Barnes Bulletin

Barnes prepares for United Way drive

Barnes Hospital's 1981 United Way campaign will get underway this month with a goal of \$82,500, representing approximately a 9.8% increase over last year's goal of \$75,000, according to Richard Linneberger, Barnes associate director and this year's campaign chairman. (Mark Weber, assistant director, is assistant campaign chairman).

The Barnes campaign will begin with a series of informational rallies, tours for hospital department heads of various United Way agencies, demonstrations of in-house agency services, the showing of the United Way film and volunteer speakers. The campaign will run from August 17 to August 28.

"Due to inflation and the growing number of unemployed people, increasing demands have been placed on United Way agency resources to meet the community's needs," stated Mr. Linneberger. "We're depending on Barnes employes to respond to this year's campaign more generously than ever. This is the only solicitation conducted at Barnes throughout the year."

Employes can give in one of two ways: the full amount at one time or a deferred payroll deduction plan. Payroll deductions may be spread out over as long a period as the employe desires.

Last year, Barnes employes surpassed their goal by contributing \$75,286. In the metropolitan area, contributions amounted to \$23,076,353. The 1980 metropolitan campaign goal—\$22,850,000—was exceeded by \$226,353.

Funds raised during the drive will support 115 private non-profit health and social welfare agencies operating more than 250 service centers in Missouri and Illinois. These agencies provide 24hour lifeline emergency services; youth and family enrichment programs; individual and family life services; community and neighborhood development programs; and special child care.

Fighting MD with causes and cures

"Caring for 36 diseases 24 hours a day" is the premise for the Muscular Dystrophy Association's existence as well as the counterpart it supports, the Jerry Lewis Neuromuscular Research Center.

For Dr. Michael H. Brooke, Barnes/WU neurologist who heads the research center here, disease Barnes Hospital, St. Louis, Missouri, August, 1981, Volume XXXV, Number 8



Measuring the angle of hip flexion is a routine for Duchenne dystrophy patient Troy Tomanek. During a recent Jerry Lewis Neuromuscular Research Center clinic visit, the boy's muscle strength is examined by Dr. Michael H. Brooke, Barnes/WU neurologist, and physical therapist Julaine Florence.

centers nationwide funded by the Muscular Dystrophy Association, providing free clinic visits, medicines, wheelchairs, braces and some hospitalization to all MD patients. On the average, the muscle clinic handles 1,000 patient visits annually.

The center diagnoses and treats patients not only from St. Louis, but from outlying Missouri and Illinois communities and as far away as Nigeria. In many cases it is the MD patient's only hope of learning more about the debilitating disease that weakens—and may eventually cripple—the body because of muscle deterioration.

"Few people, except perhaps the MD patient, realize the role muscles play in performing simple tasks like threading a needle or casting a fishing line into a mountain stream. Something as minute as a single muscle fiber can contain thousands of different chemicals, each helping a specific muscle to contract, and we are just beginning to learn the process of this interaction. Without muscle function a person cannot lift a spoon, turn over in bed or chew a bite of food and swallow," said Dr. Brooke.

Depending on the extent of muscle deterioration,

up in the second year of life, although histologic evidence appears at birth. The child frequently falls and must use his hand to push himself into a standing position. As the disease progresses, he is unable to climb stairs, and eventually, he is confined to a wheelchair, unable to move almost any muscles. Attempts are being made here and at other centers to develop medicines to help control progression of the disease.

Myasthenia gravis affects women more than men and is characterized by abnormal muscle fatigue. Patients may find it overwhelming to hold up the eyelids. Eventually generalized weakness will cause difficulty in speaking, swallowing or chewing. Treatments are being successfully developed for this illness.

There is no cure for Duchenne's dystrophy or myasthenia gravis or for scores of related neuromuscular diseases. Research here is providing answers, but each aspect of MD must be treated individually since the disease manifests itself in different ways in different age groups and sexes.

"The disease is not untreatable. We have progressed from the child totally confined to the wheelchair who dies at age 12 or 13 to the college-age adult who is walking with a straight back. Ultimately, we would like to find the causes, one by one, and the cures for each form of MD. We are finding causes and treatments for some now," said Dr. Brooke.

Braces and mechanical devices continue to aid MD victims. Motorized wheelchairs and other devices help patients retain their independence. Surgery to rearrange muscles or to release contractures which prevent the joint from moving freely benefit some patients.

Barnes eligible for FICA alternative

Barnes Hospital has followed the lead of many other hospitals around the country and has given notice to the Social Security Administration that it may elect to withdraw from the Social Security plan (FICA) in 1983. Barnes, a not-for-profit private health-care institution, is one of the few types of facilities which can, under existing law, withdraw from the Social Security system by filing written notice of its intent two years prior to the effective date. The notice can be withdrawn any time during this two-year waiting period.

"In an effort to offer the best benefits to its employes, Barnes is following the growing trend around the country among hospitals who are investigating alternative disability/retirement plans which will give employes more for the money they are investing," said Robert McAuliffe, Barnes vice-president and controller.

detection is a primary concern. Interwoven within the need for research is the diagnosis, treatment and rehabilitation of muscular dystrophy patients.

The muscular dystrophy center has been in operation here since 1975. It is one of 10 such

Front cover: "Thank you" are heartfelt words learned through intensive therapy for Lisa Sodko, a nine-yearold who has been deaf since birth. With the aid of United Way funds, many children like Lisa will coninue to benefit from voice patterned speech lessons at the Central Institute for the Deaf. In this picture, Lisa expresses a verbal thank you to CID speech instructor Myra Wright. physical chores—including walking—may be impossible. In some illnesses the patient may not even be able to express ordinary emotions like laughing, smiling or crying, because the muscles no longer contract.

Muscular dystrophy has no age limit. It has been diagnosed in the pregnant mother's uterus by examining the unborn child's kicking pattern. Patients here have ranged from a one-day-old boy with Duchenne's dystrophy to an 89-yearold man with myasthenia gravis.

Duchenne's dystrophy is passed to boys by their relatively unaffected mothers. Clinical signs show

Social Security was designed during the Depression as the Federal Insurance Contributions Act (FICA) to provide people with a basic pension to be supplemented by private pensions and personal savings. But today Social Security also is a major welfare program, struggling to provide benefits under a variety of programs—retirement, survivorship, disability and Medicare. According to one source, in 1937 there were 150 workers paying into the system for every one person receiving Social Security benefits. Today, **(continued on page 2)**

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Social Security

(continued from page 1)

that ratio has dropped to three to one, and according to many sources the Social Security system is in danger of going broke.

If Barnes decides to withdraw in 1983, employes who have the 40-quarter minimum already paid in to FICA will be eligible for retirement benefits under the Social Security system as well as an alternate plan which generally provides more benefits for the money. Those employes who do not already have 40 quarters will have until their retirement to make up the needed quarters if they feel they need to do so. "In the eyes of the Social Security Administration, Barnes Hospital, not the individual employe, is withdrawing from the system," said Mr. McAuliffe.

"Many of the alternative plans we will be investigating further during the next two years offer a program where the employe already vested in Social Security could collect both Social Security and alternate plan benefits; there exists a better definition of disability and increased disability benefits, increased retirement benefits, cash value available upon termination of employment, and allows the employes control over their money."

Donations shore-up critical blood shortage

A critical shortage of type O and B blood just two days before the community-wide Barnes Blood-A-Thon '81 was stanched by emergency donations from 125 medical center employes and visitors.

The blood shortage that hit Barnes June 17-18 was one consequence of a regional slowdown in blood donations affecting area hospitals in recent years during the summer months. The shortage usually peaks in mid-July but was approximately one month early because of industrial layoffs of the blood-donating work force and decreases in community-sponsored Red Cross blood drives.

The Red Cross normally supplies all of Barnes blood needs, but was unable to deliver additional O and B units because of shortages in its own donor bank. Barnes subsequently cancelled seven elective operations and made an emergency appeal throughout the medical center for those specific blood types.

Blood bank nurses and technologists worked overtime both days of the shortage drawing blood and crossmatching it for patient use. Laboratory employes in conjunction with Barnes volunteers put up signs and manned information desks to inform hospital visitors of the critical blood needs.

Employes from Barnes, St. Louis Children's Hospital and Washington University School of Medicine turned out en masse to give blood during a six-hour stretch June 17. On the second day of the shortage medical supply salesmen making routine calls at Barnes, the hospital's independent auditing firm, risk management administration service and liability insurance counsel joined medical center employes in donating additional units of blood.

"This is the first time in several years that Barnes has been forced to draw blood for patient use. It's difficult to predict what future blood donations will be, but we hope we will not need to put out an emergency appeal for blood again," said Dr. Laurence Sherman, director of Barnes blood bank. "Barnes patients are fortunate that the employes here eagerly rise to the occasion in such an emergency."



Answering phones, taking messages and running errands were primary responsibilities for junior volunteer Susi Troller this summer. She traveled from Montreal, Canada, to St. Louis to volunteer at Barnes.

Canadian JV learns from summer "deal"

It started out as a "deal." It ended as a tremendous learning experience. The "deal" Susi Troller made with her mother was a six-week visit to St. Louis in exchange for a summer of volunteer work. As a native of Montreal, Canada, Miss Troller rendered junior volunteer services to Barnes under different circumstances than most teenagers.

When 17-year-old Miss Troller decided she wanted to spend her summer visiting her aunt, Susan Ehrenfest, in St. Louis, her mother said that she had to use her time "constructively—not just lying around the swimming pool," to warrant traveling such a distance.

"With the help of my aunt, and assistance from Deborah Bobinette, director of Barnes volunteers, I decided that volunteering would be an excellent way to use my time," said Miss Troller. "I sent Mrs. Bobinette information about myself, and she handled all the preliminary paperwork by mail for my volunteering. Because of the longdistance, Mrs. Bobinette and her secretary, Robin Snyder, really helped me through the red tape." Barnes was not unfamiliar to Miss Troller. Five years ago, she had visited her aunt, who at the time, was hospitalized here. "I used to push her through the corridors in a wheelchair. Surprisingly, I recognized most of the hallways, although I must admit, there's been a lot of changes."

Until her return to Canada last month, Miss Troller worked three days a week, from 8 a.m. to 3 p.m., in the volunteer office answering phones, taking messages and running errands. She also visited patients and made purchases for them in the Wishing Well Gift Shop.

The soon-to-be high school senior's vacation was not all work. In leisure hours, her aunt and other friends took Miss Troller sight-seeing, shopping and to some "really great" St. Louis restaurants.

"Meeting so many different people is what I enjoyed most about my volunteering experience in St. Louis," said Miss Troller. "Everyone was so friendly. I enjoy helping people, and Barnes was certainly the best place to do that." Miss Troller added, "One of my most memorable times of the summer was being interviewed by KMOX-TV's Al Wiman for a junior volunteer segment. It was a real experience seeing myself on television for the first time. I'll never forget it!

"I can't wait to share my summer experiences with my Canadian friends," said Miss Troller. "I've enjoyed my stay immensely, but I'm looking forward to seeing my old friends, my parents, and last but not least, my cats."

Miss Troller is not fluent in French although it is the common language in Montreal. Her parents, originally from Czechoslovakia, settled in a Montreal suburb where English is primarily the spoken language. "Because my French is so weak," said Miss Troller, "I hesitate to volunteer in the Montreal hospitals. But, I definitely want to come back to Barnes next summer as a junior volunteer. It's the best deal I ever made."

Summer JVs to be honored for a job well done

Teenagers serving as junior volunteers this summer at Barnes will be honored Tuesday, August 11, in ceremonies held at the St. Louis Muny Opera. The 107 teenagers and their parents also are invited to attend a box lunch supper and the evening's performance of "How to Succeed in Business."

Jim Hubbard, an assistant director of the hospital, will be the guest speaker, and volunteer director Deborah Bobinette will serve as master of ceremonies. Service pins and bars will be presented by Auxiliary president Delores Shepard, Edie Curtis and Ann Wilkerson.

The junior volunteer program at Barnes, which is used by many teenagers as an introduction to healthcare careers, sponsored workers in such areas as the surgical recovery, nursing divisions, radiology, emergency room, information desks and various offices.

Important phone numbers	
Barnes physician referral	
service	
Childbirth classes, maternity tours454-3561	
Memorial funds, development 454-2261	
Speakers bureau 454-3515	
Executive physicals program454-2255	
Volunteers	
Bulletin comments, ideas454-3515	

New 5500 service boasts dinner-for-two

A complimentary dinner-for-two is just one of the amenities offered to Barnes ob/gyn patients who opt for the new private division on 5500. Room rate is slightly above regular private room rate, but it also includes such extras as the morning paper, soft drinks or a steaming pot of coffee in the room, and a welcoming basket of fruit.

The 16-bed private division opened in July to meet the desire of some Barnes patients for this type of service. The special dinner-for-two is frequently used by new parents on 5500 who wish to have a private celebration of the birth of their child. "People who want a more private, homelike atmosphere appreciate the option, although others continue to prefer a semiprivate room where they can share their day with someone else rather than be alone," explained a Barnes spokesman. "We hope the variety of options available here now will accommodate everyone's needs."

Therapy group supports breast cancer patients

Improving the quality of life for breast cancer/ mastectomy patients is the goal of a recently formed group therapy program run by Barnes social work department, chaplaincy and surgical oncologists.

Group therapy sessions led by social worker Maureen Magrath, nurse oncologist Gail Farley and pastoral associate Caroline Sant help women cope with breast cancer and its side effects. Penny Neale, a Lebanon, Illinois, geriatrics specialist, and a breast cancer patient, also plays a primary role in therapy sessions. It was Mrs. Neale's initial suggestion that prompted Ms. Magrath to start the breast cancer program.

Each month a guest speaker addresses a relevant breast cancer topic—anatomy and physiology of the disease, nutrition, chemotherapy side effects and treatment, breast reconstruction. Self-hypnosis and progressive relaxation techniques to help women deal with anxiety and emotional trauma have also been discussed. The topic for the August 27 session is how to purchase a breast prosthesis.

The women also have a chance to share their hopes and fears, including how to deal with mastectomy or the emotional impact of sexual relationships. "I am 37 years old, the mother of two children and I have breast cancer. I had surgery at Barnes a year and a half ago, and I'm undergoing chemotherapy now. I'm scared," said a participant at the first group therapy meeting in April.

The breast cancer therapy group is part of a pilot study program currently accepting female patients of Dr. Marc Wallack and Dr. Gordon Philpott, Barnes/WU surgical oncologists. There are approximately 30 women participating in the therapy sessions who have had breast cancer and/or mastectomies within the past eight years. The most recent patient had a mastectomy about a month ago.

There are hopes of expanding the program to all Barnes breast cancer patients, men and women, as well as to the public. Future plans include starting a breast cancer support group for paients on surgical oncology nursing divisions, making pre-operative visits to all breast cancer patients, instituting a 24-hour hotline to answer questions about the disease, and using a buddy system so patients entering therapy can gain oneto-one support from a program graduate.

"It is uncommon for breast cancer patients to undergo biopsy surgery and wake up missing a breast. But, many women do not know this fact. Doctors are also using a combination of modified surgery and chemotherapy to treat tumors in some patients. As newer techniques are discovered patients must continually be educated about the disease," said Ms. Magrath.

Professional lectures presented to the group on breast cancer detection and treatment will be taped and incorporated with slides. The slide shows will be put in the Cancer Information Center for use by all breast cancer patients.

"Rehabilitating the breast cancer patient psychologically, emotionally and physically so she can continue leading a happy, productive life is a primary goal of the group. As funds are donated to train staff and purchase materials the program will expand," said Ms. Farley, a registered nurse working for Dr. Wallack.

Emergency devices aid Barnes trauma patients

Barnes emergency department is one of only a handful nationwide offering patients two innovative methods—medical anti-shock trousers and autologous transfusions—to prevent shock and save lives in the first few critical minutes after the patient is brought to the emergency department.

MAST suits (originally called military anti-shock trousers) were first used on the battlefield in Vietnam to stabilize shock victims enroute to a military hospital for treatment. The suits are pressurized trousers whose plastic balloon bladders can be inflated to force blood to the heart, lungs and brain from peripheral arteries in the legs and abdomen, thus preventing irreversible damage or death caused by lack of sufficient blood supply to these vital organs.

They are usually used on patients experiencing traumatic shock due to low blood pressure because of severe blood loss or because the heart is failing and cannot pump a sufficient supply of blood. They can also be used on patients with femoral fractures or abdominal wounds to exert pressure on the wound to stem blood loss.

Autologous transfusion is used for patients with injuries to the chest wall with secondary bleeding into the thoracic cavity. With the device, collapsed lungs can be reinflated and blood from the thoracic cavity filtered and reinfused into the patient. The auto-transfusion device is used to stabilize patients until blood-typing can be done for regular transfusions, and the wound can be repaired in the operating room.

11300 rehab construction receives approval

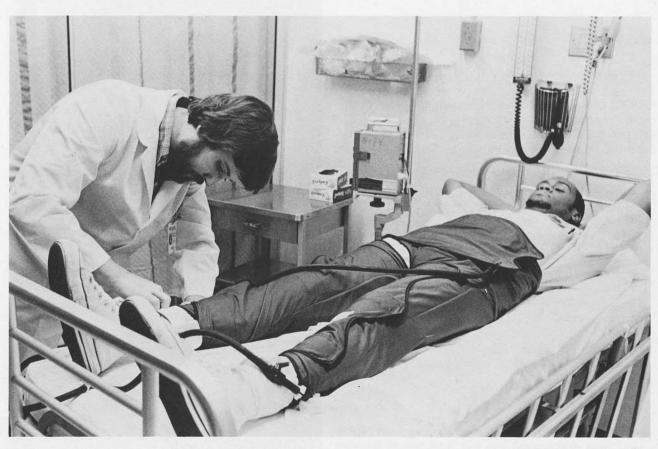
Governmental approval necessary to begin construction of a \$410,000 expanded neurological rehabilitation area on the 11th floor of the West Pavilion was granted by local and state health services agencies recently.

In three separate committee meetings the Health Systems Agency voted unanimously to allow development of 4,538 square feet of currently shelled space. The measure passed the local HSA acute care committee, the project review committee and the executive committee before going to the state for final approval. The Missouri Health Facility ruled on the measure July 30 paving the way for construction to begin in September.

In addition to the 1,415-foot neurological rehabilitation unit operated by the Irene Walter Johnson Institute of Rehabilitation, the 11300 project includes two house staff on-call bedrooms, a dietitian's office, storage facilities and a family lounge.

Rehabilitation facilities housed on the East Pavilion neurology floor will be converted back to patient care rooms with the opening of the expanded unit in January, 1982. The new rehabilitation site will house occupational, physical and speech therapy facilities.

"We will remain an acute care center geared to helping patients cope with physical limitations while relearning basic daily living skills. The new unit will have the space and equipment necessary to provide treatment essential to helping patients regain independence. It is a long-term goal of the neurology department that is becoming more and more of a reality day by day," said Carolyn Baum, director of occupational therapy.



Medical anti-shock trousers (MAST suits) are an innovative emergency care technique used to stabilize shock victims by shunting blood from lower extremities up to vital organs. Joe Burke, emergency department patient care manager, demonstrates a MAST suit on blood messenger Terry Wyms.

GIVING

"The most precious medicine in the world is not expensive. It is produced naturally. Everyone carries a plentiful supply. It saves lives. The medicine is blood."

Blood was first used extensively as a lifesaving medicine during World War II. Since then its use has saved thousands of lives at hospitals throughout the United States.

This medicine is such an important part of the health care system that the federal government defined a National Blood Policy, "ensuring a sufficient supply of healthy blood through an efficient national distribution system." No one in need of blood is ever refused. The Red Cross sponsors community blood drives and even imports blood nationwide to meet the needs of Missouri and Illinois hospitals. But the medicine can be supplied only through your donations. Consider these facts:

-Donating blood is a painless procedure, taking about 45 minutes. The actual blood-drawing time is about 10 minutes.

— The body replenishes its blood supply within 24 hours, but blood can be safely drawn only every 56 days.

-Anyone in good health between the ages of 17 and 66 can give blood. Donors over age 66 must have a written consent form from their physician attesting to good health.

-A blood donor must weigh at least 110 pounds. Taking blood from an individual not weighing the required weight can put a strain on that person's body.

-Nationwide, approximately four to five percent of the population give blood. Almost 95 percent, however, will use blood during their lifetime.



BARNESH BARDIE BLOODE BLOODE ENTRANCE

ENTRE! Gathering enough courage to enter the Queeny Park est part of giving blood at the second annual Blood-A-Thon, tween 8 a.m. and 5 p.m.



THE PHYSICAL! Routine edic checks conducted by bees in complications before blood is nurse in the obstetrics and gyn formation from a donor.

OUCH! Giving blood is not akin to putting your head on the chopping block —it's passing on the gift of life. Danette Miller, coordinator of Blood-A-Thon '81 entertainment, is the magician's model for the guillotine act.



Recreation Center for some persons may have been the hard-June 20. But, 452 prospective donors opened the doors be-



al hir cies and blood pressure urse ciect potential medical drawn. Barbara Wedge, head ecology clinic, gathers such in-

IT HELPS

"Working toward a goal. It is challenging. Exciting. The job demands organization. Cooperation. The goal of maintaining an adequate blood supply is a vital one. By working hard together, it can be achieved."

High-quality blood is needed by 146 hospitals in the Missouri/Illinois Red Cross region daily for operations and emergency transfusions. That blood can be supplied only by donors, such as the ones giving a unit toward making Blood-A-Thon '81 a success.

The donors came, one by one, to the Queeny Park Recreation Center to meet the challenge of maintaining adequate blood supplies this summer. The goal was 750 units, a one-day requirement for regional hospitals.

Behind the scenes, Barnes staffers and Red Cross volunteers conducted mini-physicals, took medical histories and drew blood. Thirty Barnes employes, volunteering their time, worked hard together with the Red Cross processing 452 prospective donors.

Entertainment provided by a variety of talents, including some Barnes musicians, kept the mood light and easy. Donors learned a little bit about Scottish culture by watching The St. Andrews Society Dancers, laughed at the magician's antics, listened to the High Ridge Merrymakers down-home swing music, and enjoyed Barnes own Rich Mansfield's performance of jazz tunes and Harold Gander's The Glad Tidings gospel hymns.

Set-up and take-down of tables and chairs was provided by additional Barnes workers and the St. Louis County Department of Parks and Recreation. When the doors closed at 5 p.m., Barnes volunteers sighed with satisfaction. The job was done, and through the spirit of cooperation, more blood had been supplied for the summer.



BLOOD GIVERS! A Red Cross volunteer monitors each donor during the blood drawing process.



FINIS! Nine gallon donor Jean Nunnally says, "Giving blood is no big deal. You give because you care!" Ms. Nunnally was one of 407 donors who hopped up on the tables to give a unit.

Retiree receives appreciation certificate

A certificate of appreciation for 15 years service to Barnes was presented recently to 7200 LPN retiree Olean Murray by executive vice-president John Warmbrodt.

During her years at Barnes, Mrs. Murray worked on both general surgery and the obstetrics/gynecology nursing divisions. She spent the majority of her employment, however, in orthopedic nursing.

Her retirement plans include traveling to her children's homes in Seattle, Washington, and San Francisco and Los Angeles, California. She will also meet her youngest son in Norfolk, Virginia, when he returns from naval duty this fall.

Donations aid in burn patient healing

Two gifts totaling over \$500 will enable Barnes Burn Center employes to spot potential medical complications in patients with burned extremities and entertain infants hospitalized for burn treatment.

The blood flow doppler valued at \$480 is a soundamplifying instrument used to detect vascular insufficiencies of burned extremities and assist in monitoring blood pressure. A playpen creates a homelike environment for pediatric patients by providing freedom from the hospital bed for short periods of time. Both gifts were donated by the Gateway Arch Pioneer Club, an organization for retired employes of Southwestern Bell Telephone Company.

The Gateway Arch Pioneer Club contributed funds to purchase the doppler and playpen to help improve the care of burn victims. A plaque in honor of the club's gifts will be hung in the burn center.

Emergency actions save heart attack victim

Thanks to the efficiency and quick thinking of several Barnes employes, a heart attack victim was successfully revived in a nearby parking area recently. When a young man entered the admitting office seeking help for his future father-inlaw, with whom he was traveling, admitting officer Donna Rixmann immediately took control.

She determined where the victim was and called both security and emergency departments for assistance. Security officers Mike Maxey and Larry Hinchey responded to the call and followed the young man to an 18-wheel tractor trailer parked on Euclid. There they found a 51-year-old man unconscious and slumped over the steering wheel. Officer Maxey explained, "The man's respiration was shallow, but he regained consciousness soon after we arrived. When he saw us, he questioned who we were. After realizing we were there to help, he said, 'I'm glad you're here.'" regular, so our team administered lidocaine which is an anti-arrythmic drug used to correct such irregularities. The patient was carrying his own nitroglycerin tablets which we also administered, and then we inserted an IV."

Within minutes, the Barnes ambulance arrived, and the man was taken to the emergency room where he received further treatment. He was later admitted to the coronary care unit.

Officer Maxey and Dr. Stine credit the victim's successful rescue to Ms. Rixmann's fast thinking. Maxey said, "Had it not been for Donna's immediate calls to security and the emergency department, we might have been too late."

Ms. Rixmann commented, "I made the calls as a part of my job. We've had codes here in admitting, but as for myself, I've never experienced anything so true to life." She added, "It was somewhat scary, but I kept my wits about me. Had I panicked, the situation could have been much more serious."

Dr. Joseph Edwards named to senatorial BAB

Dr. Joseph Edwards, Barnes/WU physician, has been named a member of the United States Senatorial Business Advisory Board and recently attended the group's first meeting held in Washington, D.C., in July. A second meeting has been scheduled for October.

The Board was conceived to give business leaders throughout the nation and U.S. senators and their staffs an opportunity to discuss legislation currently before the Senate to promote the free enterprise system and economic growth. The BAB, chaired by William Simon, is made up of leaders from a wide segment of the business and science community around the nation.

Hospital notes

The following are reported on staff: Dr. Howard G. Welgus, assistant dermatologist; Dr. David B. Clifford, assistant neurologist; Dr. Lauren Elizabeth Clark-Rice, assistant obstetrician/gynecologist; Dr. Bharat Mittal, assistant radiologist; Dr. Lawrence O'Neal, associate general surgeon; Drs. William B. Strecker and Wayne J. Daum, assistant orthopedic surgeons; and Dr. Robert A. Brinkman, voluntary assistant OPD.

Frederick D. Peterson, M.D. '57, Barnes/WU pediatrician, is the new president of the Washington University Medical Center Alumni Association. Other officers include: August W. Geise, Jr., M.D. '56, clinical professor of neurosurgery, University of Missouri, past president; Richard P. Parsons, M.D. '58, Barnes/WU urologist, president-elect; Charles C. Norland, M.D. '59, Barnes/WU physician, vice-president; and John C. Herweg, M.D. '45, Barnes/WU pediatrician, secretary-treasurer.

Dr. Felton James Earls, formerly assistant profes-

Dr. Marc R. Hammerman, Barnes/WU endocrinologist, will be formally inducted as a Fellow of the American College of Physicians at the College's annual session in Philadelphia in April 1982.

Dr. David M. Kipnis, Barnes physician-in-chief and head of the WU department of internal medicine, has been elected to the National Academy of Sciences, one of the highest honors given to an American scientist or engineer.

Dr. Daniel McKeel Jr., Barnes/WU pathologist, has been named director of the Barnes autopsy service, effective July 1. Dr. McKeel was named an assistant pathologist at Barnes in 1975.

Barnes safety director **Ed Thurman** has been named a United Way loaned executive for the 1981 UW campaign.

Barnes/WU otolaryngologist Dr. Ben Senturia was the guest of honor at the American Laryngological, Rhinological and Otological Society meeting held in Vancouver, British Columbia, in May. Dr. Senturia spoke on "Some Long Term Results of Therapy in Otolaryngology."

Armand C. Stalnaker, former board chairman of General American Life Insurance Co. and a member of Barnes board of directors, has been named the 1981 recipient of the St. Louis Regional Commerce & Growth Association's "Right Arm of St. Louis Award," the highest honor conferred by the group of business, labor and civic organizations.

Dr. Thomas B. Ferguson, Barnés/WU cardiothoracic surgeon, has been named presidentelect of the American Board of Medical Specialties, and will assume office in March, 1982. Dr. Ferguson also served as the Richardson Lecturer and Visiting Professor at Harvard Medical School and as guest faculty member for a post-graduate course in general thoracic surgery held at Massachusetts General Hospital in March.

Dr. **Robert E. Shank**, chief of preventive medicine at Barnes and chairman of the department at WUMS, was recently presented a special award for his support of the Visiting Nurse Association of Greater St. Louis as a member of the agency's Medical Advisory Committee. The VNA is an agency providing home health services to St. Louis residents.

Dr. George Zografakis, Barnes/WU plastic surgeon, presented papers on "Cleft Lip Repair" and "Breast Reconstruction Following Mastectomy" to the 4th Congress of the European Sections of the International Confederation of Plastic and Reconstructive Surgery in Athens, Greece, recently.

Rusti Moore, director of Barnes department of education and training, recently presented a twopart seminar entitled "Developing an Effective Education and Training Staff" at the annual meeting of the American Society of Health Manpower Education and Training of the American Hospital Association in Boston, Massachusetts.

Dr. Robert Stine, emergency department medical director; Dr. Karl Crossen, medical intern; Cindy Dunlap and Mary Ann Lehman, RN's, were directed by security to the victim. Dr. Stine said, "We were carrying our portable resuscitation equipment and didn't realize the 18-wheeler was such a long way from the hospital entrance. But, we still managed to make the trek, equipment and all, at a rather fast pace."

"When we reached the scene, we climbed up into the cab and immediately checked the man's pulse." Dr. Stine added, "His heartbeat was ir-

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sor of psychiatry at Harvard Medical School, is the new director of the WUMS division of child psychiatry. He succeeds Dr. **E.J. Anthony**, who is retiring from the directorship which he held for 23 years, but who will retain the Blanche F. Ittleson Professorship. Both Dr. Earls and Dr. Anthony are Barnes psychiatrists.

Dr. Virginia V. Weldon, Barnes/WU pediatrician, was recently named associate vice-chancellor for medical affairs for Washington University. Since 1975, Dr. Weldon has been assistant to the vice-chancellor for medical affairs. She is also vice-president of the Washington University Medical Center, a position to which she was elected in 1980.

Guillain-Barre syndrome study underway here

Barnes/WU neurologists are participating in a multi-center study of the treatment of acute infectious polyneuritis (Guillain-Barre syndrome). The randomized treatment compares plasmapheresis against any treatment not including steroids or immunosuppressant drugs.

Doctors wishing to have their patients included in the study should contact the principal investigator, Dr. Sven G. Eliasson.

Funeral rites held for Dr. David Skilling, Jr.

Funeral rites for Dr. David M. Skilling, Jr., Barnes/WU physician emeritus, were held at Webster Groves Presbyterian Church July 18. Dr. Skilling, 81, died of kidney failure at Barnes July 15 after several months hospitalization.

A specialist in diseases of the chest, Dr. Skilling served on the boards of a number of area hospitals, and was an assistant physician in clinical medicine before his retirement from Barnes staff in 1979.

Dr. Skilling received his undergraduate degree from Washington and Jefferson College, Washington, Pennsylvania, in 1923 and earned his medical degree from WUMS in 1928. He joined Barnes in 1937 and was also an instructor in clinical medicine at the medical school from 1933 to 1973.

Suvivors include his wife, Eloise, two sons, a sister and three grandchildren.

Dr. David McClure dies, Barnes pediatrician

Dr. David N. McClure, a Barnes/WU pediatrician, died of cancer July 3. He was 65 years of age.

A native of Union City, Tennessee, Dr. McClure was a 1940 graduate of the University of Tennessee College of Medicine, Memphis. He joined Barnes staff as an assistant pediatrician in 1950, and subsequently became associate pediatrician in 1977, specializing in pediatric allergy.

He is survived by his wife, Joan Burke McClure, three daughters, three sons and four grandchildren.

Dr. Andrew Jones dies, neuro/psych emeritus

Dr. Andrew B. Jones, Barnes/WU neurologist/ psychiatrist emeritus, died of a stroke at his home in Okeechobee, Florida, June 19. He was 91 years of age.

A native of Tennessee, he received his medical degree from Vanderbilt University in Nashville in 1916. Dr. Jones served a residency in medicine at Barnes in 1920-1921, and was appointed to the staff as an associate neurologist/assistant psychiatrist at Barnes in 1925. He retired from the active staff in 1965.



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