Barnes Hospital ultimately will receive a multi-million dollar bequest in the form of a trust fund established by the will of Mrs. Ella Peters Lauman, 90, a member of a prominent St. Louis family who died recently of infirmities of age at her home. Her estate was valued at more than $8 million. Barnes will receive 60 per cent of the estate.

According to will stipulations, the Lauman estate shall constitute a trust fund established in memory of her parents, Mr. and Mrs. Henry W. Peters. The will states that Barnes Hospital should use most of the bequest to erect new buildings or wings as memorials to Mr. and Mrs. Henry W. Peters. The remainder of the trust should be held for a 15-year period to assist in maintenance and upkeep on the building.

Mrs. Lauman’s husband, Arthur F. Lauman, secretary-treasurer of the West St. Louis Trust Co., died in 1918. There are no children. Mrs. Lauman’s older brother, the late Edwin H. Peters, was a former president of the Peters Division of International Shoe Co., and the president of the Peters Division of International Shoe after Peters merged with it.

Mrs. Lauman’s brother was the late Oliver F. Peters, a retired vice president of the old International Shoe Company who died last year at Barnes. His will also provided that a $3 million bequest, based on the present market value, be given to Barnes Hospital.

Barnes to Receive Multi-Million Bequest From Lauman Estate

Annual Report Describes 1970 Highlights

Costs, Technology, People, Construction Discussed in Sections

This is your hospital . . . Barnes Hospital. In your community.

Everyone knows it is important that your hospital care about you . . .

Did you know it is important that you care about your hospital?

. . . We know your concerns. The rising costs. Government’s increasing role in financing health care.

The “mixed blessings” of increased technology in patient care.

On this note, the 1970 Barnes Hospital annual report begins its explanation of the highlights of the hospital’s past year. The report features new construction, advances in patient care, and discussions of the problems of costs and charges.

In one section of the publication, Robert E. Frank, director of the hospital, said that perhaps the most unique feature of the past year at Barnes was the shortening of the length of stay of the patient. During 1970, Barnes admitted 32,882 patients, an increase over 1969, and a record for the hospital. However, there were 344,557 days of patient care delivered, 4,858 less than in 1969. The reasoning for this is that the average patient stayed about one-third of one day less.

Mr. Frank said, “This is certainly a measure of efficiency for both the patient and the community,” he said. Mr. Frank also noted that there was an increase in laboratory, pharmacy and clinical services used in 1970 over 1969.

“Figures recently released by the U.S. Department of Labor indicate that national hospital costs are rising almost 15 per cent, and hospital costs have risen 160 per cent since 1960, the report said. Despite these trends in spiraling hospital operating costs, Barnes’ operating costs for 1970 increased only 9 per cent, significantly less than the national average.”

Barnes operating cost increases have remained relatively constant for the last three years. Planning and cost control are two reasons given why operating costs have not risen proportionately in comparison with other hospitals across the U.S. The operating costs at Barnes for 1969 increased 15 per cent, which compared favorably with Department of Labor statistics, which show that during 1969, the overall costs of the nation’s 5,853 hospitals rose 17.3 per cent. In ’70, Barnes’ operating costs increased by 10.3 per cent over 1969.

Discussing the progress of the East Pavilion, Board of Trustees chairman Raymond E. Rowland pointed out that “The structure will contain many innovative approaches to hospital construction. Eight elevators and an escalator will speed vertical transportation. Advanced communication systems, including provisions for computer-assisted ordering and messages, will link the nursing divisions with other areas which serve the patient’s needs.”

New health legislation was briefly discussed in the annual report. “Most economists, politicians and health officials are predicting that national health insurance will become a reality very soon. None of the legislative plans mean that government will ‘take over’ health care. Some substitute government insurance for the private health insurance we know today. More doctors might work (continued on page 2)
Barnes & Allied Assn. Installs Dr. Knowlton
As President; Hears Talk on Health Planning

Dr. Norman Knowlton, assistant Barnes physician, was installed as president of Barnes and Allied Hospitals Society during their spring meeting April 15. Preceding the business session, the group heard Robert Parker, director for the Alliance for Regional Community Health, known as ARCH, discuss the functions of his relatively new health planning agency.

Mr. Parker said ARCH is a community agency which is responsible for health planning in an eight county area in Missouri and Illinois—St. Louis, St. Charles, Franklin and Jefferson counties in Missouri and Madison, Monroe and St. Clair counties in Illinois, as well as St. Louis itself.

ARCH has no authoritative or legal powers, and it can only review medical proposals and projects. ARCH functions in the following manner:—An advisory committee, composed of representatives from the eight counties which ARCH serves, formulates, or reviews project plans with the staff members of ARCH.

Mr. Parker mentioned planning is essential to avoid the duplication of health services. For example, he mentioned that several St. Louis hospitals have empty patient beds for a particular medical service, but one hospital in particular is presently constructing new facilities to handle these same medical services.

Dr. William Danforth, vice chancellor of Medical Affairs for Washington University, announced at the meeting that a long-range planning committee, composed of about 30 persons from the medical and academic institutions located in this area, has been formed to formulate recommendations concerning the overall welfare of the institutions that are represented on the committee.

Dr. Danforth said the planning committee will be active in matters such as area-wide parking facilities, collection of medical data for planning purposes and any problems that are brought before the committee.

Dr. Norman Muschany, retiring president of Barnes and Allied, was presented with a plaque by Dr. Knowlton, who is the new president. Dr. Knowlton praised Dr. Muschany for his dedicated efforts in serving the Society during the past year as president.

Other new officers are Dr. David Kerr, vice president; Dr. Richard Bradley, secretary; and Dr. Thomas Ferguson, president elect. Another retiring officer, Dr. Malcolm Stroud, vice president, was presented a plaque along with Dr. Richard Bradley, who served the past year as secretary-treasurer. Three new council members were elected to three-year terms. The newly-elected are Dr. Richard Fallon, Dr. Leslie Walker and Dr. Charles Manley.

Annual Report

(continued from page 1)

for a salary or in group practices instead of for fees, but also would retain their right to practice privately.”

“The proposals do not offer ‘Free medical care except for the persons at the lowest level of income. For the relatively affluent, costs could be higher than they now pay. Whatever the plan finally adopted, the ‘consumer’ will continue to pay for medical care. Whether individual incomes or employers are taxed, costs will ultimately be borne by the taxpaying citizen.”

“Barnes is unique in that it is not just one ‘type’ of hospital,” the report said. “It is a teaching hospital, but it is also a community, regional, and national hospital. Finally, it is a neighborhood hospital.”

Laundry Installs New Wrapping Machine

Dr. Norman Muschany, retiring president of Barnes and Allied Hospitals, right, receives a plaque as a token of his year’s service to the organization from Dr. Norman Knowlton, Barnes assistant physician, who is the group’s new president.

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Weight-Watchers Helps Pharmacy Supervisor Shed Pounds Fast

Summer, the season for outdoor fun and recreation draws near, but for many overweight persons, it's a time for embarrassment, especially when it comes to that annual painful ritual of wriggling into last year's swimming suit and discovering it's too small.

Mrs. Florence Mueller, director of pharmacy services at Barnes, knows this feeling. However, at the recommendation of her physician, she has shed 60 pounds in a few months. She has slimmed from a 22%-1/2 size dress to a 14-1/2. Her secret? She's a staunch member of Weight Watchers. Her husband who has little alternative but to follow his wife's diet, has also lost about 60 pounds.

"Contrary to some weight-reducing groups, Weight Watchers is inexpensive to join and its weekly fees are nominal. The instructors try to sympathize with the overweight person, not chide or chastise him. The meetings are devoted to dramatic lectures, pep talks and testimonials," she said.

The Weight Watchers' low calorie diet features high protein consumption. The proteins metabolize and burn the excess stored body fat, which coupled with a low caloric intake, results in a weight reduction. The diet is based on five fish meals a week, alternating with three beef meals. Chicken is not regarded as meat and the main meal daily is the evening meal. Breakfast consists of half a grapefruit, one egg, one slice of unbuttered toast, coffee with no sugar or cream. Artificial sweeteners may also be used. Mrs. Mueller said that on occasion she substitutes a slice of toast with melted cheese with cinnamon and sweetening.

Lunch consists of fish, usually tuna, with a slice of bread, hardened cheese and vegetables with no calories, such as celery, tomatoes and lettuce. An unusual feature of the diet is that a woman can have two slices of bread a day prior to the evening meal and a man can have four slices. The evening meal consists of 6 ounces of fish, meat or chicken for a woman and 8 ounces for a man.

Dr. Allan E. Kolker, ophthalmologist, tests for glaucoma at McMillan Hospital.

Patients who are stricken with open-angle glaucoma do not have readily detectable symptoms as do patients who have the more acute angle-closure glaucoma. Symptoms of angle-closure glaucoma are more easily discernible. Some of these symptoms are eye pain, headaches, redness of the eyes, vomiting, and blurring of vision. Patients who have open-angle glaucoma do not realize anything is wrong at the outset of the disease. Contrastingly, angle-closure glaucoma patients know almost immediately that something is drastically wrong and they usually seek medical attention.

Dr. Kolker noted that they are, in the majority of glaucoma cases, able to halt the progress of the disease, especially if it is discovered early. "Once we discover the disease, we can treat it with eye drops or pills to prevent the condition from becoming worse," he said.

Methods Director Serves On Advisory Committee

Instituting new work-flow procedures, new modes of operation in various departments and the establishment of specific criterion for work measurement could lead to an increase in the hospital's productivity, according to Roy C. Andrews, Barnes' methods director.

Mr. Andrews is serving on an advisory committee of the American Hospital Association's division of research to develop an introductory handbook for increasing the hospital productivity. The book someday could be used as a guideline for hospital supervisors to increase productivity. The first meeting of the committee was held March 4 at AHA headquarters in Chicago.

Mr. Andrews said the book's emphasis would be on manpower and criterion for work measurement. "Work measurement is one of the techniques which can lead to the development of evaluation standards (quality, quantity, time and cost) that will aid in guiding and determining the success of programs implemented to increase productivity," he said. He also noted that any program to increase productivity in hospitals should involve all the institution's employees.

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Glaucma Found in Teenagers Stresses Need for Eye Check-ups

"Open-angle" glaucoma, the type of glaucoma that can lead to serious visual disability before it is discovered, has been found in a group of young patients who had been referred to Barnes for treatment, according to a study by Barnes ophthalmologists.

Several years ago, it was an accepted popular belief that glaucoma was a disease common only to people age 40 and older. However, in recent years, it has been recognized that forms of glaucoma also can occur in adolescents and young adults. Dr. Allan E. Kolker, Barnes ophthalmologist, recently said that most ophthalmologists are aware of this, but the general public is not aware of this problem.

According to Dr. Kolker, who recently co-authored a new book on glaucoma, a group of Barnes ophthalmologists working at McMillan Hospital have treated more than 125 youth with glaucoma during the last 10 years. Glaucma means that the fluid in the eye forms abnormally high pressure. He noted that most ophthalmologists test patients as part of their routine eye check-ups. "Blindness can only be prevented only if detection comes soon enough. We administer glaucoma checks to a youngster for the first time, somewhere between the ages of 10 and 15," Dr. Kolker said.

A person's chances are about one in 10 of getting glaucoma if: ONE: He is very near-sighted. TWO: He is a diabetic. THREE: A close relative has glaucoma. FOUR: His eye has been severely injured. Dr. Kolker said there are two primary types of glaucoma—"open-angle" and "angle-closure." He said that from 2 to 4 per cent of the total population, particularly the elder generation, are afflicted by the open-angle glaucoma.

"This is the common type of glaucoma and this variety accounts for almost two-thirds of the glaucoma that is treated at McMillan Hospital," he said.

Contrastingly, angle-closure glaucoma patients know almost immediately that something is drastically wrong and they usually seek medical attention.

Funeral Services Held For Dr. Harry Glick, increases in hospital productivity. The book someday could be used as a guideline for hospital supervisors to increase productivity. The first meeting of the committee was held March 4 at AHA headquarters in Chicago. Mr. Andrews said the book's emphasis would be on manpower and criterion for work measurement. "Work measurement is one of the techniques which can lead to the development of evaluation standards (quality, quantity, time and cost) that will aid in guiding and determining the success of programs implemented to increase productivity," he said. He also noted that any program to increase productivity in hospitals should involve all the institution's employees.

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Benefits – the Employe's Silent Pay check

Most of the time, money talks. But there is a type of money that doesn't. It's the "silent paycheck," the benefits an employe takes home every payday that don't show up in dollars and cents on the payroll.

These 'plus' features show up on the hospital's cost of employment of each person hired, however. In some cases, the cost of offering these benefits is paid entirely by Barnes; in others it is shared; in a few, the employe pays the total cost.

One very unique benefit available to employes after six months of work is the 100 per cent discount on hospitalization at ward rates for the employe and dependents 15 or over (or younger children who are admitted to McMillan Hospital.) In addition, Blue Cross comprehensive coverage is available upon employment, with the hospital paying 60 per cent; the employe 40%. This coverage takes care of "extras" such as semi-private rooms at Barnes, and all reimbursable costs if hospitalization occurs out of town. Coverage can be extended to the entire family under the Blue Cross Plan.

Many Barnes employes are familiar with the tuition reimbursement program that is being offered at the hospital. Whether a person seeks a grammar school certificate, high school diploma, college degree (in a field related to his job or a career of employment at Barnes) or some courses that will help improve his job knowledge, Barnes will help pay the tuition. Any course taken outside of working hours, that is related to an employe's job may qualify him for a tuition refund.

Barnes pays a fluctuating amount of money per month to the hospital's retirement plan for each full-time employe who has been here at least three years, age 30 or over, earns at least $2.31 an hour, and has joined the plan. During 1971, Barnes contributed $2.03 for every dollar spent by these employes. Barnes' personnel department notifies each employe when he becomes eligible to join the retirement plan.

Another area where Barnes employes receive advantages in addition to their regular pay check is social security. Employes pay 5.2% each year to the federal government and Barnes equally matches this amount.

Life Insurance is another benefit for all full-time employes. Barnes pays over 50 per cent of the premiums each month and the rest is deducted from the employe's paycheck, which amounts to about $2.10 per month for many employes. An employe's total life insurance is equal to 1½ times his annual salary. Twice this amount is payable to beneficiaries in case of accidental death. Vacation and holidays also are benefits. A person employed, with one year of service at Barnes is entitled to two weeks vacation after one year, and three weeks after 10 years. Sick leave is a real benefit when it is needed and this builds up on a basis of 3.69 hours per pay period. An employe can accumulate up to 60 days of sick leave.

Barnes comes under the workmen's compensation law, and if an employe sustains an injury during his regular work hours, he will receive compensation as provided under the law.

Permanent full-time employes who have been at Barnes for six months are entitled to free clinic care, if referred to by personnel health. This is especially beneficial in the face of spiraling medical costs. Barnes employes also receive various drug discounts at the hospital pharmacy; routine chest x-rays, employe rates on food in the cafeteria and free flu shots each winter.

Another benefit is jury duty. This enables employes, upon notification, to serve as jurors during their regular work shift. The hospital pays the difference between the juror duty pay and the employe regular hospital salary.

In the event of death to an employe's spouse, or a member of his immediate family, three days of paid funeral leave is available to an employe.

A chart showing Barnes' benefits appears here. Employes are encouraged to clip and keep it for future reference.
Your Other Earnings — Employe Benefits

It is easy to become confused when contemplating the numerous benefits provided by Barnes Hospital. Most employes are not aware of the actual value of the benefits the hospital provides. In order to keep everyone informed and up-to-date on employe benefits, this chart has been prepared by the Personnel Office. It would be a good idea to keep this summary handy for easy reference.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Who Pays</th>
<th>When Eligible</th>
<th>You Receive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation</td>
<td>Barnes Hospital</td>
<td>2 weeks after 1 year</td>
<td>Full Salary</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Barnes Hospital</td>
<td>3 weeks after 10 years</td>
<td>100% discount at ward rates for you and your dependents who are 15 years or older</td>
</tr>
<tr>
<td>Holidays</td>
<td>Barnes Hospital</td>
<td>Upon Employment</td>
<td>8 paid holidays per year</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>Barnes Hospital pays 60%. You pay 40%</td>
<td>Upon Employment</td>
<td>Comprehensive hospital coverage</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Barnes Hospital pays over 50% You pay remainder</td>
<td>After 3 months of employment</td>
<td>Total insurance equal to 1.5 times your annual salary</td>
</tr>
<tr>
<td>Paid Sick Leave</td>
<td>Barnes Hospital</td>
<td>To earn upon employment. To use after six months</td>
<td>Earned at rate of one day per month, cumulative to 60 days</td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>Barnes Hospital and You</td>
<td>After 3 years, age 30 and earnings of at least $3,517/yr.</td>
<td>Income when you retire</td>
</tr>
<tr>
<td>Social Security</td>
<td>Barnes Hospital and You</td>
<td>Upon Employment</td>
<td>Financial assistance at retirement. Financial assistance in case of total disability</td>
</tr>
<tr>
<td>Workmen's Compensation</td>
<td>Barnes Hospital</td>
<td>Upon Employment</td>
<td>Protection for on-the-job injuries</td>
</tr>
<tr>
<td>Funeral Leave</td>
<td>Barnes Hospital</td>
<td>After six months of employment</td>
<td>Three scheduled work days off with pay</td>
</tr>
<tr>
<td>Out-Patient Care</td>
<td>Barnes Hospital</td>
<td>After six months of employment</td>
<td>Clinic care for you at no charge with restrictions noted in Employee Handbook</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>Barnes Hospital</td>
<td>After six months of employment</td>
<td>Services rendered in the Emergency Room available to you and your dependents at no cost</td>
</tr>
<tr>
<td>Tuition Reimbursement</td>
<td>Barnes Hospital and You</td>
<td>Upon Employment</td>
<td>50% to 100% reimbursement of tuition costs, after advance approval</td>
</tr>
<tr>
<td>Merit Increase</td>
<td>Barnes Hospital</td>
<td>Normally after 6, 12, 24, 36, 48 and 60 months</td>
<td>Appropriate pay increase for your job classification based upon satisfactory performance</td>
</tr>
<tr>
<td>Jury Duty</td>
<td>Barnes Hospital</td>
<td>Upon Employment</td>
<td>The difference between your pay for Jury Duty and your regular hospital salary</td>
</tr>
<tr>
<td>Tax Sheltered Annuity</td>
<td>You</td>
<td>Upon Employment</td>
<td>You may have an amount of money deducted from your paycheck prior to computation of federal taxes. You would receive the amount of money you receive in the form of an annuity.</td>
</tr>
</tbody>
</table>

(A) One benefit that Barnes employes receive is free medical care in the Personnel Health Clinic, located on the fourth floor of Wohl Clinics. Mrs. Man/a Johnson, dietary supervisor, left, recently was examined in the health clinic. Mrs. Dottie Proost, personnel health coordinator, approves prescriptions, which allows Mrs. Johnson a drug discount in the hospital's pharmacy.

(B) Mrs. Beulah Ramey, head nurse on 6200, and her son, Bryan, recently spent a spring afternoon feeding the ducks at the zoo. Vacations and holidays are also part of Barnes' benefit program. A unique feature of the holiday allowance at Barnes is that employes are given two restricted "floating" holidays—their birthdays and the anniversary date on which they began their employment at the hospital. The two anniversary holidays have some flexibility—with a supervisor's permission, the employe may take a day off which is more convenient to him as long as it is within the same pay period.

(C) Harry Hall, a maintenance employe, was recently hospitalized for six weeks at Barnes. His complete hospital bill was paid for by his Blue Cross insurance to which Barnes and the employe contribute regularly. Mrs. Eva Fox, an LPN on 10200, is shown taking Mr. Hall's blood pressure.

(D) Former Barnes employe, Mrs. Mary Jane Mester, who retired in 1970, after 19 years of service at the hospital, enjoys walking in Tower Grove Park, serving as a Barnes volunteer, and caring for her three great-grandchildren. She receives pension benefits from the Barnes retirement plan.

(E) Charles Johnson, a supervisor in the Queeny Tower Laboratory, is taking advantage of the Barnes Hospital Tuition reimbursement program to prepare himself for a more responsible position at Barnes.
Rare Birth Occurs at Maternity Hospital; Chance of Birth ‘One in 1 or 2 Million’

An extremely rare birth occurred April 5 at St. Louis Maternity Hospital. A 30-year-old woman with two sets of female organs, gave birth to twin girls. A fetus developed in each of two uteri.

A physician on the Barnes staff said the chance of such a birth is about 1 in 1 million or 2 million. The physician said that this type of female anatomy is not unusual, but the type of birth is.

Another physician on the Barnes staff had a similar but even more unusual case 15 years ago. The earlier case involved a young girl who gave birth to a boy from one uterus and two months later a girl from the other uterus.

The delivery on April 5 was by Caesarian section. One girl weighed 6 pounds, 4 ounces, the other 6 pounds, 8 ounces.

600 Persons Tour First Drug-Fair Exhibit

Ray Goebel, a representative from a drug manufacturing firm, explains how to give an emergency medication from a disposable syringe during the recent drug fair that was held at the Barnes School of Nursing. (Mr. Goebel actually did not inject the medication). Mrs. Betty Nash, a senior nurse on 6 McMillan, took part in the spontaneous demonstration. Standing next to Mrs. Nash are Miss Catherine Schiller, personnel clerk, and Mrs. June Marshall, employment interviewer.

A day-long informational drug fair was held April 21 in the nurses’ residence to better acquaint nursing service personnel, nursing students and medical students with drugs and drug abuse. The fair featured displays, posters and exhibits. Six drug companies were represented by their displays, ranging from new baby bottle containers, disposable syringes, medications and newly-manufactured items. More than 600 persons toured the displays.

The fair was conducted by Barnes’ nursing service and staff development. Mrs. Joanne Robb, instructor in staff development, was chairman of the event.

10 Receive Medical Appointments Here

William Stenson, a graduating senior from Washington University School of Medicine, far left, and his classmates recently received notices at Wohl Auditorium containing individual internship appointments to various health-care institutions throughout the U.S. Mr. Stenson was one of 10 graduates to receive appointments to Barnes.

The appointments were part of a computer matching program in which names of graduating medical seniors were matched with vacant intern positions at various hospitals. Results of the match-up were: Medicine, 26 of 26 vacancies filled by computer; surgery, 11 of 15 positions filled; obstetrics-gynecology, two of four vacancies filled; pathology, two of seven positions filled; psychiatry, three of three positions filled.
Security Guard Finds Owner of Wallet After Long Search

Tracing the owner of a missing wallet that has been lost for five years is no easy assignment, but Richard Mansfield, a security guard at Barnes, handled this task and recently found the wallet’s rightful owner, Dr. David Eby, a resident of Burlingame, Calif., after an intensive month-long search.

The missing wallet was discovered in early March by Mrs. Annie Cain, a Barnes housekeeping employee. It was lying in a wall crevice at Barnes when it was spotted by Mrs. Cain. The slightly mildewed billfold contained no money, but the physician’s personal items, identification and credit cards, were still intact. According to the identification cards, the billfold belonged to Dr. Eby, who was serving his internship at Barnes, when he lost it, apparently in April, 1965.

Mrs. Cain turned the billfold over to Barnes Safety and Security which maintains a depository for lost and found articles. Trying to find Dr. Eby soon became Mr. Mansfield’s project. During his spare moments for one month, Mr. Mansfield checked without success at post offices, medical societies and Dr. Eby’s previous address. Mr. Mansfield’s only clue of any consequence was a newspaper clipping, dated June 6, 1965, announcing the engagement of Dr. Eby’s sister.

Looking back on the search, Mr. Mansfield said, “I made many long distance collect telephone calls that were ably handled by Barnes Hospital telephone operator Mrs. Dolores Shelley. When I first started the search for Dr. Eby, I discussed the matter with Mrs. Shelley and she was really helpful in placing calls to places throughout the U.S. in hopes of locating Dr. Eby. Finally we located him in San Francisco and he was extremely grateful to us.

“Dr. Eby said that when the billfold was lost it contained $15 and, of course, the personal items. Dr. Eby said that several times since he left Barnes he wondered what happened to the contents of the wallet. We mailed the wallet to Dr. Eby to close the case. I’m glad our efforts paid off and we were able to finally locate Dr. Eby.”

Dr. Evens Appointed Radiologist-in-Chief

Dr. Ronald G. Evens, 31, assistant professor of radiology at the Edward Mallinckrodt Institute of Radiology, has been appointed radiologist-in-chief at Barnes and director of the Mallinckrodt Institute, effective August 1st. The announcement was made jointly by representatives of Barnes and the Washington University School of Medicine.

Dr. Evens received his bachelor of arts degree in 1961, and a degree in medicine in 1964 from Washington University. He served his internship and residency at Barnes Hospital and the Institute of Radiology, and was a research associate at the National Heart Institute in Bethesda, Md.

In 1970 he was elected vice president of the Washington University Medical School and Associate Hospitals. He also is a consultant to the Bi-State Regional Medical Program, a member of the executive council of the Washington University Medical Center Alumni Association, a board member of the St. Louis Neighborhood Comprehensive Health Center, and a member of the U.S. Pharmacopeia panel on radiologic contrast materials and other diagnostic agents.
New Drug Control Committee Consists of Nurses, Pharmacists

A permanent drug committee consisting of eight Barnes employees, was formed recently by the hospital’s administrative council, to investigate and make recommendations for internal control of drugs in the hospital.

The committee was established to provide systems and guidelines for the safekeeping of drugs within the confines of the hospital, but outside the geographical limits of the pharmacy and the direction of the pharmacy and therapeutics committees. Members of the administrative council have expressed that the committee should be composed of head nurses and pharmacists—persons who have a working knowledge of drug handling, storage and distribution at the hospital.

Members of the initial ad hoc committee for drugs were: Gordon Evans, assistant chief pharmacist; Miss Jean Bilong, head nurse on 11100; Miss Sylvia Gaddy, head nurse on 5200; Miss Gwendolyn Walker, a service manager on 5200 and 6200; Miss Sue Bentley, a nurse on 9200; Miss Sandra Whitaker, associate director in nursing service; Jay Purvis, assistant director to Dr. C. O. Vermillion, and Ben Holland, administrative resident who is a former pharmacist.

The employees who composed the initial ad hoc committee said it should be comprised mainly of head nurses and pharmacists appointed by the director of nursing service and the head of the pharmacy department.

Other recommendations are: 1) Staff pharmacists should be assigned to visit nursing divisions on a frequent and recurring basis in order to provide an advisory service regarding handling, storage and distribution of drugs; 2) The nursing divisions should receive continuing and recurring education on the importance of narcotics and procedures, such as counting narcotics at the change of a work shift; 3) The pre-package unit dose injectible system should be chosen and put into use. The nursing service and pharmacy should conduct trials to explore the feasibility of instituting the pre-packaged unit dose system for the dispensing of narcotics. 4) A survey should be conducted to determine if existing medication rooms are inadequate for storage or are improperly ventilated.

Nine Students Complete Anesthesia Requirements In Training Program

Mrs. Patricia Duggan, a student in anesthesia at Missouri College of Medicine, operated for the first time on April 15. Mrs. Duggan and four other students shown here Miss Sharon Zimmerman, Miss Charlotte Campbell, Robert McCoy, Mrs. Judith D’Augustine, are members of a class of nine students who recently completed a two-year training program at the hospital toward becoming certified nurse anesthetists. Other graduates of that class are Michael Finn, Miss Rosa Dalley, Mrs. June Crafton and James Cuddeford.

$125,000 Check Presented By Auxiliary to Hospital

The Barnes Hospital Auxiliary presented a $125,000 check to Raymond E. Rowland, chairman of the hospital’s board of trustees, at the Auxiliary’s annual spring meeting on April 29 at Trader Vic’s Restaurant. The gift was the Auxiliary’s third payment on a five-year $400,000 commitment toward the hospital’s coronary intensive care unit which opened in October, 1969.

The Auxiliary’s $400,000 pledge for the coronary care unit represents a little more than one-third the initial cost for construction and equipment for the modern coronary care unit. Mrs. Raymond E. Meisenheimer, retiring president of the organization, presented the check on behalf of the Auxiliary.

In other business conducted at the meeting, three new officers were elected: Mrs. William G. Moore, Jr., president; Mrs. George L. Minor, vice president and volunteer services chairman; and Mrs. Harvey B. Witcoff, recording secretary.

The Auxiliary operates the Wishing Well Gift Shop and the Nearly New, a resale shop, which are the major fund-raising projects. Baby photo, infant formula sales and the hospital Tribute Fund are other services manned by auxiliary and volunteers which provide monies to be used by the hospital. The Auxiliary has more than 700 members.