Four administrators are promoted by board of directors

Four members of the Barnes administrative staff have been promoted, according to Barnes president Robert E. Frank, who announced the new positions following action of the Board of Directors late in December.

John Warmbrodt, former vice president, has been named executive vice president. Three associate directors, Susan Kingston, Robert McAuliffe, and Thomas Winston, have been named vice presidents of Barnes Hospital.

A member of the Barnes staff since 1960, Mr. Warmbrodt came to the hospital from Peat, Marwick, Mitchell, certified public accounting firm, where he was a manager. In July, 1966, he was named deputy director of Barnes. He became vice president at the time Barnes was incorporated in 1973. He also serves as corporate secretary and assistant treasurer.

He is a graduate of St. Louis University and is a Certified Public Accountant. Mr. Warmbrodt, a native of St. Louis, is married and the father of three children.

Mrs. Kingston has served as an associate director and the director of nursing of the hospital since 1971. She previously had served the hospital as a staff nurse, head nurse, a nurse supervisor, assistant director of nursing and associate director of nursing.

She holds the bachelor of science degree in nursing from Washington University in St. Louis and is a graduate nurse from Passavant Memorial Hospital’s James Ward Thorne School of Nursing in Chicago. She is a native of Burlington, Iowa, and joined the nursing staff at Barnes in 1959.

Mrs. Kingston is active in numerous nurse organizations including the American Nurses’ Association’s Council of Nursing Service Facilitators, the American Hospital Association and the American Society for Hospital Nursing Service Administrators. She and her husband, Douglas, live in West County.

Mr. McAuliffe, a native of St. Louis, is a graduate of the University of Notre Dame and attended the Graduate School of Business Administration at Washington University. He has been controller of Barnes since 1966.

Following military service in the U.S. Army, Mr. McAuliffe was a public accountant and was a budget director and administrative assistant to St. Louis County Supervisor. He was named as budget director of Barnes in 1962 and later served as assistant controller.

He is a past president of the St. Louis chapter of the Hospital Financial Management Association.

Mr. Winston, an associate director of the hospital since 1970, has had major responsibilities for several hospital departments and construction supervision and planning. He serves on many hospital committees and chairs committees on outpatients and disasters.

A native of North Carolina, Mr. Winston graduated from Memphis State University and holds the master of hospital administration degree from Washington University School of Medicine. He served his internship at Birmingham (Ala.) Baptist Hospital. He was named an assistant director at Barnes in 1968.

He is a member of the American College of Hospital Administrators, the Missouri Hospital Association’s committee for Comprehensive Health Planning and the Metropolitan St. Louis Hospital Association committees for Safety and Emergency Services Categorization.

Mr. Winston, his wife Sue, and their three children live in Manchester.

General wage increase for employees approved by board

A general wage increase, adjusting the minimum wage paid to Barnes employees and raising wages in all pay grades, has been approved by the hospital’s board of directors. Hospital President Robert E. Frank, in a letter to employees, said the increases begin with the pay period starting Jan. 4.

The minimum wage will be increased ten percent to $2.81 per hour from $2.55. All other pay grades will be increased on an adjusted basis resulting in a five percent increase in the highest pay grades through the seventh step.

(Continued on page 2)
Fire prevention effort is ongoing project

Although Barnes has never had a fire of proportions to cause injury, the hospital is not sitting back, resting on past efforts. Safety personnel and drills as well as extensive inspections.

“Today, the chances that we could experience a fire which would develop to major proportions, is very remote,” said Ed Thurman, safety director of the hospital. “We have many safeguards against a really damaging fire.”

One of the safeguards, and one which attracts the most attention, is the response from the local fire departments when they receive a report of a real or possible fire at Barnes. Whenever they are called, fire fighters respond with three pumper, two hook-and-ladder units, a rescue squad and a battalion chief. Additional equipment is standing always at hand in the hospital. Local fire department response is only one of many ways in which Barnes is on guard against fire.

Weekly drills are carried out. Mr. Thurman conducts the drill by walking into a department or nursing division and announcing that he is conducting a drill and that there is a fire in a specific place. He then watches as employees react to the situation. Reports on the drill are forwarded to administrators.

When a drill is conducted, a fire report is called to 2500, a priority line in the telecommunications office. The operator immediately notifies security, maintenance, Mr. Thurman, administrative officer of the day and nursing officer of the day. In case of a real fire, security would have notified the fire department.

A major part of the prevention system is pre-planning both by the hospital and by fire fighters. Details of where specific facilities are located is always at hand in the hospital. Local fire department officials are in the hospital on a regular basis to familiarize themselves with the entire complex.

“When we notify them of a fire and give them a location, they immediately can find, in their files, what type of fire they might expect to find,” Mr. Thurman said. “They know if it is in a building location, they immediately can find, in their files, what type of fire they might expect to find.”

Inspections are conducted on a regular basis by Mr. Thurman, by city fire marshal inspectors and by insurance company inspectors. “While these inspectors are invaluable to us because of their knowledge and experience, some of our own employees have alerted us to potential problems,” Mr. Thurman said. “Fire prevention is the duty of every employee at the hospital.”

“Even though it was announced last year that the eighth step of each grade was to be eliminated in 1975,” Mr. Frank said, “most employes above the seventh step will be eligible for some increase. Most employes in ungraded positions will be eligible for increases in percentage amounts comparable to graded positions.”

Mr. Frank also announced in the letter that the Barnes Retirement Plan is being amended in January and that membership in the plan will no longer require contributions by employes. All full-time employes who are 25 years of age and who have one full year of continuous employment at Barnes may be members of the plan. All pension costs will be paid by the hospital.

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The annual December dinner meeting of the Barnes Hospital Society (top) was held Dec. 10 at the St. Louis Club. A talk on “Malpractice Insurance” was given by State Sen. Albert Spradling of Cape Girardeau. This is the second year that the dinner has been held at the St. Louis Club atop the Pierre LaClede building in Clayton. (Bottom) Talking with Sen. Spradling, seated, is Barnes President Robert E. Frank.
Study continues on link between cholesterol and heart attacks

More than 44,000 men in the St. Louis area have been screened as part of a study to determine whether or not reducing the amount of cholesterol in the blood will lower the incidence of heart attacks.

Dr. Gustav Schonfeld, Barnes physician and director of the medical center's Lipid Research Clinic, said that about 375 men will complete their enrollments into the clinic's coronary prevention study within the next few weeks.

Preliminary enrollment in the study began approximately two years ago. The local project is part of a national study sponsored by the National Institute of Health's Heart and Lung Institute.

"What we hope the study here and across the country will show," Dr. Schonfeld said, "is whether or not lowering the blood cholesterol level in men will actually decrease the incidence of heart attacks. Studies which have been carried out so far have been inconclusive and, in some cases, contradictory." Only men are participating in the study because men have a higher percentage of heart attacks.

"We underestimated the amount of work and time it would take to screen enough men to find the 350 to 400 we are searching for in connection with this study," Dr. Schonfeld said.

"We have had about five or six people working on the screening process with the help of industry, the Red Cross Blood Bank, clinical laboratories and practicing physicians. Of the 44,000 screened, about 2,000 have undergone additional medical examinations and tests here. From these 2,000, we have selected the 375 men who fit the characteristics we need," he said. Men meeting the requirements are between the ages of 35 and 59; have a high cholesterol count; are in good physical condition; and never have had a heart attack.

Following acceptance into the study, men are tested every two months for several years. They also receive one extensive physical examination each year. They are placed on a moderately low-fat, low-cholesterol diet aimed at reducing blood cholesterol level and taking the drug cholestyramine, a resin which drains cholesterol from the body through the bowels.

Dr. Schonfeld said that approximately 25,000 men were screened through the cooperation of area industries, 15,000 through the Red Cross Blood Bank and 4,000 through clinical laboratories in the area. "The businesses and industries in St. Louis have been very pleased to let us screen employees," he said, "and the employees felt that the test was a fringe benefit to employment." He said that many men in the medical center were screened as part of the study.

The screening includes a measurement of blood pressure test and the drawing of 10 milliliters of blood to be tested for cholesterol level. Each man screened received notification of the test results. As part of the process, each of the 2,000 men who qualified for a visit to the clinic received a complete medical history, a physical examination, numerous laboratory tests, an exercise electrocardiogram and a diet history was taken. This workup would normally cost individuals between $500 and $600.

Recently some medical personnel have criticized the egg industry for saying that cholesterol in eggs does not contribute to heart attacks. Dr. Schonfeld said that it is commonly accepted that high levels of cholesterol in blood pose a risk factor in heart attacks. "Populations which eat food high in cholesterol such as eggs, saturated fats, animal fats and organ foods such as liver, kidneys and brains, do have increased levels of cholesterol."

He said that cholesterol is believed also to contribute to arteriosclerosis, or hardening of the arteries. Deposits of fat and cellular products build up along the walls of arteries, limiting the supply of blood which can flow through.

Dr. Schonfeld said the major problem to be faced next is to be sure that the men in the study will adhere to the medical program. "It's hard to get people into the habit of taking medicines regularly and to follow diets over long periods of time but we have ideas which we hope will please our men and motivate them at the same time," he said.

Dr. Joseph Witztum is project coordinator for the coronary prevention part of the project.

Missouri fire fighters give money to burn unit

A check for $500 was presented to the Barnes Hospital burn unit in December by the Missouri State Council of Fire Fighters. The Fire Fighters were hosts at a luncheon in Queeny Tower to present checks to Barnes' burn unit and to St. John's Mercy Hospital.

The Fire Fighters have long been enthusiastic supporters of the Barnes burn unit. Several years ago the St. Louis local presented the unit with money for special equipment. Last spring, a Fire Fighters' weekend was held in St. Louis with a percentage of the ticket sales going to Barnes and to St. John's Mercy's burn units.

The most recent gift was made possible by a percentage of subscription sales for the Missouri Fire Fighters, the official magazine of the Missouri State Council of Fire Fighters.

"We're very pleased to help Barnes in this way," said Gail Chatfield, secretary-treasurer of the Missouri Council. "Fire fighters know the importance of good hospital care. Barnes is the St. Louis Fire Department's hospital, the place where all our injured fire fighters are taken. We live in the shadow of danger and it is reassuring to know such good care is available in St. Louis."

Carolers bring Christmas to hospital patients

Three groups of carolers visited the hospital at Christmas and brought the songs of the holidays with them to patients at Barnes.

First year medical students at Washington University School of Medicine visited the East Pavilion and two groups of second year medical students sang on patient floors in Rand Johnson. A group of carolers from Westminster Church of Christ visited patient floors in Queeny Tower.
Non-smokers are becoming more vocal against "pollution" of their air

Dr. Robert Bruce, of the department of pulmonary disease, explains operation of machine used to test pulmonary function. Results show smokers have decreased breathing capacity.

Rebecca James, an admitting officer, models some of the buttons which are popular with non-smokers.

The perennial New Year's resolution for many people is to quit smoking. This year they are getting more encouragement than ever before. And the encouragement is not in the form of a "soft sell" approach.

One sign on an office door says "No smoking beyond this point." A button worn by a medical secretary says "Yes I do mind if you smoke." In fact, the non-smokers are becoming much more vocal in their protest of pollution in the air they breathe.

The protests come in many forms, from the hand-made signs to flashy buttons, from glares across a table in the cafeteria to full-blown posters. One poster, which won an award for graphic design, showed a cigarette butt with wording which was a parody of the surgeon-general's warning on packs of cigarettes: Warning: The Surgeon General has determined that cigarette smoking will turn your fingers and teeth yellow, make your breath stink and ruin your lungs—do it someplace else.

New efforts underway to limit smoking in public places

Minnesota has passed a law requiring restaurants to have designated areas for non-smokers, and St. Louis aldermen are contemplating a similar ordinance. Policemen on Bi-State Transit System are under orders to enforce a no-smoking ordinance now existing. Smokers in Detroit recently won judicial approval to smoke in that city's new enclosed stadium following a lower court's ban on smoking.

Walter Jones, a maintenance employee, spends much of his time repairing burn marks on carpets throughout the hospital. The carpets, which are fire resistant, are repaired by using identical carpet.
The outspoken non-smokers are trying other tactics to win their battle against the "polluters." Following less than successful efforts to stem the tide of the increasing numbers of smokers, their efforts are more open and include lobbying for ordinances which limit the places where smokers can light up.

Dr. Robert Bruce, Barnes physician and a member of the pulmonary department at the hospital, said that approximately the same number of people as last year will try to quit smoking during 1976. "Our figures show that about 85 percent of all smokers will actually try to quit during this year." His figures also show that approximately 10 percent of those who do try, will succeed, at least for a six-month period. Of course, statistics show more persons are smoking so there is no noticeable reduction in the amount of cigarettes being smoked.

"I think the time is right for people to quit smoking," Dr. Bruce said. "There are more non-smokers than smokers and the reason for that is simple. Smoking is bad for a person's health. We have medical proof of that. And I also think the time is right for people to stand up for their rights and say that 'Your smoking bothers me.'"

What does medical research show about smoking? It shows that people who smoke a pack of cigarettes a day tend to develop chronic bronchitis, emphysema or lung cancer. "The statistics show this to be true," Dr. Bruce said. "Of course everyone who smokes knows someone who smoked all of their life and never developed any of these problems. But the law of averages, the statistics we have compiled, do not support the assumption that these medical problems always happen to the other person."

Government studies have been made of the amounts of pollution in the air of major American cities. St. Louis consistently ranks slightly below maximum allowable safe standards of particulate matter in the air. Los Angeles occasionally ranks far above those same maximum standards. "And yet, you take one puff off of a cigarette and the air in your lungs is 10,000 times more deadly than the air of Los Angeles on its worst day. If the air that we breathe was the same quality as cigarette smoke we would not be able to see one another across a small table and we would die of oxygen starvation."

Dr. Bruce said that not only are people polluting themselves, they are polluting others around them. "Even in a restaurant with good ventilation, the smoke from a cigarette is inhaled by other individuals. At home, cigarette smoke is constantly inhaled by non-smokers, including children." But he considers smoking in a closed car as the worst.

"By smoking a cigarette in a closed car, automatically about 10 percent of the blood's hemoglobin is no longer able to carry oxygen to the body. For a passenger, this figure is about five percent of the hemoglobin unable to carry oxygen. Smoking can affect the driver's senses and his reflex action." He noted that some automobile insurance companies have non-smoker discounts.

Dr. Bruce said that one of every five smokers will develop emphysema, a deterioration of the lungs. "This is irreversible, that lung tissue is gone forever. The person becomes very short of breath and the condition restricts much of their daily activity. Many persons with emphysema have to sleep sitting up; they can't breathe lying down."

He also attributes smoking to the rapidly rising incidence of lung cancer. He said that smoking is responsible for 80 percent of all cases of lung cancer. "In 1900 if a person had lung cancer, he was considered a person with a rare disease. In that year they were approximately 500 deaths due to lung cancer. In 1974, 50,000 deaths were attributed to lung cancer and the figure rises every year.

"Cold Turkey" is best way to quit

How does a person quit smoking? "Some quit cold turkey and this is the most effective way," Dr. Bruce said. "But there are other ways. Some people try to cut out one cigarette at a time. Maybe they cut out a cigarette after breakfast and then one after lunch, continuing on until they are able to cut out each one." He noted that several stop-smoking clinics are operating in the metropolitan area.

He said another way that has worked for some people is to wrap cigarettes in a piece of paper with a pencil included. "When the person feels the need to smoke they have to unwrap the paper and write down what time they are smoking and why they feel they need a cigarette. By studying the paper, they may be able to ascertain why they wanted a cigarette. If they can control that situation, they may be able to stop."

"I certainly don't know how to get people to stop smoking," Dr. Bruce said. "I know what has helped for some people. I don't care how they do it, just that they do it."

He agrees that at one point it was "fashionable" to smoke. "Even today the peer pressure to light up is tremendous. But just as there is peer pressure to smoke, there is a lot of peer pressure today not to smoke."
As a result of the increase in the number of per-
beats and the numerous types of pacemakers now
available, there has been an increase in the need
for careful followup so that cardiologists can
work (and many actually wonder whether or not
the battery is growing weaker. As a result, we often are able to delay the
surgical procedure, saving the patient time and
inconvenience,” Dr. Ruwitch pointed out.

Ten clinic patients currently use telephone trans-
mission to enable cardiologists to check the pace-
maker without the patient having a visit the
clinic. “This is especially important when the pa-
tient lives some distance from the hospital,” he
said. Telephone transmission is accomplished by
the patient putting on wrist bands and placing
his telephone into a special cradle in a small
transmission box, which the patient keeps at
home. Trained personnel may then record the
readings over the telephone in the clinic.

“We find one of the most important functions of
our clinic is to inform pacemaker recipients about
the units,” Dr. Ruwitch said. “Many of them
don’t really know what a pacemaker does or how
it operates and have great fear of pacemaker mal-
function. We educate them and remove many of
their doubts about the units.”

Dr. Ruwitch feels that the clinic also is important
because it serves as a reference source for infor-
mation about the many different types of pace-
makers. “Practicing physicians may not have all
the necessary information about the large num-
ber of available units at hand. Without this data,
they may be unable to tell whether a unit is mal-
functioning or not. We provide a central ref-
ence point for that information. In this, as in
other aspects of clinic operation, our aim is to
play a support role for, rather than to replace,
the primary physician.

Clinic established for recipients of heart pacemakers

As a result of the increase in the number of per-
sons receiving pacemakers to regulate the heart-
beat and the numerous types of pacemakers now
available, there has been an increase in the need
for careful followup so that cardiologists can
check to assure the unit is working properly and
to watch for weakening of the pacemaker battery.

A pacemaker clinic was established in early 1975
at Barnes Hospital. Dr. Joseph Ruwitch, a car-
diologist and clinic director, said that approxi-
mately 45 persons with pacemakers are currently
being followed.

“The purpose of the clinic is to objectively check
the function of the pacemaker,” Dr. Ruwitch
said. “We make sure the unit is working prop-
erly, and particularly look for changes in the
pacemaker’s battery which would necessitate re-
placement. We also try to help the pacemaker
patient understand the unit and what it is doing
for him.”

Barnes surgeons implant an average of 10 to 20
pacemakers each month. The units come in a
variety of models, but each serves the same func-
tion: to control any abnormally slow heartbeat,
and in particular, complete heart block, which
may lead to sudden death.

“In complete heart block, the electrical impulse
generating the heart beat cannot pass from the
atrium to the ventricle,” he said. “The ventricle
then stops beating or beats too slowly. The pac-
maker senses this and begins giving the heart
electrical stimuli to maintain its beating.” He said
that persons cannot feel the pacemakers as they
work (and many actually wonder whether or not
the unit is working).

Dr. Ruwitch said that newer models are “demand
pacemakers,” working only when the heart stops
beating fast enough, stopping automatically, and
standing-by when they are not needed. The units
are implanted under the skin and have a lead
attached directly to the heart. The lead delivers
the electrical stimulus to the heart, and also
serves as an “antenna,” sensing what the heart is
doing, so the unit knows whether to turn on or
off.

Because the lead serves as an “antenna,” it may
also pick up sensory information other than from
the heart. Early pacemaker recipients were ad-
vised to stay away from microwave ovens be-
cause, on occasion, the pacemaker could mis-
takenly interpret the waves from the oven as
being from the heart, causing the pacemaker
to malfunction. Newer models, however, have
greatly reduced the possibility of responding to
stimuli from sources other than the heart.

Many new methods of powering the units have
been discovered. Most pacemakers being im-
planted at Barnes use mercury-zinc batteries
which last approximately three years. Many
earlier models used batteries which had to be
replaced every two years. Of course, each re-
placement is a surgical procedure requiring
hospitalization.

“We have come a long way from the earliest
pacemaker in 1959,” Dr. Ruwitch said. The first
pacemaker was a large machine, with a “very
long extension cord.” The unit had to be plugged
into electrical outlets and, according to Dr. Ru-
witch, was “very inconvenient. Yet, when the
alternative was possible death, they were some-
times effective and, of course, worth the incon-
venience.”

While newer units are smaller, more reliable and
longer lasting, scientists are still searching for
power sources which will lengthen the time be-
tween power source replacements. “We are now
near to having a non-nuclear power source which
would last from 10 to 15 years,” Dr. Ruwitch said.

Pacemakers do not prevent heart attacks and are
usually not used to control rapid heart rhythm.
“The heart, especially that of older persons, can-
not tolerate a very slow heart beat for an ex-
tended period of time. We sometimes see chil-
ren with pacemakers, too, installed early in life
because of a congenital heart block.”

The pacemaker clinic at Barnes, and others in
the United States, grew out of the need to maximize
the life of pacemakers, particularly those with
short-lived batteries. “We keep close track of
the necessary information about the large num-
ber of available units at hand. Without this data,
they may be unable to tell whether a unit is mal-
functioning or not. We provide a central ref-
ence point for that information. In this, as in
other aspects of clinic operation, our aim is to
play a support role for, rather than to replace,
the primary physician.

Retiree honored at luncheon

Co-workers of Florence Bramer, a transcription-
ist in medical records, honored her with a lunch-
cheon prior to her retirement Nov. 29. Friends
presented her with gifts including a savings
bond.

Mrs. Bramer, who had served the hospital for more
than 15 years, also was pre-
sented with a Certificate of
Appreciation by hospital
President Robert E. Frank.

“The gifts were just overwhelming,” Mrs. Bra-
mer said, “but the important thing is they show
the friendship which we have had in that depart-
ment. It is just tremendous.” A native of St.
Louis, Mrs. Bramer plans to enjoy her retire-
ment and not have to “fight the ice and snow.”

She plans to spend time with her six children and
her 12 grandchildren, most of whom live in the
St. Louis area.

Barnes Bulletin

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Constance C. Barton Director
Jim Hubbard Editor
Daisy Kramer Associate Editor

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The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Nov. 21 to Dec. 22, 1975.

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Orthopedic surgeon receives team award

Dr. Fred Reynolds, Barnes orthopedic surgeon and former team physician for the football Cardinals received a meritorious service award at Quarterback Club ceremonies December 18.

In making the presentation, Jim Bakkan, Cardinal place kicker, said Dr. Reynolds was highly respected by all Cardinal players, adding, “He would never compromise a player’s health to get him back out on the field. Believe me, the players appreciate that.”

Dr. Reynolds said that so far as he knew “this is the first time a physician has gotten an award with a football team. I’m grateful to be remembered.” He added that he believed he had found the key to the Cardinals’ success. “During the whole time I was team physician, we always lost. As soon as I stepped down and another man came in, we began to win. All this time what they needed was a better doctor.”