McCarthy Bros. Construction Co. Selected as General Contractor For New East Pavilion Addition; Completion Expected in 30 Months

Bids for construction of the new 12-story East Pavilion addition to Barnes Hospital were let recently, following approval by the hospital's board of trustees. McCarthy Bros. Construction Co. was selected general contractor of the $23.6 million project.

Work on the project will start immediately and completion is expected in about 30 months, according to Robert E. Frank, director of the hospital.

The new building, which will be located east of the main entrance to Barnes, will encompass 373,126 square feet, making it one of the largest buildings in St. Louis, excluding some of the downtown department stores, he said.

The building's facade and a concrete arcade entrance, similar to archway at Queeny Tower, will be expanded south, into Barnes Memorial Plaza, the street that runs in front of Barnes.

The new addition will include 464 acute patient beds, 48 intensive care beds, five delivery rooms and 22 operating rooms.

It was "love at first sight" as the nursing students were introduced to "Twiggy," the St. Louis Zoo's new performing chimp who will also be the mascot of the Barnes School of Nursing. Plans are for Twiggy to occasionally attend functions of the nursing school. When he is unable to attend, a student nurse, wearing a dynel suit, will substitute for the chimp. Welcoming Twiggy, whose attention was focused on his trainer, are, first row, left: Patricia Abernathy, Twiggy, Elizabeth Roth. Second row, left: Karen Frye, Linda Reilly, Kathleen Hakes, Sue Grosse.

"Twiggy" is the focal point of a new nurse-recruitment campaign that has been launched by the School of Nursing. Barnes and the zoo have worked an arrangement that will permit the performing chimp to leave his confines and rigors of training to attend activities of the Barnes School of Nursing.

Twiggy is already destined for stardom in the monkey show at the zoo next summer as "The Barnes Chimp."

Not since Mr. Moke, former star performer retired from the chimpanzee show four years ago has the zoo featured a talking chimpanzee. Twiggy is reported to have a two-word vocabulary, "mamma" and "hi!"

Twiggy performs back somersaults, plays dead, falling to the ground and then arising and walking on crutches, dances and is said to like to write on paper.

His zoo trainer said that Twiggy has a fondness for particular foods, including spaghetti, liver with onions and vanilla ice cream. "It is not surprising," Twiggy's trainer commented, "that he does not have the svelte figure of his British "(Continued on Page 6)
Shortage of 354 Parking Spaces in Area; Future Prospects Look Dim, Survey Says

Parking at Barnes is a major problem and the immediate future will bring no relief, according to a survey prepared for evaluation by Barnes’ administration.

Presently there is a shortage of 354 parking spaces in this area. This figure does not include a temporary loss of about 150 spaces when Jewish Hospital starts construction of a garage this month and temporary loss of about 70 parking spaces on Barnes Hospital Plaza when the East Pavilion construction begins.

For clarity, there is a shortage of 354 parking spaces. According to the survey, if the trend continues, by December, 1975, the projected shortage of spaces is 1,355.

There are currently 3,864 parking spaces available. The startling projected-parking demands were based on figures submitted by members of Washington University Medical School and Affiliated Hospitals and the St. Louis School of Pharmacy; results of on-site surveys at designated parking lots; and counts of on-street parking.

The survey states that 52.9 per cent of the employees, who work in the medical complex area, drive to work. Present space-demand ratios indicate a 70 per cent space requirement for full-time and an 18 per cent for part-time professional staff.

Information from questionnaires shows a marked difference in the percentage of drivers among the various educational institutions. Student nurses were the lowest with 10 to 25 per cent driving, and this percentage ranged to 50 per cent for medical-school students.

About 600 spaces are now being used by visitors and outpatients. The survey said that one “pay” parking lot has to turn away about 37 cars during the day because its spaces are filled.

In another development, parking-meter rates around Barnes’ complex have doubled. Rates have increased from 40 to 80 cents for eight hours of parking. A “meter maid” has also been assigned to patrol the Washington University Medical School and Affiliated Hospitals parking areas.

Barnes’ administration has expressed that all efforts will be made to coordinate individual building plans in order not to compound the parking problem. James Claywell, Barnes administrative engineer, already has developed comprehensive plans for a movable parking facility which could be a future possibility.

Meanwhile some temporary relief is in sight as parking spaces on Barnes Hospital Plaza soon will be increased about 30 spaces because of proposed shortening and relocation of the road’s median divider.

According to Mr. Claywell, the work will be done in co-operation with the city of St. Louis. It will entail building a five-foot wide median to replace the existing 15-foot divider.

Another short-term possibility to relieve the parking problem which the administration is considering is the shuttling of buses from locations in Forest Park to outlying areas.

Clarence Bopp Retires After 6 Years Service; Replacement Assumes Communications’ Duties

Richard O’Haren, a native St. Lunian and a former communications sales manager with Southwestern Bell Telephone Co., assumed duties of communications co-ordinator here Jan. 1, to replace Clarence Bopp, who retired after six years as a Barnes employe.

Mr. O’Haren worked for the telephone company for 18 years. He left the telephone company in 1965.

The new coordinator has worked extensively with closed-circuit television, telephone and radio communications and public-address systems. More recently, he worked as an independent consultant in his field.

“I also plan to study ways in which to get in touch with the doctors more rapidly. Instead of using the paging system, possibly radios may prove to be a better way of communication,” Mr. O’Haren said.
Committee Launches Efforts to Repeal Missouri's Abortion Law; Barnes Physician Outlines Medical Aspects of the Controversy

The phone call to the physician's home was urgent, and he left his evening meal to talk to his patient.

"Please, doctor, you must help us. Remember my 13-year-old daughter? She's pregnant. Doctor, it's even worse than it sounds. Her brother is the father. Can you recommend someone who can give her an abortion?"

This true story of a Barnes medical staff member's recent experience highlights the doctor's dilemma—when he can, and when he cannot—help a pregnant woman who does not want her child. The laws now on the books are of little assistance with this thorny problem, which involves medical, legal and moral problems.

Recent high court decisions just short of the United States Supreme Court are exerting great pressures on state legislatures to liberalize abortion laws or even repeal them entirely. This was the consensus of a panel of speakers at an organizational meeting held recently to form a Legal Abortion Committee. The group seeks to repeal Missouri's abortion law.

Miss Sandra Carnesale, a third-year student in the Washington University School of Medicine and organizer of the committee, explained to 150 persons at the group's first meeting at the Ethical Society Building, 9001 Clayton Rd., Clayton, that the committee is for repeal rather than for modification of the law.

Why repeal, not reform? Many persons strenuously oppose abortion reform bills because the bills put the governmental bodies in the position of "deciding who shall live and who shall die." Through repeal of present abortion laws, women and their families would have the right to request abortion by their physicians, the Legal Abortion Committee says.

As the controversy over abortion continues to swell, watching with interest is Dr. Ralph B. Woolf, associate obstetrician and gynecologist at Barnes Hospital, who addressed the committee. Dr. Woolf said Missouri's basic abortion laws were passed in 1845, "allowing legal abortions only to save the life of the mother . . ." because of the danger of the procedure before the era of anti-biotic drugs, blood transfusions, antiseptic and modern surgical techniques.

He also noted that two recent attempts to change Missouri's abortion laws were unsuccessful. The bills did not get approval even by legislative hearing committees. Speaking as a private citizen, Dr. Woolf said that "people who have enough money 'can' get abortions, whether there is a law or not."

_An estimated one million abortions are performed a year_

Since no one records illegal abortions, figures are uncertain, but the widely-quoted estimate is one million per year. About 10,000 legal, or therapeutic abortions, are performed annually in U. S. hospitals.

Dr. Woolf said that all professionally qualified physicians should be allowed to perform legal abortions in a modern hospital setting without fear of criminal penalties. Under present laws, a physician who believes abortion is in the best interest of his patient must either violate the law by performing it or violate his principles of sound medical practice by refusing it. "For a doctor to advise a patient or her family that she seek an abortion in any of our own 10 states or foreign countries where abortion is legal, is breaking the law," Dr. Woolf said.

Also many doctors, trained as guardians of life, have strong moral repugnance toward abortion, and some psychiatrists feel that it may evoke feelings of guilt severe enough to produce neurotic, or even psychotic symptoms.

How safe are abortions? When properly performed under medical safeguards in the first three months of pregnancy, abortion is safer than childbirth at full term, Woolf implied. In 1964 Czechoslovakia reported no deaths in 140,000 legal abortions and Hungary only two in 358,000. Abortion was legalized in England in May, 1968. On the basis of the first 50,000 legal abortions performed in England, there have been only eight deaths. The situation in England falls short of the hospital and professional settings suggested by Dr. Woolf.

Illegal abortions can be hazardous, Dr. Woolf pointed out. It is estimated that some 400-1000 women die from out-of-hospital abortions and many are admitted to hospitals for damage done by illegal abortions in the United States.

Attorney Hugh McPheeters and Mrs. George Roudebush, a board member of the Planned Parenthood Society of St. Louis, also addressed the committee. McPheeters pointed out some of the reasons why women seek abortions.

Many women have abortions following conception through rape or incest, or because of threats to pregnancies from disease or drugs, he said.

Mrs. Roudebush noted that an overwhelming number of women seek abortions because they do not want to give birth to an unwelcome or unexpected child.

"The majority of these women are married and have all the children they want or can afford. No birth control method is guaranteed 100 per cent."
The Queeny Tower Personnel Provide Service With a Style

Patients, employees and guests in the dining room, coffee shop and outpatient rooms in Barnes' Queeny Tower are served by a staff which has long experience in managing dining and room accommodations.

Queeny Tower, with its unique features, is an accepted part of the hospital complex. It has been in operation for five years now, and there have been some changes. Demand for more acute patient rooms has resulted in two floors being converted from ambulatory care facilities to acute care nursing divisions.

There are now two floors of self care, where hospitalized patients handle some aspects of their own care. Self care benefits the community and the individual patient—the patient who is able to have less supervision of his care pays a lower rate per day, and a bed is freed in the acute care section to accommodate someone who must have more intense nursing care.

In its five years of life, the Tower has been visited by architects and hospital planners from all over the world, and many of its outstanding features have been copied in other hospitals. When it was opened, it was hailed as a new dimension in health care. Until that time, there had been little emphasis on providing a home-like, attractive room for patients.

The late Edgar M. Queeny, who was chairman of the Barnes Hospital board of trustees, envisioned a facility which would offer the patient special features, such as a dining room equal to the finer eating places in St. Louis, a solarium for ambulatory patients, and rooms which afforded a magnificent view, carpeting, and comfortable furniture such as they might have at home.

The dynamic board president and his wife, Mrs. Ethel Queeny, provided $4,500,000 which was half of the cost of the Tower, to make such a place possible. The remaining debt of the building is being amortized by a dedicated fund.

"The Tower is the only place in the city where a patient can get any type of food he wants, from a juicy hamburger to a thick steak," said Joseph Bono, dining room manager. Patients in self care may eat in the Tower dining room, or have room service bring their food to their rooms. The cost of these meals is included in their room bill, just as it would be if they received their food from the Barnes dietary department kitchens.

The coffee shop is filled to capacity eight times per day, as employees, patients' families, and guests enjoy its attractive atmosphere and menu of sandwiches, snacks, and full meals.

Mrs. King, manager of the outpatient Tower facilities, is well known to St. Louisans who have worked in the downtown area, because for many years she was general manager of the Mayfair and Lennox Hotels. Mrs. King recalls the lean days of the depression, when an elaborate meal, "everything from soup to nuts," cost less than $1.50.

The World War II years brought reunions and partings of families in the downtown hotels. "Lobbies were filled with crying babies," Mrs. King said, "There was a five-day limit on the rooms, because of the demand."

"The Tower is a new challenge to me," said the slender Mrs. King. "I still see many of the people I knew downtown, and of course so many of the former hotel employees are now here at Barnes. I have a feeling I'm helping people here, and that's a wonderful feeling."
Clyde M. Caldwell Dies
At Barnes December 16;
Managed Laundry Area

Funeral services were held recently for Clyde Caldwell, 61, a Barnes employee since 1949, who died after a long illness.

He was promoted to laundry manager in 1962. Prior to working at Barnes, he owned a laundry at Harrisburg, Ill.

He was active in church work and the Boy Scouts. At one time, he was a recipient of the Silver Beaver award, which is the highest honor in scouting.

Mr. Caldwell was survived by his wife, Mildred, who is a nurse on 1200, and four children.

Mr. Caldwell’s supervisor at Barnes was Donald Horsh, associate director, who said in tribute to Mr. Caldwell: “I’ve known him for about 16 years. He was liked and respected by everyone, which, in itself, attests to the type of man and supervisor he was.”

Sylvia Bierman, 8026 Parkway, and clinical nurse, Mrs. Shirley Kelce, Mrs. Bierman’s husband is employed by Metropolitan Life.

Smokey the Bear suit, is being purchased. It will be worn by a nursing student at school activities.

Dr. Ackerman found unusual cancerous lesions that are common to the Bantu man spent considerable time at Baragwanath where he was the visiting professor of pathology.

He returned from Joannesburg, South Africa, in December after a 10-month leave of absence.

According to Dr. Ralph D. Feigin, assistant pediatrician, effective July 1.

Surgical pathologist-
in-chief at Barnes, said, “The answer is there that Dr. Ackerman found unusual cancerous lesions that are common to the Bantu man spent considerable time at Baragwanath where he was the visiting professor of pathology. He returned from Joannesburg, South Africa, in December after a 10-month leave of absence. The program attempted to “stimulate medical professionals to look at death more realistically.”

Dr. Vavra said that in a recent survey of incurable patients, more than half were never told they were dying. “Most doctors agreed that they had not told their patients because they didn’t want them to lose hope and become suicidal.

“Physicians are perplexed in how to express optimism in view of constant deterioration. It isn’t right not to let patients know the pertinent facts. Patients have a right to know as a matter of integrity,” he said.

Most people associate a peptic ulcer with too much acid. However, researchers have recently discovered that a person with a normal amount of acid can still get ulcers due to changes in other components of secretion of the stomach. Discussing developments in this field at a seminar recently at Tulane University School of Medicine, New Orleans, Dr. Walter B. Ballinger, surgeon-in-chief at Barnes, said, “The answer may lie in the fact that this person does not have enough mucus in his stomach to defend himself against the acid. Or it may be that the chemical makeup of the mucus itself may be abnormal.”

Dr. Ballinger said that researchers have discovered that changes in mucus can occur in humans.

Dr. Lauren V. Ackerman, surgical pathologist-in-chief at Barnes, returned to Barnes in mid-December after a 10-month leave of absence. He returned from Joannesburg, South Africa, where he was the visiting professor of pathology at the University of Witwatersrand. Dr. Ackerman spent considerable time at Baragwanath Hospital which is mainly for Bantu tribesmen. It was there that Dr. Ackerman found unusual cancerous lesions that are common to the Bantu people.

Status Changes Announced

Six physicians were recently reported on the attending staff at Barnes. They are: Dr. Malcolm T. Foster Jr., assistant physician; Dr. Raymond Dean Wochner, assistant physician; Dr. Harold S. Kaplan, assistant pathologist, clinical laboratories; Dr. Charles C. Norland, voluntary assistant, Washington University Clinic; Dr. Jerry Midleton, assistant, obstetrics-gynecology, leave of absence, effective January 1; Dr. Jonathan R. Reed, assistant, obstetrics-gynecology.

Returning to active status from a leave of absence, effective July 1, are: Dr. Malcolm T. Foster Jr., assistant physician; Dr. Harold S. Kaplan, assistant pathologist, clinical laboratories; Dr. Charles C. Norland, voluntary assistant, Washington University Clinic; Dr. Jerry Midleton, assistant, obstetrics-gynecology, leave of absence, effective January 1; Dr. Jonathan R. Reed, assistant, obstetrics-gynecology.

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Treatment Underway at Health Research Unit;
25 Patients Receive Care in First 2 Weeks

About 25 patients received group medical care treatment by teams of physicians during the first two weeks of operation of the Medical Care Group of Washington University, (MCG) which has just been initiated by the Division of Health Care Research.

According to Dr. Gerald Perkoff, who supervises the work of the unit, the operation has progressed “quite well” and the only minor snags encountered had mainly to do with some problems with records.

“However, these minor difficulties are being eliminated and everything is going smoothly now. The ‘Twiggy’ (Continued from Page 1) namesake. Twiggy is a chunky chimp.”

The Twiggy campaign is aimed to attract the interest of students in junior high and high school, concerning careers in nursing.

Twiggy is being introduced to the public by publicity in the news media, posters and brochures. A dyne suit, representing Twiggy, similar to a Smokey the Bear suit, is being purchased. It will be worn by a nursing student at school activities.
Survival Rate in New Respiratory Unit 'Three Times Higher' Among Similar Cases Treated Throughout Barnes Last Year

The survival rate in the medical Respiratory Intensive Care Unit at Barnes is three times higher than the survival rate among similar patients at the hospital, prior to the opening of the respiratory unit last year on the second floor, according to Dr. Henry Casson, anesthesiologist and general consultant on cases in the unit.

Prior to the opening of the new unit, respiratory equipment was wheeled to the patient's bedside throughout the hospital, while now almost all patients with respiratory disease and breathing problems are treated in the respiratory unit.

"The remarkable alteration of mortality rates in diseases affecting the respiratory function is testimony to the success of the work at Barnes, particularly that of Dr. Glenn Weygandt, who was an anesthesiologist here prior to leaving for post-graduate study, and Dr. John A. Pierce, respiratory physician, who devised the unit," said Dr. Casson.

Over the past 25 years, there have been dramatic applications of new knowledge to the problems of respiratory disease, and what were considered fatal illnesses only 10 years ago are now considered "curable" to the newer knowledge and skills of doctors and nurses.

The advent of centralized respiratory intensive care by "teams" of physicians at Barnes, internists, anesthesiologists, neurologists and specially-trained nurses comes in the wake of many social problems brought on by modern living: air pollution, emphysema, smoking, obesity and the increasing magnitude of their overall surgical and medical problems.

"It's a constant struggle to keep abreast of the situation, especially in times when there is a universal shortage of skilled respiratory-care manpower," said Dr. Casson, a native of Liverpool, England, who has been in this country for only five years.

"There seems to be a rising incidence of chronic bronchitis in this country in the last few years, leading to respiratory failure in the winter time," the anesthesiologist said, "and there will be more problems in the future because of air pollution."

Dr. Casson noted that the nurses in the intensive care unit "share the major responsibility for the patient's welfare. The nation's top nurse-to-patient ratio is one nurse to every two patients. The Barnes unit compares favorably with this figure," he said.

The house staff undertakes most of the day-to-day care of the patients, in consultation with Dr. Pierce and Dr. Casson. Ventilators are the main source of life-saving support for patients with respiratory disease. There are two main types of ventilators to assist a patient's breathing in the unit. One permits the patient to receive certain pre-set, specified amounts. The other is a sensitive machine that permits patients to regulate automatically the amount of assistance that the machine gives them.

Machines are attached to the patients in two ways. Tubes are placed into the trachea, via the mouth for short periods. Tracheostomies are performed on some patients who usually need ventilation for long periods of time. A tracheostomy is performed by making a small incision into the trachea and a ventilation tube is placed in a patient's neck.

How much oxygen should a patient receive? This is determined by periodic blood samples drawn from an artery. Blood is then sent to a laboratory where blood gases are analyzed.

Within 15 minutes of the blood drawing, test results of blood gases are made available to the medical staff so they can increase or decrease the amount of air the patient receives.

Respiratory failure is associated increasingly with serious cardiovascular, renal, gastrointestinal, or neurological diseases. "We have 72 per cent occupancy in the respiratory unit which now houses equipment and space for three patients at one time," Dr. Casson said.

A variety of patients are treated in the respiratory unit. To name a few: Pneumonia with heart failure, carbon monoxide victims, traffic injuries, poisonings and nerve diseases leading to the loss of muscle power. Cardiac monitoring is available in the respiratory unit.

During its first year of operation, the respiratory care unit treated 80 patients. The average length of a person's stay in the unit was 10.6 days. A few patients were admitted more than once.

One patient was treated in the unit for 132 days, while the shortest period of treatment was only two hours. The unit had a 37 per cent expiration rate. An interesting look at the following table indicates some of the major diseases that are treated in the unit:

### New Escort Messenger Chases Armed Robbers After $50 Was Taken From Barnes' Volunteer

A letter of commendation from the hospital administration was presented recently to Tony Crockett, a dispatch messenger who tried to thwart an armed robbery near the cashier's office on the main floor of Barnes.

The incident occurred as a Barnes volunteer Dedication Ceremonies For New Kidney Unit

Dedication ceremonies for the new kidney unit on the second floor of Barnes will be held at 4:00 p.m. Jan. 18. The new five-bed out-patient facility will be equipped to treat 25 patients on dialysis. In dialysis, impurities are washed from the blood by artificial kidney machines.

Featured speaker at the ceremonies, sponsored by Barnes and Washington University, will be Dr. George Schreiner, president of the National Kidney Foundation. Joseph Friedman, chairman of Chromalloy American Corp., which contributed $250,000 to help finance the project, will also address the group.
New Safety Ruling Emphasizes That Safety is Everyone’s Concern

Safety is a continuing concern to all Barnes employees, particularly on the job. In 1969 Barnes employees helped set one of the best safety records experienced at Barnes Hospital in recent years.

According to statistics released recently by the National Safety Council, Barnes ranked well in comparison with hospitals of similar size for first three quarters of 1969. Hospitals with more than 1,000 employees had an average of 6.05 disabling injuries per one million man-hours. Barnes only had 1.94 disabling injuries per one million man-hours.

"Although last year's record is something to be proud of, there seems to be a rising incidence of injuries in many hospitals and Barnes needs to be on guard that the rising rate of accidents does not become a trend here," Edward Thurman, safety and security co-ordinator, said recently. He noted that work habits are the prime factor in safety.

One of the most important factors in a successful safety program is the wearing of proper safety equipment. This mainly concerns maintenance, laundry and housekeeping.

In these areas, safety goggles, welding shields, safety shoes and insulated gloves (for electrical wiring) are distributed to employees. However, unless each employee takes advantage of safety equipment, he is gambling with safety.

But no matter how good Barnes' safety record is—the next accident could happen at any time. In order to keep the hospital's record running at a high level, several Barnes employees offer these tips: "It's also a good practice to keep side-rails up on senile and surgical patients. These patients also need assistance in walking," Miss Gwendolyn Walker, ward secretary on 5 Barnes, says. "Occasionally, syringes are not properly discarded. Deposit boxes for syringes are available in the nurses' medicine rooms and other locations, but for some reason, syringes get tossed into nearby waste baskets. Someone handling the waste basket could get stuck with a contaminated needle. Another problem is the fact that blood drawers sometimes will accidentally prick themselves while handling the syringes. This would no longer be a significant problem if employees would just take time to get a vacuum container to use with the needle," she said.

"Many accidents occur because employees try to take short cuts on the job," Mrs. Costella Grey, assistant supervisor in dietary, says. She added "It's a good idea to assume that all pots and pans are hot before attempting to touch them. Dish-washing is one area where employees sometimes sustain minor injuries. I think that when washing dishes, it is best not to let them accumulate into large stacks in the wash water. Why not wash one item; rinse it and then go to the next item? This prevents glassware breakage. An employe should never pick up broken china or glass with bare hands. Safety rules are for the employe's benefit."

Charitable Institutions ‘Must Be Responsible’ For Negligent Acts

Not only is safety something that concerns everyone, but now Barnes and many other charitable institutions must be responsible for negligent acts of their employees, following a recent opinion by the Missouri Supreme Court which discarded the old doctrine of immunity of charitable institutions from damage suits.

The action came in a decision filed against a Presbyterian church in St. Louis by a woman who slipped and fell on a wet tile floor at the entrance of the church.

Until now, Missouri hospitals, churches and other "charitable" institutions were immune from damage suits. The doctrine was affirmed in 1907, but has been under attack since 1942.

The new doctrine has been applied by the court in another case in which a man sued St. Mary's Hospital in St. Louis, charging he suffered injuries in a fall as the result of a hospital employee's negligence.

The high court made the two rulings apparently on the observation that liability insurance is available to charitable institutions and that most charitable institutions in the state carry such insurance.

Medical Group Elects Three Barnes’ Doctors

Three Barnes staff members were elected officers of the St. Louis Medical Society recently by the organization's 1,500 active members. The new officers are: Dr. Lawrence O'Neal, Barnes' assistant surgeon, president-elect whose term starts in 1971; Dr. Paul Friedman, assistant anesthesiologist, secretary; Dr. Thomas B. Ferguson, assistant surgeon, vice president.