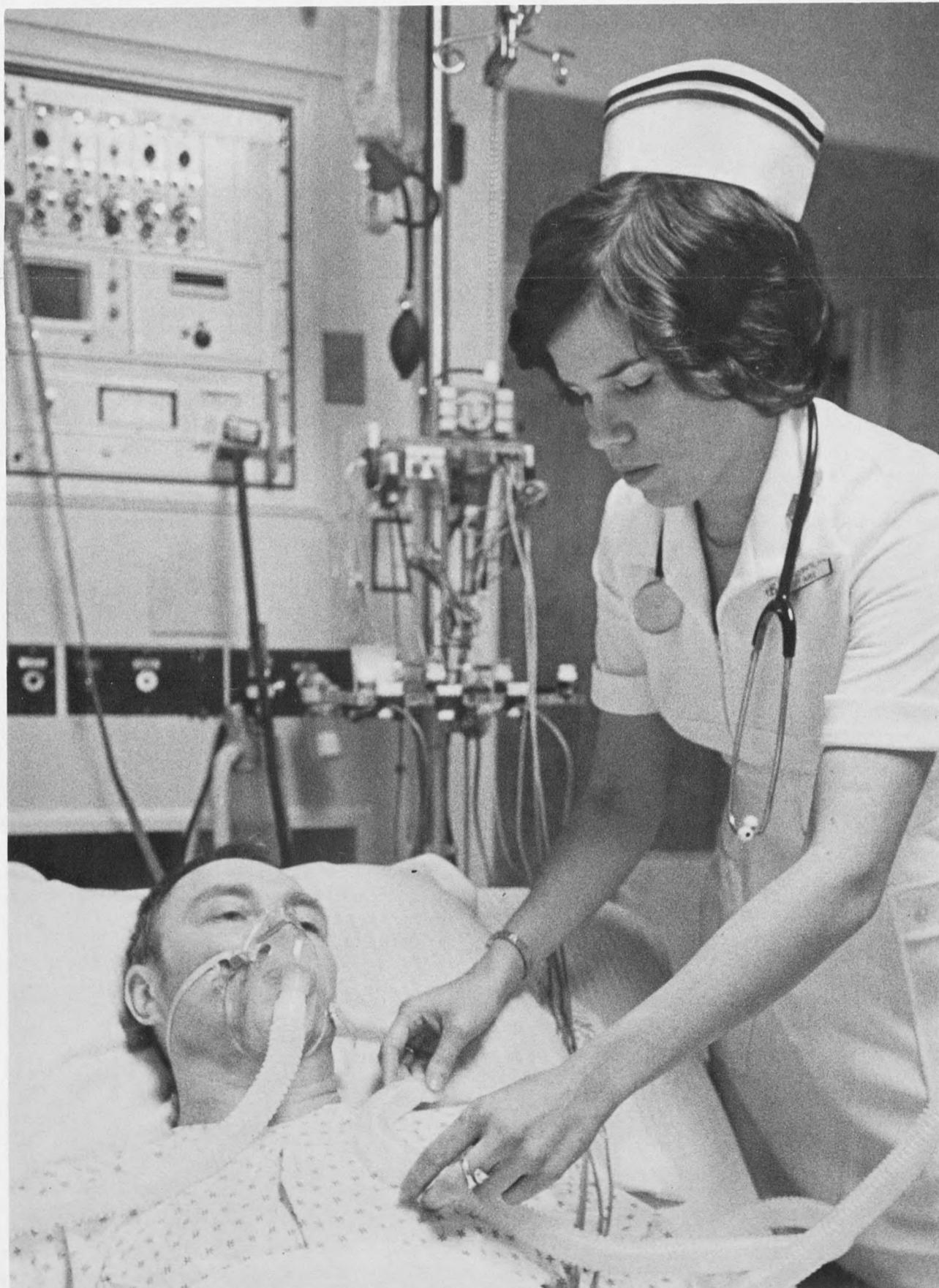


Dr. H. Phillip Venable



RN Susan Halpern, above, checks monitors which keep close track of the progress of intensive care patients.

RN Susan Postlewaite, below, attends to patient in the cardiothoracic intensive care area in the Rand-Johnson building.



# Cardiot

## Patients benefit from spec

"The first thing I thought of was that I was alive, I had made it through," said one Barnes patient upon waking in the cardiothoracic intensive care unit following open-heart surgery. "And even though there were times during my stay in intensive care that I didn't know exactly what was going on, I remember the nurses, the doctors and the short, but frequent visits by my family."

Approximately 400 persons undergo open-heart surgery each year at Barnes and are hospitalized in the cardiothoracic ICU or on the second floor of the Rand-Johnson building where the ICU is located. The present seven-bed unit features extensive monitoring equipment and other specialized equipment and was recently expanded from four. The area will be incorporated into the new cardiothoracic floor when the West Pavilion is completed. Part of the cost for the new floor has been paid through a pledge by the Barnes Hospital Auxiliary. (See related story on page 1). The building is expected to be completed in 1980.

Dr. Clarence Weldon, cardiothoracic surgeon-in-chief, said the proposed unit will undoubtedly be the best available in the United States. He said that the present intensive care unit meets the needs of Barnes patients but frequently cannot accommodate all cardiothoracic patients. The new unit will not increase the number of beds for cardiothoracic surgery. Instead it will centralize chest surgery into one area, on one floor.

"The new unit will have three operating rooms next to a 12-bed intensive care unit so that the patient will not have to be moved as far as is now the case. It also will provide for more isolation than we now have. This is important because of the danger of infection."

Dr. Weldon said that planning for the new cardiothoracic ICU began when the decision was made by the Barnes board of directors to build the West Pavilion. "It became apparent that some of the area we currently occupy would have to be renovated and we saw the opportunity to provide for the total care of cardiothoracic surgery patients in one area."

Dr. Weldon originated the idea of one unit for pre-operative and post-operative patients as well as those receiving pacemakers or undergoing other procedures. The core of the new unit is composed of three operating rooms, a small recovery area, the intensive care area and dressing areas for staff members.

Adjacent to the core area is an area to house computer facilities needed for the highly-sophisticated monitoring equipment enabling doctors and nurses to keep close track of the needs of the patients. The computer system for the present ICU and the planned unit has been custom designed by the bio-medical computer laboratory of Washington University School of Medicine.

One of the significant features of the ICU will be the isolation standards which will be built into it. "Infection is one of the most serious problems which our patients face," Dr. Weldon said. "What we are doing is to minimize the risk of patients being exposed to anything which can result in infection." Sur-

# Thoracic

## Specialized ICU

Surrounding the core will be private and semi-private rooms, two nursing stations, two waiting rooms for relatives, teaching areas, an area for implanting pacemakers, and other areas for related tests and procedures.

The plans for the West Pavilion unit were developed over one and one-half years in consultation with nurses, technicians, heart and lung perfusionists and computer specialists.

Dr. Weldon said an important aspect of the new unit will be that it will permit even greater excellence in the training of nurses and doctors. "Patients will benefit from the continuity of care which we will be able to provide. For example, the same nurse that the patient sees in the ICU often will be the same nurse that cares for patients outside of the ICU."

Other personnel, who have been working in the Barnes operating rooms, will be centered in the new facility. A special team of cardiothoracic surgery nurses, heart and lung technicians, and anesthesiologists assist in all open-heart procedures.

The modern history of cardiac surgery began in the 1940s when surgeons operated on the outside areas of the heart. Development of the heart-lung machine in the 1950s added a new dimension to cardiac surgery although the machine was not perfected until the late 1950s. The machine allows surgeons to bypass the heart's blood flow so that the heart may be free of blood. The heart-lung machine effectively takes over the heart's operation during surgery.

In the late 1960s and early 1970s many surgical procedures became standard and a 4-bed cardiothoracic ICU was constructed at Barnes. Two years ago the ICU was expanded from four beds to seven.

Dr. Weldon attributes the steady growth in utilization of cardiothoracic surgery facilities to the availability of coronary bypass procedure designed to relieve crushing chest pains in patients who suffer coronary artery disease.

Other cardiothoracic surgery procedures performed at Barnes on a regular basis are valve replacements, procedures to correct birth defects (Barnes performs all of Children's Hospital's surgery), pulmonary surgery, esophageal surgery and diagnostic procedures such as bronchoscopy and endoscopy.

Dr. Weldon spoke at the Barnes Auxiliary annual spring luncheon during which a check was presented completing the organization's pledge. He thanked the Auxiliary for their gift and said "The only thing I can say is that, in return for your generosity, I promise I will, with all my ability, strive to see that the facility is used to improve the excellence of care of the patients who have cardiothoracic surgery at Barnes Hospital."



Auxiliary President Clara Tremayne learns of care given in cardiothoracic intensive care unit.

Heart lung machine, at left, has enabled surgeons to perform complicated open-heart procedures.





Executive secretary Pat Berryman is escorted to receive her pin by Jay Purvis, associate director.



Chaplain David Wyatt offers the prayer before the employe service awards dinner.



Boutonnieres and corsages were presented to each of the honorees at the employe service awards dinner.



Among those receiving 25-year pins were, first row from left, LaFrances Cockrell, Mamie McAllister and Charity Moore; second row, Marie Watson, left, and

Bill Williams, right. Walter Hansas, director of personnel, center, served as master of ceremonies for the pin presentations.

## Employes honored at service award dinner

Seven Barnes employes marked 25 years of service to the hospital and were joined by approximately 80 other employes observing service anniversaries during a dinner April 22.

The service awards dinner program, held at the Chase-Park Plaza's Tiara Room, is the first of two dinners to be held during 1977. The dinner honored those employes celebrating 10, 15, 20 and 25 years of service to Barnes during the first six months of the year. (No employes observed 30 or more years of employment during that time period.) A second dinner will be held later in the year to recognize employes whose employment anniversaries occur between July 1 and Dec. 31.

The seven who have been employes 25 years are LaFrances Cockrell, Dottie Donaldson, Helen Keller, Mamie McAllister, Charity Moore, Marie Watson and William Williams. They received Barnes pins containing a diamond and two rubies. Those observing 20 years employment received a pin with three sapphires and 15-year honorees received pins containing three rubies. Ten-year honorees received a pin with one sapphire.

Pins were presented by hospital President Robert E. Frank and other administrators. Walter Hansas, assistant director and director of personnel, served as emcee for the evening. David Wyatt, Barnes chaplain, delivered the invocation.

The change to two dinners each year was made because of the size of the groups being honored.

Those receiving 20 year pins were Beatrice Anderson, Yadwiga Belkin, Ethel Breidenstein, Marie Goodwin, Delores Holly, Evelyn Ivey, Ora Johnson, Arethia King, Vivian Powell, Rose Stanford, Carrie Young and Maron Walker.

Receiving 15-year pins were Patricia Berryman, Rose Burton, Medford Dudley, Emma Fentress, Louise Grove, George Heine, Marcella Hoffman, Janice Ingersoll, Marva Johnson, Magnolia Mason, Lucille Meriwether, Mattie Perry, Robert Rechten, Barbara Rice, Ann Tissi, Charles Toye, Laverne Vassel and Vivian Winters.

Ten-year honorees were Doris Atkinson, Robert Ayers, Bernice Boaz, Doris Bost, JoAnn Bray, Carol Bulliner, Samella Burns, Marvin Bush, Carmelita Calhoun, Edward Chaffin, Jay Chilsolm, Ann Foggy, Winifred Gadell, Donna Granda, Shirley Green, Azie Griffin, Lee Grimes, Eletha Hamilton, Marlene Hartmann, Kathleen Johnson, Earline Jones, Marilyn Kennard, Patricia Keys, Maxine Knight and June Marshall.

Doris Martin, Shirley Meister, Dorothy McClure, Janet McNamara, Myrlene Moore, Violet Moore, Billie Morrison, Willie Mae Mosley, Stella Norman, Doris Nowden, Onnie Randolph, Cherylyn Robinson, Tommia Russell, Mary Sansevere, Centa Schmitz, LaVonda Spencer, Irene Stanley, Mary Tumulty, Bertha West, Laverne Weston, Jean Wildermuth, Naomi Williams, Ethelrine Wingo, Thomas Winston and Louise Woods.



## Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from March 19 to April 21, 1977.

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#### **Viola Pigossi's Rapid and Full Recovery**

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#### **Loretta Boenzle's Appointment as Grand Representative**

Martha Ramsey  
Marilyn Woods  
Louise Meffert

#### **Ruby Steen's Appointment as Grand Representative**

Martha Ramsey

#### **Ray Shockley**

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M/M K. L. Puckett

### Memorial Endowment Fund

Mrs. William Gleckler  
M/M James Wallace  
Glen Moore  
Anonymous

Joseph Greco  
Newell Augur  
Sylvester Cretter  
Thelma Cale

### Annual Charitable Fund

V. E. Metcalf  
Mrs. Harold Baer

Amelia Prelec  
Mabel McAdams



**Pat Manus**, a Barnes patient from Anna, Ill., painted a large bunny on his East Pavilion window to help celebrate Easter. Discussing the painting with Pat is Kathy Ruark, RN.

### Becomes president-elect

The Rev. Jerome Wilkerson, associate chaplain at Barnes and director of the medical center's Newman Center, has been elected president-elect of the Archdiocesan Chaplains Council. The council governs the 85-member organization of priests, sisters, brothers and lay people engaged in pastoral care of the sick in hospitals and nursing homes of the area.

### Dr. Evens Named Fellow

Dr. Ronald G. Evens, radiologist-in-chief at Barnes and director of Mallinckrodt Institute of Radiology, has been cited for distinguished medical achievements by being named a Fellow of the American College of Radiology. The recognition is based on scientific accomplishments, the performance of outstanding service as a teacher, and by their acceptance as leaders in radiology. He was also recently elected president of the Missouri Radiological Society.

### Perez addresses meetings

Dr. Carlos Perez, director of radiation oncology at Barnes, spoke on "Radiation Therapy in the Management of Carcinoma of the Lung" during a conference sponsored by the U.S.-Japanese Cooperative Cancer Research Program. He also spoke on "Role of Radiotherapy in Breast Cancer" in Akron, Ohio.

## Volunteer program is meeting topic

The volunteer labor and delivery coach program at Barnes were featured during the May meeting of Parent and Child/St. Louis, local chapter of the International Childbirth Education Association. The May program title was "Choices in Childbirth: A Look at Local Options."

Katie Beyer, director of volunteers, and Jane Sommer, chairman for the volunteer labor and delivery service at Barnes, spoke at the meeting set for Meramec College in Kirkwood.

At Barnes volunteers work with women in the labor and delivery areas, providing what one doctor described as "emotional intensive care" to obstetrics patients. The program was featured recently in a *St. Louis Post-Dispatch* newspaper article.

Parent and Child/St. Louis is a parent support organization working with the medical community to provide more pleasant birth and parenting experiences.

## Publishes brain scan atlas

Dr. Joseph Hanaway, Barnes neurologist, has published a book to aid in the interpretation of computerized brain scans by the EMI brain scanner. "Atlas of the Human Brain and Orbit for Computerized Tomography" is the second atlas of the human brain that Dr. Hanaway has published in the last two years.

## Barnes Bulletin

Barnes Hospital  
Barnes Hospital Plaza  
St. Louis, Mo. 63110

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## Dr. Gruenfeld dies

Dr. Gerhard E. Gruenfeld, a noted cancer surgeon who for many years worked with the staff of Barnes and Barnard Free Skin and Cancer Hospital, died of heart disease on March 29.

Dr. Gruenfeld, also a surgeon emeritus at Jewish Hospital, was 76. He had come to the United States from Berlin, Germany, in 1936. He is survived by his wife, Julia Bendix Gruenfeld, and a son, Ernest Gruenfeld, of New Jersey.

## Visiting professorship initiated

The first annual I. Jerome Flance Visiting Professor of Medicine was Dr. Eugene Robin Jr., professor of medicine at Stanford University. He spoke April 18 on "The Biochemical Basis of Pulmonary Disease."

## Speaks at meetings

Dr. Saul Boyarsky, Barnes urologist, spoke on "Surgery for Carcinoma of the Prostate" at the 41st annual meeting of the Southeastern Section of the American Urological Association in New Orleans and also conducted a day-long session on andrologic research in Palm Springs, Cal.

## Barnes receives certificate

Barnes Hospital has received a Certificate of Recognition from the American Hospital Association in acknowledgement of the hospital's efforts to more effectively monitor costs.

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