

Barnes Bulletin

Auxiliary takes lead for Medic Alert week

The Barnes Hospital Auxiliary is coordinating St. Louis area efforts to observe National Medic Alert week April 9-16.

Audrey Kolker, projects chairman and past-president of the Auxiliary, said that the efforts are directed toward making more people aware of Medic Alert and how they can benefit from its potentially lifesaving services.

Medic Alert is a California-based non-profit foundation which serves as an information center on persons with allergies, chronic illnesses or other "hidden" medical conditions which would be important to emergency medical personnel. A person allergic to penicillin, for instance, could wear a Medic Alert bracelet, pendant or other form of jewelry, to alert emergency personnel that penicillin could be fatal and another drug should be substituted.

When a person joins Medic Alert, the proper medical information is stored in files in California. A toll-free phone call at anytime of day or night to the foundation then gives medical personnel immediate information regarding specific problems that person has. In addition to the Medic Alert jewelry, wallet cards that can contain additional information are also provided.

The Medic Alert program was started at Barnes three years ago. The Auxiliary places Medic Alert information and application forms throughout the hospital on a continuing basis. Other hospitals and organizations in the St. Louis area also sponsor Medic Alert in their institutions or clubs.

This year increased emphasis is being placed on informing the general public about the foundation and its work. "We feel that Medic Alert can be very important for many people," Mrs. Kolker said. "We would hope that you might never be involved in an accident or contract a sudden illness. However, these things do happen, and Medic Alert information can speed correct treatment as well as prevent a usual treatment that could be harmful to a specific person."

It is estimated that 40 million Americans, almost 20 percent, have hidden medical problems such as cardiovascular disease, hemophilia, drug allergies, epilepsy and diabetes. Another major concern to the Medic Alert Foundation are wearers of contact lenses. In an emergency situation, lenses are often dislodged and become hidden and corneal damage could result if the lenses are left unnoticed in the eye.

Other special medical situations which emergency medical personnel should know about include implanted pacemakers, glaucoma and asthma. Experts point out that epileptics and diabetics are often mistaken for alcoholics when brought unconscious or incoherent to the emergency room. Medic Alert identifications can speed proper treatment, possibly saving lives.

Front cover: Despite fears to the contrary, Spring finally is coming to Barnes Hospital. Later this year the huge letters bearing the hospital's name will temporarily be taken down and stored until the West Pavilion is completed. They will then be placed on the west end of that structure.

Barnes Hospital, St. Louis, Missouri, April 1978, Volume XXXII, Number 4

Medic Alert was founded in 1956 by a physician whose daughter nearly died because no one knew she was allergic to tetanus antitoxin. He designed a bracelet for his daughter with a warning engraved on the back. Today more than one million people are members of Medic Alert and the number is growing at almost 2,000 persons weekly. Last year Medic Alert was directly credited with saving 2,000 lives.

The late Dr. Oscar P. Hampton, a Barnes orthopedic surgeon for many years, was a member of the Medic Alert medical advisory committee.

St. Louis efforts during Medic Alert week primarily are to call attention to the service and to make applications available to persons who request them. Applications and more information about Medic Alert may be obtained by contacting the Auxiliary office, 454-3489.

Barnes Annual Report shows challenges met

Controlling costs while maintaining high-quality medical care was a challenge successfully met at Barnes Hospital during the past year according to the 1977 Annual Report.

In their introduction, Raymond E. Rowland, chairman of Barnes Board of Directors, and Robert E. Frank, president of the hospital, point out that this goal was achieved through the hard work of employes and doctors, as well as the energetic support of a community that believes in the hospital.

The report shows that a record number of patients (1,150) were cared for in Barnes coronary care unit during 1977 and a record 4,053 babies were born. More than 1,000 radiologic tests were performed each day, and 380 open-heart operations were done in 1977.

A section of microvascular surgery was initiated in plastic surgery and new procedures and technology to benefit patients were introduced in several disciplines, including ophthalmology, cardiology, urology, neurosurgery, dermatology, cardiothoracic surgery, and metabolism.

The financial report shows that Barnes paid \$41.8 million in wages during 1977. Hospital statistics show that the average daily census was 1,018 and the average days stay was 9.26 as compared to 9.57 in the previous year.

The Annual Report is being mailed to persons who receive the *Barnes Bulletin*. Additional copies are available from the public relations office.

Auxiliary's spring luncheon set for April 19

Cylvia A. Sorkin, Ph.D., will be the featured speaker at the annual meeting and spring luncheon of Barnes Hospital's Auxiliary on April 19. The luncheon will be held at the Junior League Tearoom beginning at 11:30.

Dr. Sorkin, a noted business consultant, author, lecturer and TV personality, will discuss "It's What You Learn After You Know It All!" Other items of business will be election of officers and a vote on the changes proposed for the bylaws.



The ability to once again sign his name is just one of the benefits Marion Burton has already derived from his operation. The thumb on his left hand is being restored this month.

Microvascular surgery offers glimpse of future

The apposition of the thumb to the other four fingers of the human hand is one of the factors that has allowed man, as a species and as an individual, to advance far above other animals. Without the thumb, a hand loses most of its ability to grasp objects or to perform in a job that requires any use of the hands.

Marion Burton probably hadn't thought much about that observation in his 20 years and had taken the usefulness of his thumbs for granted until one day last August when the punch press at the tool and die company where he worked malfunctioned. He lost both thumbs and half of each middle finger.

He was rushed to a hospital in St. Charles and ultimately referred to the microvascular surgery section of Barnes plastic surgery department. Dr. Stephen Mathes, Barnes microvascular surgeon, said that the most common operation when a thumb is lost is to rotate the index finger to the thumb position so that it is in apposition to the middle finger. It was obvious, however, that in Mr. Burton's case this would not be a feasible procedure because his middle finger had been amputated at the joint. "The best bet was to transplant the big toe to the thumb position," Dr. Mathes said. "This not only gives an excellent functional result, but is cosmetically acceptable also."

In December, Mr. Burton's right big toe was

(Continued on page 2)



Dr. Mathes and Mr. Burton are both well pleased with the results of the operation—which also makes hand-shaking possible now.



The free flap transplant from Mr. Stillwell's groin has filled in the hole in his foot.

Microvascular surgery

(Continued from page 1)

transplanted to his right hand, giving him a thumb that has feeling and motion approximating a natural thumb. In early April the left toe will become the left thumb. "The loss of the big toes does not impede balance or make walking difficult," Dr. Mathes said.

This operation is one of many that has been made possible in the last decade by the development of microsurgical techniques. "Three things were necessary to make microvascular surgery a reality," Dr. Mathes pointed out, "the operating microscope, microsurgical instruments and micro sutures. We are sewing together blood vessels with an outside diameter of 0.5 to 1.2 mm. and the closure must be thoroughly tight and complete while at the same time the inside must remain smooth and open so that blood flows freely and clots do not form. The nerves, too, must be attached to retain feeling in the digit." The suture is a fraction of the diameter of a human hair and the needle resembles a sliver of the tip of a little finger nail.

The section of microvascular surgery was established in July, but even before its official existence some microsurgery procedures had been done at Barnes. Dr. R. Chris Wray, also a Barnes microvascular surgeon, had been performing replantation operations as long ago as 1972. "If an essential part is accidentally amputated cleanly, as by a power saw, it can be replanted with good result if proper procedures are followed in getting the patient and the cut-off part to a medical center where microsurgery is performed," Dr. Mathes said.

"In case of such an accident, the amputated part should be immediately placed in a plastic or

other waterproof bag and the bag placed in ice. If this is done, it will remain viable for replantation up to 11 hours. Anyone anywhere in the country can get to a medical center that does microsurgery in 11 hours." He cautions that the part should not be washed or tampered with in any way, no matter how much dirt or sawdust might be on it. "And never, never put it on dry ice. That will freeze and kill it." It will also be destroyed if it gets too warm.

The operation itself is a major one, taking perhaps 12 hours, so it is not undertaken lightly or done for every amputation. "Ten or 12 hours is a long time to keep anyone anesthetized. If a little finger is lost, we probably wouldn't subject the patient to this kind of surgery. However, if it is a thumb, or all four fingers, or the entire hand, that is a different story. A lot also depends on the age of the patient and how essential the amputated part is to his livelihood. The amputation must be clean so that the veins, nerves, arteries and muscles can be reattached. If the ends have been pulled apart or mangled, there is little chance the part can be saved."

One of the most recent advances in microsurgery is the free tissue transplant, which Dr. Mathes has used in a number of operations here. One example is the case of Gary Stillwell. Mr. Stillwell was erecting a concrete light standard when electricity arced from a power line and entered his right shoulder, exiting his left foot. He suffered electrical burns on his arms and chest and lost a large portion of his foot.

"Before surgery, only a thin skin graft covered the bone, and the foot was extremely painful and virtually useless. He needed use of it to earn a living." Microsurgery made it possible to take tissue from the patient's groin including arteries, veins and nerves, and transplant it to replace the lost tissue of the foot.

"Microsurgery is a new field with lots to offer in terms of patient care," Dr. Mathes said. "It can offer better results in many cases and shorter hospital stays. It is making possible things that were not dreamed of only a few years ago. It gives us some glimpse of surgery of the future."



Gary Stillwell was still on crutches when he was at Barnes for his checkup in March, but he will soon have total use of his foot.

Barnes hosts workshop of district auxiliaries

The Barnes Hospital Auxiliary hosted a workshop meeting of District Five of the Missouri Association of Hospital Auxiliaries April 3 in Wohl auditorium.

Speakers included Audrey Kolker, past-president of Barnes Auxiliary, who spoke on budget and finances for auxiliaries. Robert E. Frank, president of Barnes, welcomed auxiliaries attending the meeting from District Five, which includes the St. Louis area. Sally Moore of Barnes, Rose Bickel of St. Anthony's and Mrs. William Penney of St. Luke's spoke on gift shops.

Other speakers and their subjects included David Gee, president of Jewish Hospital, legislation; Don Backer, vice-president of community relations at Christian Hospitals, public relations and communications; Beth Hall, director of volunteer services at St. Luke's, and Louise Duke, director of volunteers at Missouri Baptist, both of whom spoke on volunteers and auxiliaries. Connie Schwarz, St. Louis University Hospitals, and Mrs. Stanley Cohen, Jewish, spoke on fund raising.

Juanetha Cade of Homer G. Phillips Hospital, district representative to the Missouri Association of Hospital Auxiliaries, coordinated the meeting.

Upholstery room opened as part of housekeeping

Upholstered furniture repair and reupholstering can now be done "inhospital," with the opening of an upholstery room as part of the housekeeping department. Mary Miner, Barnes' new upholsterer, began work in February in the upholstery shop, in the old sewing room in the basement of Maternity Hospital.

Mrs. Miner is working with Ernest Launsby, executive housekeeper, in developing the upholstery service for the hospital. Mrs. Miner has been upholstering for about 18 years, including working for some time in her own upholstery business. She will do hand repairs on items throughout the hospital and will have more severely damaged items taken to the upholstery room for complete reupholstery.

"The upholstery room will help us make repairs easier, faster and cheaper than if we were to continue sending the furniture out to be done," said Margaret Dorn, assistant executive housekeeper. She said Mrs. Miner will be responsible for upholstery repairs on all hospital-owned furniture, including office and patient furniture.

Grants awarded for neuromuscular research

A grant of \$320,000 has been awarded for 1977-1978 to the Jerry Lewis Neuromuscular Research Center here by the Muscular Dystrophy Association. The Center is one of 10 research facilities organized and supported by the Association.

In addition, a grant of \$50,129 was awarded to Dr. Michael H. Brooke, co-director of the Center, for continuation of his project, "clinical, biochemical and biomechanical changes in the course of neuromuscular diseases."

Other grants include \$15,500 to Ronald D. Fell for research in glycogen and \$14,580 to Dr. Robert H. Waterston for research into molecular genetics.



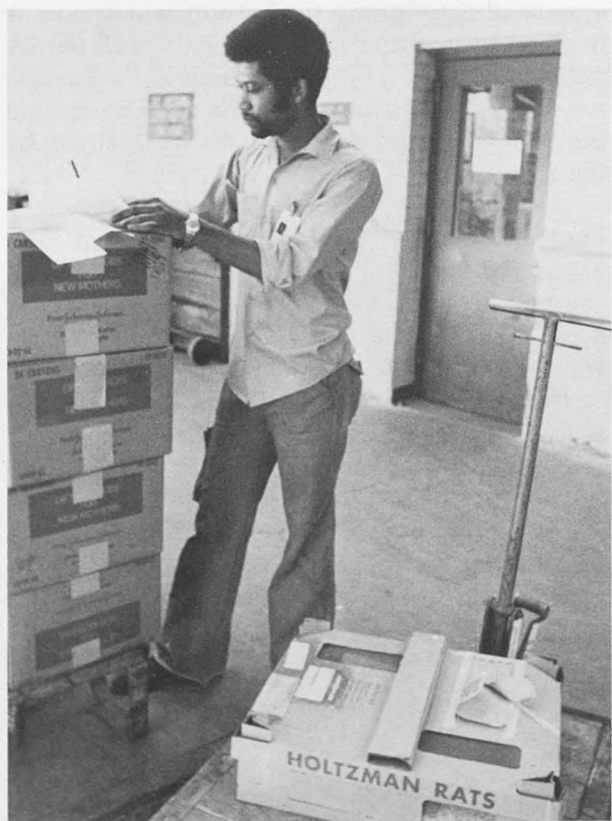
Hospital department keeps supplies coming

More than 65,000 shipments arrived on Barnes' doorstep last year, composed of products as varied as erasers, surgical instruments and noodles. One department carried the responsibility of seeing that the erasers went to a hospital office and not O.R. supply, and that the surgical instruments didn't beat the noodles to the kitchen. That department is Barnes' supply/receiving.

"The individuals in this department do an outstanding job," said Don McGeehan, supply manager. "Last year we did not have a single loss." The 14 employees are responsible for receiving shipments to the hospital and the medical school, maintaining the inventory on about 1,400 items and dispensing supplies to the various departments and nursing divisions.

In a year, more than eight million individual items are issued out of inventory through the hospital storeroom. These items include office supplies, nursing supplies and surgical supplies as well as canned goods, coffee and other pantry items for the kitchen. A computer helps keep track of the products as they come and go and reports when supplies are running low.

The computer system, connected with the purchasing department, was installed earlier this year and Mr. McGeehan says it is working "beau-



The receiving dock accepts shipments of varied products from beds to laboratory rats, in the foreground.

Barnes storeroom houses 1,400 different products regularly used by hospital and medical school departments.

tifully. Outages have been cut down. We know instantly what we have and how much." The computer has cut down on hand-work and potential for errors in the department, too, by automatically printing receipts for shipments.

Besides issuing supplies, the supply/receiving employees check all incoming shipments for accuracy and completeness, from boxes of safety pins to truckloads of beds. People from plant engineering and housekeeping assist in the dispersment of heavy supplies, such as office furniture and room furnishings. The cooperation of the three departments will soon escalate—when huge shipments of supplies begin arriving for the new West Pavilion.

Barnes holds down costs; receives incentive award

Barnes Hospital has received an incentive payment from Blue Cross for holding down hospital care costs. A payment of \$69,637 was awarded because Barnes costs during 1976 were significantly lower than other Missouri hospitals with contracts with Blue Cross.

Statewide, Missouri hospital costs increased by 17.46 percent during 1976 while at Barnes the cost increase was 12.74 percent, almost five percent lower than the state average.

Robert E. Frank, president of Barnes, said the award is further proof that good patient care can be provided at a reasonable cost when hospitals are committed to efficiency of operation. The 1978 Barnes budget, adopted by the board of directors in December, limits cost increases at Barnes to only nine percent over the previous year.

Service awards dinner set for April 14

A service awards dinner will be held at the Chase-Park Plaza on April 14 for 101 Barnes employees celebrating special anniversaries during the first half of 1978.

Those being honored include one person with 40 years' service and one with 35 years; five with 30 years; nine with 25 years; five with 20 years; 26 with 15 years; and 54 with ten years.

Another party will be held in the fall for employees with special anniversaries occurring from July 1 to December 31.

Barnes to participate in area conference

The rebirth of the Central West End will be celebrated May 5, 6 and 7 at a conference entitled "Phoenix and the Future" to be held at the Chase-Park Plaza Hotel. Barnes Hospital will participate in the conference with a display, hypertension screening and cardiopulmonary resuscitation demonstrations.

A joint effort by several Central West End groups, the conference is designed to tell of the changes in the area during recent years and to provide opportunities for social and civic organizations, businesses and institutions to inform the public about their services. Importantly, the conference also will feature discussion groups that will formulate future plans for the area.

Barnes Hospital Auxiliaries, volunteers and instructors from the education and training department will participate in the screenings and demonstrations.

A hypertension screening and education day held at Barnes in mid-March attracted more than 600 persons, many of them from outside the medical center. The program was so well received that future screenings will be held both at Barnes and in the community.

Nurse recruitment brochure wins award

A nurse recruitment brochure, developed last year for use by the Barnes nursing service, has won the Award of Merit from the International Association of Business Communicators (IABC). The award will be presented at the organization's annual meeting in Toronto in May.

The brochure, produced by the public relations office, contains information and photographs describing the various medical services at Barnes and the nurse's role in patient care here. It is used to recruit nurses to join the hospital staff.

IABC is an organization whose purpose is to promote quality communication in various forms, including printed material. The award was in the Special Print Communications category. Daisy Kramer, assistant director of public relations, wrote and supervised production of the brochure.



Lois Vahle, recruitment consultant in the nursing service, uses Barnes prize-winning brochure to educate potential nurse-employees about the opportunities in professional nursing at Barnes.



The heart of Barnes computer operations is the data processing department.

Barnes is leader in hospital computers

Computers Improve Care

When Rita Hoback of Mattoon, Ill., underwent surgery at Barnes Hospital 30 years ago, her bill was one of the first to be handled by new accounting methods utilizing electronic data processing machines.

Recently, when Mrs. Hoback's husband, James, entered Barnes for surgery, his care was delivered with the assistance of a computer system which has commanded the attention of many other hospitals and data processing companies.

Computers aid in admission scheduling, room assignment, patient information, pharmacy, medical records, laboratory tests, electrocardiograms, nursing division work, patient accounts, purchasing, stores, respiratory therapy, dietetics and housekeeping. Each of these areas has on-line computer assistance which enables hospital personnel to spend less time on clerical and other repeated tasks and more time in meeting the individual needs of patients.

In the 30 years since Mrs. Hoback's surgery, Barnes has pioneered the use of data processing and computer systems related to the delivery of medical care. And it has done so with cost being a major concern.

In 1946 the scientific and technological advances of World War II were being translated to peacetime purposes, and Barnes became the first hospital in the nation to have a complete electronic data processing system. By 1947 the hospital's payroll was automated and a year later, when Mrs. Hoback was a patient, accounts and bills were prepared on electronic data processing machines. The Barnes system was unparalleled in the hospital industry and, improved and expanded from time to time, became the standard for years to come.

Everett Menendez, director of data processing, said that data processing technology increased through the late 1950's and computer hardware began to be marketed. By 1965 Barnes had its first operational computer. By comparison to today's equipment, the early systems were primitive but they opened new frontiers for computer use in all hospital departments. On-line computer systems were developed during the early 1970s and the first on-line system was installed in the admitting department in 1974.

The leadership and foresight exhibited more than three decades ago has been carried forward, enabling Barnes to lead the way in hospital computer development. Today the heart of the system at Barnes is a medium-priced IBM 370/148 computer with power exceeding that of very large computers in use just five years ago.

Mr. Hoback's first contact with the computer was in the admitting office. All biographic information obtained from previous admissions or pre-admitting questionnaires is stored in the computer prior to the patient's arrival. The information is quickly recalled by using the cathode ray tubes (CRTs) for easy review and verification. Since Barnes admits more than 40,000 patients each year, the use of computers has simplified and shortened the admitting process and assured accuracy and completeness of information.

Using the computer, admitting assigned Mr. Hoback a room to meet his needs and preferences. Housekeeping personnel also used the computer to determine if his room had been cleaned and was ready for use. The information obtained in the admitting office becomes the data base used by many other areas in the hospital and is the activator to notify key departments of the patient's arrival.

Prescriptions for medicine ordered by Mr. Hoback's doctor were filled in the Barnes pharmacy which uses an on-line system that is one of the most complete in the nation. The computer supports three major areas: the unit-dose, the multi-dose, and the IV admixture service. The computer support enables the pharmacy to maintain a patient drug profile for Mr. Hoback. The profile allows the pharmacist to identify and resolve any conflicts with previous or current medication use.

Computer support is also vital to the unit-dose system of distributing medication which now is in effect for approximately one-half of all Barnes patients. In the unit-dose method, a current record of doses each patient is to receive, and the times of administration, is maintained by the computer.

Pharmacists then send drug carts to each floor using unit dose. The carts contain the exact amount of medication for each patient on the floor. The system provides a level of control and efficiency not feasible without computer assistance. It also reduces the potential for error and enables the pharmacy to maintain greater control over drug inventories.

Federal requirements for utilization review and establishment of Professional Standards Review Organizations have greatly increased the tasks of the medical records department but the added work has been met successfully with the use of the on-line system.

The flexibility of the computer system already available meant that it could be further tailored to accommodate these review functions in addition to meeting the on-going needs of medical records personnel. Large numbers of reports

which must be compiled for governmental organizations, third party payors or for hospital management are easier to accomplish because the program utilizes the existing information gained from admission supplemented by the medical records patient index data base.

Mr. Hoback's surgery and convalescence required large amounts of supplies and equipment. Providing such items is one of the most complex problems facing hospitals. A newly developed purchasing and inventory information system provides a method of processing almost 400,000 documents such as purchase orders, receiving documents, inventory requests and patient charge slips. Greater control has been gained over the 8 million unit supply inventory costing \$4.5 million and the system provides a means to evaluate vendor performance and commodity maintenance to help avoid seasonal shortages.

Mr. Hoback's electrocardiogram was taken in his room by a heart station technician. The readings were simultaneously reported to the heart station and to the computer. The computer "read" the electrocardiogram within 30 seconds and results of the reading were printed immediately in the heart station. A cardiologist on duty compared the computer analysis with the ECG tracing and made any corrections necessary. Cardiologists feel that this computer assistance reduces time required to read the ECGs by at least 40 percent, thus providing a more efficient service to patients.

Respiratory therapy orders are written by the physician on the patient's floor, transmitted by the CRT directly to respiratory therapy. The system results in rapid order transmission and better patient care.

Laboratory tests for Mr. Hoback were accelerated by use of the laboratory computer. Although the Barnes laboratory computer is independent of the hospital's on-line system at present, hours, and in some cases days, of waiting for test analysis and results have been eliminated. The problem of errors in transcribing tests, common to all laboratories, has all but disappeared at Barnes. The laboratory computer system is believed to be the most sophisticated in use in any hospital today, greatly assisting in the work needed to complete and record the results of the almost 1.4 million tests done last year.

The first on-line computer system was installed in admitting in 1974.

Most recently, computer application has been directed toward the nursing service, centering on ways in which computer assistance can benefit patient care. Current installations are enabling nursing personnel to share in on-line systems and provide integrated support for such departments as central service, dietetics, storerooms and dispatch.

Current plans include full support for nursing divisions from all hospital departments with a flexible nursing computer program for a complete ordering process. Many of the applications focus on direct patient care and culminate in the development of patient care plans. Full development of the program could include provision for entering new physician orders in the program and the automatic update of the care plan.

"A computer system must provide better service to the patient at a cost which can be justified and which is affordable," Mr. Menendez said. "The efforts at Barnes have been directed toward building a strong central system without unnecessary embellishments. The system is designed to meet the needs of various departments and remain flexible enough to accommodate future needs."

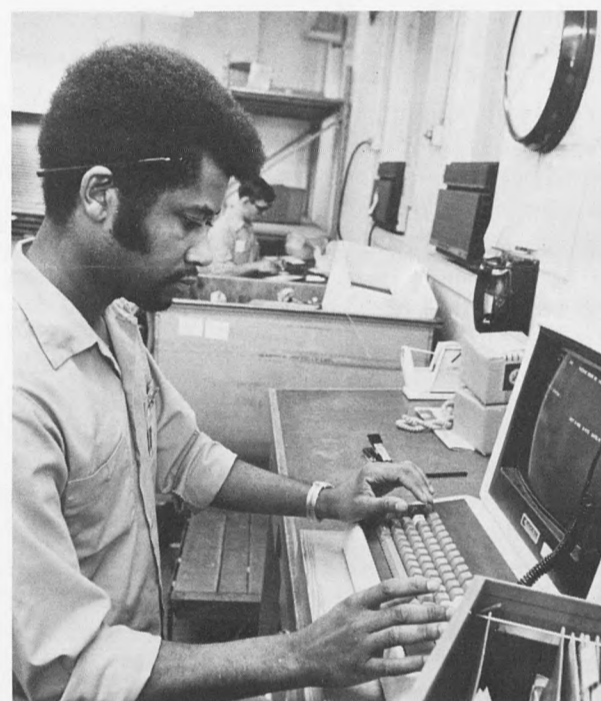
A recent comparison of Barnes cost per patient day with other hospitals indicates that Barnes' cost is significantly lower. Hospitals with on-line computer capability range as high as \$13.39 per patient day with an average cost of \$4.99 per patient day. At Barnes the cost is \$2.96 per patient day. Mr. Menendez said the Barnes cost is "very, very low compared to other hospitals although few of these hospitals have on-line capability even close to ours."

Thirty years ago Mrs. Hoback had what she described as "the best care possible." Today, the computer has changed many things at Barnes Hospital. However, one thing has not changed. "We would not go anywhere but Barnes," Mrs. Hoback said. "The care my husband received has just been great."

Computer technology continues to increase rapidly. Although the computer cannot replace the personal touch of a nurse or doctor, computers can help with repetitive tasks which may be better and more accurately managed by their use. By proper and deliberate progress and a high regard for economy of performance, Barnes Hospital is making the computer a servant for the health of mankind.

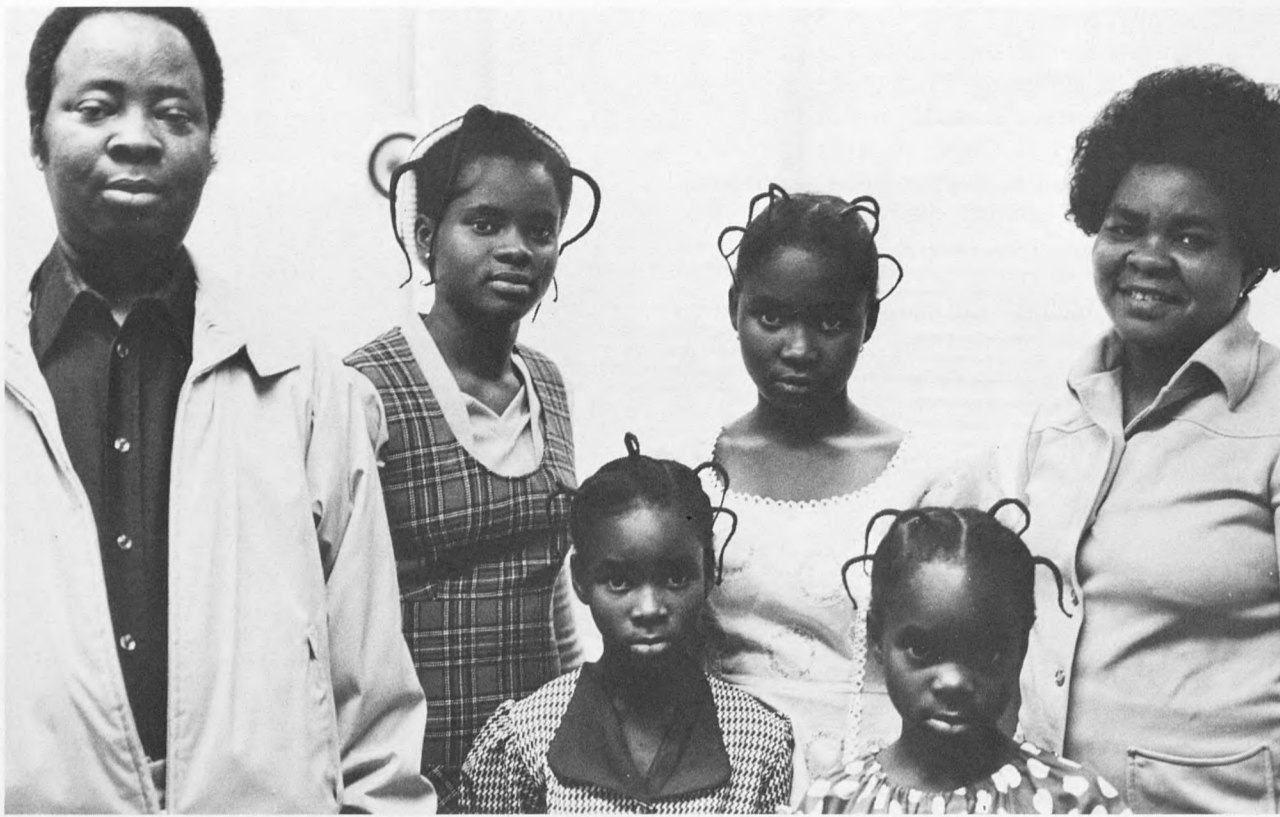


Where it all starts: the key punch department.



Supply/receiving employe Walter Clark instructs the computer to issue a receipt for delivered goods.





Kidney transplant patient reunited with family

In the renal clinic one day recently, John Ekpo proudly introduced his four daughters to his doctors Jeffrey Freitag and Michael Bartell and renal social worker Virginia Lenobel. He wanted them to meet some of the people whom he credits with saving his life as well as reuniting him with his family after seven years.

When John Ekpo left his village in Nigeria seven years ago to go to college in the United States, he had every intention of returning to his country in a few years and putting his education to work. He left behind his wife, Maggie, and their four daughters, ages 14, 7, 2 and 1. After two years his wife joined him but the children stayed behind in care of their grandmother.

Things were going well and Mr. Ekpo had earned his bachelor's and master's degrees and was about to enter St. Louis University to study for his Ph.D. when disaster, in the form of end-stage kidney disease, struck. During the next two years he learned that there are many people from all walks of life, in St. Louis and throughout the world, who care for their fellow man. He credits these various friends, many of whom he has never met, with saving his life and reuniting him with his family.

Ms. Lenobel remembers when Mr. Ekpo was first referred to Barnes from City Hospital two years ago for dialysis. "He needed a transplant, but the doctors were not optimistic about finding a close enough cadaver match and, of course, he had no close relatives here to be donors." But somewhere, someone had thought about the plight of persons like Mr. Ekpo, and a cadaver kidney became available about 11 months after he started dialysis. By chance, the donor's blood and tissue were a close match for Mr. Ekpo's and he was rushed to Barnes for a kidney transplant.

The transplant was a success, but Mr. Ekpo has required frequent clinic visits and several hospitalizations to fight complications. The specialized care he requires is not available in Nigeria so he has little hope of returning to his own country. Knowing this, Ms. Lenobel spearheaded a massive effort to bring his children here. With the help of the World Church Federation, Lutheran Family and Children's Service, Mr. Ekpo's own church and the U. S. Immigration Service, the efforts bore fruit, and in late March, his four daughters, ages 21, 14, 9 and 8 were flown to St. Louis and reunited with their par-

John and Maggie Ekpo proudly show off four of their daughters.

ents and a 3-year-old sister they had never seen, who was born here.

Because English is the second language in the schools in Nigeria, the Ekpos do not have a language problem, and the children have enrolled in schools in St. Louis. The oldest daughter hopes to become a pharmacist, and Mrs. Ekpo, who works in a nursing home, hopes to become a registered nurse.

"It is heartwarming to know so many people cared for this family, many people who didn't know them, as well as many who had become their friends before this tragedy struck," Ms. Lenobel said.

Dorothy Lampe retires after 15 years here

Dorothy Lampe, a buyer in the purchasing department, retired March 17 after serving the hospital for more than 15 years. Hospital President Robert E. Frank presented Mrs. Lampe with a certificate of appreciation in ceremonies in his office.

"I'm going to take life easy for a while," Mrs. Lampe said. "I will miss my friends here," she added. Her husband retired last year. They are planning to travel and spend time with their family in Houston, Texas, and St. Louis.



Mrs. Lampe served her entire hospital career in the purchasing department, where she began as a clerk typist. She said the department changed locations about five times while she worked here and her job changed, too, as the responsibilities increased and she advanced to the position of buyer.

WUMS ranked tenth among medical schools

A study conducted at Columbia University and released by the National Science Foundation has ranked Washington University School of Medicine tenth among 87 United States medical

schools. Ranking was based on faculty caliber and effectiveness of instruction.

The nine schools ranking above WUMS included Harvard, Johns Hopkins, Stanford, University of California at San Francisco, Yale, Columbia, Duke, Michigan and Cornell.

All Barnes doctors are on the faculty of WUMS and Barnes Hospital is consistently ranked among the top ten hospitals in the United States when such surveys are published.

Energy conservation efforts stepped up during coal shortage

This winter's coal miner's strike, and resulting coal shortage, caused a national concern for energy conservation. Barnes Hospital has had an ongoing conservation program for two years, but instituted additional cutbacks to conserve even more energy during the shortage.

Temporary energy cutbacks included the closing of the electrically heated passenger waiting room on the Busch parking lot. The lights on the Duncan/Taylor parking lot are now turned off at night, when the lot is closed. Also, the Queeny Tower pool was drained and the pool area closed.

Permanent energy cutbacks during the two-year program have resulted in savings to the hospital estimated at \$300,000 a year, according to Don Braeutigam, chief engineer in plant engineering. Those cutbacks ranged from resetting thermostats to the installation of energy-saving recovery wheels, huge devices that increase the efficiency of the heating and cooling system.

A consulting firm worked with Barnes personnel to develop the original plans for energy conservation. Some of the biggest energy- and money-savers that have become standard practice at the hospital are lighting reductions in corridors, lobbies and offices (\$35,300 saved annually), the recovery wheels (\$17,500), ventilating fan adjustments in the kitchen (\$22,800) and the replacement of all fluorescent lightbulbs with special watt-saving bulbs (\$16,800).

"All hospital employees could help save energy if they think about it," Mr. Braeutigam said. "For instance, if you leave a room—even if it's just for a short time—turn off the lights. Also, try to keep the thermostat at 68 degrees during the winter and 78 in summer." Mr. Braeutigam added that walking up or down one flight of stairs cuts down on the energy needed for elevators. Finally, he added, "Just use common sense."

Home and office energy-saving tips:

Keep all lamp and lighting fixtures clean. Dirt absorbs light.

Open draperies and shades when sun is shining; close them at night.

Use lower wattage light bulbs where bright light is not absolutely necessary.

Keep windows near the thermostat tightly closed to avoid excessive work by the furnace or air conditioner.

Have your furnace/air conditioner cleaned regularly and replace filters often in forced-air systems.

Keep damper closed except when using the fireplace.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from Feb. 21 to March 17, 1978.

IN MEMORY OF:	Officers & Directors of General American Life Insurance
Edwin M. Clark	Mr. & Mrs. Howard Elliott, Jr.
Zack F. Bettis	Douglas McKay
McDonnell Foundation, Inc.	Southwestern Bell Telephone Co.
Mr. & Mrs. Robert F. Knight	Miss Helen Bridgid Burke
L. W. Lutyens	Jean G. Brumback
J. W. McAfee	Bruce Manning
William H. Danforth	Mrs. Nina Olmsted
Mrs. W. E. Gundelfinger, Jr.	Mrs. Lich's Mother
Mrs. Rollin LeRoy Curtis	Mr. & Mrs. Raymond F. La Croix
Mr. & Mrs. Wallace R. Clark	Mrs. Bradford Shinkle
Mr. & Mrs. Harold E. Thayer	Mr. W. Van B. King
Mr. & Mrs. Earl Fisher	Dr. Albert Stutsman
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Barnes Bulletin

April, 1978

Published monthly for employees, doctors, volunteers, Auxiliaries, donors, former and retired employees, patients and other friends of Barnes Hospital. Available at no charge by contacting the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110 (314) 454-3515

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Hospital notes

Dr. **Edward Okun** will speak on the retina and Dr. **Jack Hartstein** on ultrasound cataract surgery and intraocular lenses at a seminar on "highlights of ophthalmology" to be sponsored jointly by St. John's Mercy Medical Center and Missouri Baptist Hospital April 2.

George Voyles, director of telecommunications, discussed radio communications applications for hospitals at a meeting of the Mississippi Valley Telecommunications Association in March.

Dr. **Jack Hartstein** was one of the featured speakers at the 27th annual symposium on cataracts of the New Orleans Academy of Ophthalmology, March 8.

Roy C. Andrews, methods director, participated in the annual systems conference of the Hospital Management Systems Society of the American Hospital Association. It was held in Biloxi, Miss.

Dr. **William W. Clendenin**, assistant psychiatrist, is reported on staff effective March 1.

A hypertension update is being held April 20 at the Sheraton WestPort. Participants from Barnes include Drs. **Herschel Harter**, **Alan Robson** and **Alan Weiss**.

Evelyn E. Bonander, director of social work, and **Thomas C. Winston**, vice-president of Barnes, discussed "Health Social Work: Essential or Elective," at the Mid-West Health Congress in Kansas City March 21-23.

Nearly New needs items

Nearly New needs more items for resale in the shop located near the north end of the Barnard corridor. "Spring housecleaning usually turns up things that can be described as 'one man's junk, another man's treasure,'" a spokesman for Nearly New said. She added that the inventory was low now because of the unusually severe winter, which deterred people from bringing things in.

Almost any kind of item is welcome at the shop, which carries books, shoes, clothing, lamps, dishes, small pieces of furniture, baby things, jewelry, pictures and so forth. They are sold at reasonable prices and the money raised is used by the Barnes Auxiliary for projects in the hospital. Further information may be obtained by calling the Volunteer office at 454-3446.

Medical societies merge

Members of the St. Louis and St. Louis County medical societies have voted to consolidate the two groups. The society's new name will be the St. Louis Metropolitan Medical Society.

The new society will represent more than 2,000 members of the medical profession. The effective date of the reorganization will be Jan. 1, 1979.

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SHELVED IN ARCHIVES

April, 1978
Barnes Hospital, St. Louis, Mo.



Barnes nurse-anesthetist graduates pose for photograph. From left are: Marilyn Ojeda, Bob Spatola, Janise Heck, Catherine Prentice, Steven Parry, Mary

Sykes, Louise Grove, education director, and Robert Bauer. Suzanne Brown was absent when the picture was taken.



More than 600 persons, the majority of them from outside the hospital, stopped by Barnes on March 14 to have their blood pressures checked. Hypertension

screening will also be part of Barnes' activities at the Chase over the weekend of May 5-7, when "Phoenix and the Future" is held.

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