Hospital construction necessitates moves

Construction on the new Peters service building is nearing completion and some hospital services will be moving into the building early next month. The moves are among several being made within the hospital.

Work is three months ahead of schedule on the building, to be named in honor of the late Mr. and Mrs. Henry Peters, Barnes benefactors. The group and first floors of the building are expected to be occupied in early November and the second floor in early December. The entire building, which cost $8 million, should be finished by the end of the year.

The Peters building will provide new and expanded laboratory facilities, data processing, print shop, social work, dietetics and doctors and administrative offices.

The new building replaces the number four building which was demolished to make way for the new construction. A small portion of the original number four building (facilities on the north side of the main hospital corridor) are being renovated as part of the construction.

Construction is expected to begin early next year on the new West Pavilion which will be completed in 1980. That construction will necessitate the move of some services from Rand Johnson and from the number three building.

The Barnard Hospital board of directors has permitted the third floor to be converted, at Barnes expense, to accommodate an enlarged acute care renal dialysis unit. The present unit has four stations and the expanded unit will have six.

The six-bed burn unit will be moved so that the area may be renovated to become recovery rooms and other operating room-related activities connected with the West Pavilion.

Patients from three Barnard will be moved to the 12th floor of Queeny Tower which has been a self-care patient floor. The floor is being converted to accommodate acute care patients and renovation is expected to be completed by mid-October.

$8 million in free care provided by center

Washington University Medical Center, of which Barnes Hospital is a member, provided almost $8 million in free medical care during the 1975 fiscal year according to the center’s annual report.

The report was issued by Dr. Samuel Guze, president of the medical center and psychiatrist-in-chief at Barnes, during the annual meeting of the medical center’s board of directors. Dr. Guze also said that medical center institutions invested $13 million in capital improvements and spent more than $26 million in medical research.

Dr. Guze reviewed projects underway within the medical center redevelopment area. He said that more than $31 million in construction projects have been started or committed since the City of St. Louis approved the West End redevelopment plan two years ago.

Members of the medical center are Barnes, Washington University School of Medicine, Children’s Hospital, Jewish Hospital, Central Institute for the Deaf and Barnard Hospital.

Dedication scheduled for tennis courts, garage

A ceremony is scheduled on Oct. 14 to dedicate the new tennis courts south of the hospital to Richard Hudlin, noted black tennis coach, and to present the courts to the City of St. Louis.

Raymond E. Rowland, chairman of the Barnes board of directors, and hospital President Robert E. Frank will make the presentation to Mayor John Poelker and to city parks director Georgia Buckowitz. The courts and landscaped part were built at hospital expense for the City of St. Louis.

The ceremonies also will mark the dedication of the underground garage which is connected by tunnel to the East Pavilion and will be connected to the West Pavilion when that facility is constructed. The 1200-car garage has helped alleviate the parking problem for hospital patients and visitors.

Mr. Hudlin, who died this year, was the coach of Arthur Ashe, world tennis champion and many other tennis players.

A complete story, with photographs on the dedication ceremonies, will be printed in the November issue of Barnes Bulletin.
New smoking regulations in effect at hospital

A new system of regulations regarding smoking in hospital facilities has gone into effect and new signs will soon designate smoking and non-smoking areas.

Guidelines were formulated by the Medical Advisory Committee (MAC) and approved by the Barnes board of directors, according to executive vice-president John Warmbrodt. While some of the rules are new, many only formally recognize existing hospital practices.

A major regulation deals with smoking by hospital patients and recommends the hospital continue its policy of matching smoking and non-smoking patients in semi-private rooms. When a smoker and a non-smoker have to be put into the same room, because of a high patient census, nursing personnel will inform the patients of the presence of non-smoking areas and of their right to request room transfers at the earliest possible opportunity.

Other regulations deal with designating smoking and non-smoking areas on each floor. Generally they provide at least one area on each patient floor where smoking will be allowed, however, no smoking is to be permitted in restrooms, in the cardiac care unit, or in Mallinckrodt Institute of Radiology. Open areas such as ground floor or first floor lobbies, the restaurant and coffee shop area of Queeny Tower and the basement of buildings will have no restrictions on smoking.

In other areas, such as the employe cafeteria, in Wohl Clinics and in hospital auditoriums, smoking will be permitted only in restricted areas. Signs are being made to be placed so that employes, patients and visitors may easily understand where smoking is or is not permitted.

"We feel that by placing the signs in conspicuous places we will be able to phase in the regulations in such a way as to gain employe and public acceptance," said Mr. Warmbrodt.

EMI scanner inventor gives Scott lecture

Godfrey Newbold Hounsfield, inventor of the EMI brain and body scanners, gave the fifth annual Wendell G. Scott Lecture at Mallinckrodt Institute of Radiology on September 13. His subject was "Description of Computed Tomography and Its Future."

Mr. Hounsfield, a British engineer and computer expert, was the 1975 recipient of the Lasker Award, America's top scientific honor, which described his invention of the scanner as one of the most important contributions to medical science since the discovery of the x-ray in 1895.

Mallinckrodt received one of the first three EMI body scanners in the world about a year ago. Since that time 20 other institutions have purchased the scanners and EMI has orders for about 100 more.

Most of these are in the United States, Mr. Hounsfield pointed out. He attributed this to the fact that Americans are more conscious of saving money on hospitalization because medical care is in the hands of the individual rather than the government. "The National Health Services in England is very slow to adopt new technology," he said.

"The scanners have revolutionized diagnostic techniques," Dr. Ronald Evens, director of Mallinckrodt and Barnes radiologist-in-chief, said. The brain and body scanners are ten times more sensitive to differences in body tissue densities than conventional x-rays and provide a three-dimensional picture in contrast to the two-dimensional ability of the regular x-ray. It can discriminate between diseased and healthy tissue and reveal tumors, abnormal cavities, enlarged organs and blood clots.

"We have eliminated the need for much exploratory surgery and many expensive and dangerous tests," Dr. Evens said. As an example, he mentioned the pneumoencephalogram, which he described as the "medical procedure I would personally least like to have to undergo."

"It involves introducing air into the brain cavity and is both difficult and painful. Dr. Evens said that before Mallinckrodt had the brain scanner, 10 to 15 pneumoencephalograms were necessary each week. Now only one or two are done weekly."

Mr. Hounsfield said that the first prototype scanner he developed in 1967, which used radioactive materials, took nine days to make a picture. The first model using x-rays shortened that time to nine hours. Today's clinical model takes 20 seconds. "We have the capability to scan as many as ten patients a day," Dr. Evens said. He pointed out that this is very good compared to other radiologic procedures. For example, each cardiac catheterization room can accommodate only two patients a day.

Projecting into the future, Mr. Hounsfield said "we should very soon be capable of seeing detail quite well into the heart, for example, eliminating the necessity for some cardiac catheterizations."

He said he felt the computer is the key to many problems in the medical field. "We are just beginning to unscramble information that would otherwise be useless," he said. "There is still a tremendous amount to be done in this field. I predict the computer will continue to revolutionize diagnostic procedures to provide better medical care at a reasonable cost."

Special fund established to honor Gwenda Beck

A special Tribute Fund has been established by the Barnes cashier's office in memory of Gwenda Beck, 32, supervisor in the office who died Sept. 4.

Miss Beck died at Barnes following a long illness. Death was attributed to Banti's Disease, a rare disease affecting the spleen, a gland-like organ which is involved in the body's blood circulation.

Paul Hartwell, chief cashier at Barnes, said that gifts in memory of Miss Beck should be sent to Juanita Fuller in the President's Office and should be designated for the Vascular (Banti) Disease Fund.

Miss Beck was employed at Barnes in August of 1963 and her funeral was conducted September 7 in Arnold, Mo. "She was a wonderful person and our department is just stunned over her death," Mr. Hartwell said. "We feel that we can honor her most by establishing this fund to study the disease which afflicted her."

Supervisor workshop held

A workshop to help supervisors orient new employees to their jobs was held Sept. 15 in Wohl Auditorium under the sponsorship of the education division of the Barnes nursing service.

"You + Them = Results" featured sessions on principles of adult learning, skill training model, media approaches to training and evaluations and standards. The workshop was conducted by members of the education division directed by Rusty Moore.

Authors story on care

Marilyn Ojeda, a student in the school of nurse anesthesia at Barnes, is the author of an article on primary nursing care for short-stay surgical patients which appears in the September issue of Supervisor Nurse. She is a registered nurse and most recently was employed at St. Joseph Hospital in St. Charles.
Barnes vinter gains blue ribbon for wine

Blue ribbons are not given for delivering babies, but they are for producing good wines. Barnes obstetrician-gynecologist A. Norman Arneson now proudly displays a blue ribbon for wine he produces at his vineyard near Steeleville, Mo.

Dr. Arneson was awarded a first place and a second place ribbon at the Missouri State Fair in Sedalia for wines produced at Peaceful Bend Vineyard, one of nine wineries in the state to compete in ten different classes. Dr. Arneson’s Courtois, a dry white wine, won the first place ribbon and Meramec, a dry red wine, won the second place prize. The winery produces a third wine, a rosé, called Huzzah. All three are named after local streams.

Dr. Arneson and his son have been operating the vineyard for approximately 12 years and he has referred to it as “the smallest winery in North America.” The first wine was produced in 1972 and is now one of 10 wines bonded in the state of Missouri. Grapes from earlier years were sold to the St. James, Mo., winery.

Dr. Arneson said that the Peaceful Bend Vineyard (located on the Meramec River) produces mostly blended wines. Non-blended or “straight” varieties have more than 50 percent on one type of grape producing the wine.

"It takes a good climate and good soil to produce a good wine,” Dr. Arneson said. “We are lucky in Missouri to have these conditions and the state has been at the forefront of wine production in this country for many years.”

He said that there have been setbacks for Missouri vintners, including prohibition, fungus diseases that decimated the vineyards and the fact that only Labrusca grapes grow native in the state. Labrusca, or Concord, grapes produce a "foxy" taste which, Dr. Arneson said, many people do not like but when crossed with other grapes, produces a good hybrid.

Dr. Arneson said that the production of wine grew rapidly following prohibition and with the introduction of French hybrid wines which flourished in Missouri. The Stone Hill Winery at Hermann was founded by Jim Held and since then the industry has expanded throughout the state but primarily in areas such as Steeleville, Cuba, St. James, Hermann, Portland and Augusta.

However wine just does not result from grapes grown through one summer. The process takes several years before the grapes produce good wine. Irrigation is often necessary by a “drip” method. “The vineyard needs a lot of time and attention,” said Dr. Arneson.

Peaceful Bend has five acres in production resulting in about 1,500 gallons of wine each year, a relatively small quantity, according to Dr. Arneson. “You have to like the country and be willing to spend as much time as possible there. We will be harvesting grapes and making wine through October,” Dr. Arneson said.

One of the problems facing the vineyard is finding bottles. Dr. Arneson said. “Glass, just like everything else, has become expensive. We recently bought some bottles from a bankrupt winery in New York and paid $2.75 a case (12 bottles) for them.”

Since Peaceful Bend does not have a distribution network, the only way to purchase the wine is to visit the winery, located south of Interstate 44 on Highway T. Prices range from $2.50 to $3.25 per bottle.

---

Check presented to support kidney center

A gift of $61,000 has brought total contributions by the Chromalloy American Corporation to the kidney dialysis center at Barnes Hospital to more than $520,000.

Wesley Barta, vice chairman of the Chromalloy American board, presented the latest check to Dr. Eduardo Slatopolsky, renal disease specialist at Barnes and director of the kidney center.

The kidney center was created in 1970 and was made possible by an initial gift of $250,000 by the Chromalloy American Corporation and the Valley Line Company. The unit is one of the largest in the mid-west. Kidney center personnel have been responsible for training those who care for kidney patients in many dialysis units in the St. Louis area.

Contributions by Mrs. Jane Pelton helped equip an expanded dialysis unit in 1974 and currently 12 dialysis units are in operation seven days each week.

Plans are being made to expand the unit, increasing the number of dialysis machines to more than 25, creating space for training persons to operate home dialysis units and to provide more office space.

Dr. Eduardo Slatopolsky, director of the kidney center at Barnes, accepts $60,000 check from Wesley Barta, vice chairman of the board of Chromalloy Corp. which has contributed more than $500,000 dollars to the center. Presentation took place in a treatment area with patients looking on.

Dr. Herzig receives Leukemia Society grant

A $100,000 grant has been awarded to Barnes physician Geoffrey P. Herzig by the Leukemia Society of America, William M. Ward, Jr., president of the St. Louis Leukemia Society, announced.

Dr. Herzig, assistant director of the Barnes blood bank, will be working in the field of chemotherapy during the five-year period of his grant and will be studying bone marrow transplantation for patients with leukemia and other blood disorders.

Dr. Herzig is one of 103 medical scientists whose investigations are being funded by the Society this year for a total of $1,585,000, Mr. Ward said. The researchers, located at 61 institutions in the United States and six abroad, have a common goal: discovery of a control or cure for leukemia and allied diseases of the blood-forming organs.

A Cleveland native, Dr. Herzig received a B.S. at the University of Cincinnati and his M.D. at Western Reserve University. He was a senior investigator in the Pediatric Oncology Branch of the National Cancer Institute, Bethesda, before joining Barnes Hospital and the Washington University School of Medicine in 1975.
Sometimes it is difficult to get from here to there

Some Barnes employees spend a lot of time telling people where to go. And the people like it because, otherwise, they most likely would get lost.

Even employees occasionally get lost in Barnes. When people refer to the “Barnes complex,” they really mean it. To appreciate the complexity of Barnes and the medical center, one must work here.

An employee recently said, “You’ve heard the old saying about ‘You can’t get there from here?’ Sometimes that’s almost true. Another problem I have is just when I learn where something is, they go and move it. Then I have to learn all over again.”

And yet, people do reach their destination and that is attributable to many departments and employees who have a hand in helping the hospital patient, visitor and even other employees find their way around.

Almost twenty buildings make up the medical center within the block bounded by Kingshighway, Audubon, Euclid and Barnes Hospital Plaza. Most of the buildings are connected by corridors so that it is difficult for many visitors to know when one building ends and another begins.

The main approach to helping people with directions is signs which point the way to the major medical center and hospital facilities. New exterior signs recently were installed by the Washington University Medical Center. Their main purpose is to direct motorists driving to the hospital. The signs tell where parking, emergency room facilities and other services are located.

Once the person reaches the hospital, Marvin Bush’s job begins. He is the manager of the Barnes sign shop and makes hundreds of signs each year. He estimates that almost 50 percent are direction signs.

“We cannot put up signs for everything,” Mr. Bush said. “If we did, we would not have any walls left. What we try to do is put up signs in certain locations, which offer directions to places which are most used.”

In addition to directional signs, larger displays of hospital medical services and administrative services are placed in strategic locations throughout Barnes.

Information desks on the ground and first floors of the East Pavilion provide directions to a great many persons who are visiting patients or who are in the hospital for other reasons, such as attending medical conferences.

Rebecca Lane, information receptionist, said most questions deal with how to get to patients’ rooms in the East Pavilion but others are about facilities in other buildings.

“We recognize that it is really a problem for someone not familiar with Barnes to find their way halfway across the center,” she said. “Some people come back and ask the same question four or five times, mostly because they really were not listening the first time we gave them directions. Many times we are not told of meetings within the hospital and then we have to get on the phone to find out.”

Other information services are provided by volunteers at an information desk at the junction of Main and Barnes corridors, at an information desk in Renard Hospital, the lobby of Queens Tower, personnel at the eye clinic in McMillan building and in the Wohl Clinic registration area.

Some people do not even wait until they get to the hospital to start asking directions. One operator in telecommunications said that it is not unusual for an operator to get the question, “How do I get to Barnes from Charleston, Mo.?” or from other far away areas. These questions are transferred to the volunteer office to avoid tying up switchboard operator’s time.

Dispatch transporters and messengers probably know the hospital as well as anyone. They are constantly moving within the hospital and know which floors connect to other buildings, which elevators stop on which floors, and which stairways are the fastest to take to their next location.

“Since our work means that we are on the go all the time, we get to know how to get somewhere with a minimal amount of difficulty and the least amount of time,” said Brooks Pumprey. “If I have a patient in a wheelchair going to x-ray, for instance, I know that it would be easier to go a particular way and miss the main hallways where a lot of people are congregated.”

One of the most important sources of information or directions for patients and visitors often is the employee in the hallway. One visitor, an elderly, white-haired woman, was recently overheard thanking an employee for directions. “I just don’t think I would have ever found my way if you hadn’t helped me,” the visitor said. “Thank you.”
Brooks Pumphrey, dispatch, knows his way around the medical center well.

Greg Howell and other security officers give directions and parking instructions to hospital patients and visitors.

Persons who enter Queeny Tower often ask Pat Buddemeyer directions to elevators, patient rooms and hotel facilities.

Rebecca Lane, information receptionist, often helps visitors with directions in the medical center.

Marvin Bush, sign shop, has the responsibility of making the hundreds of signs used in the hospital.
Stroke is devastating medical problem

One of the most devastating medical problems which affects mankind is stroke. Joseph Hanaway, Barnes neurologist, said this affliction is the third most common cause of death in the U.S. in persons over the age of 45. Heart disease and cancer are the number one and two causes of death.

“We are not going to quickly eliminate the stroke but there are things people can do to reduce the chance of having one,” said Dr. Hanaway, a member of a team of Barnes neurologists and neurosurgeons who are attempting to reduce the number of strokes and their severity.

“Prevention is the only feasible, practical approach to the stroke problem today because we can do little to restore brain function when it has been damaged. The initial approach is recognition of what are considered the health problems that would predispose a person to stroke.”

Risk factors include hypertension, high cholesterol, diabetes, obesity, smoking, a family history of stroke, and high lipid levels in the blood. They are the same risk factors as in cardiac and vascular disease.

“Hypertension or high blood pressure, is the number one risk factor in stroke,” said Dr. Hanaway, “and is the most common health problem in the background of the vast majority of strokes.” The problem with its control is that hypertension is an asymptomatic disease in many otherwise healthy people who never know their blood pressure is elevated until it reaches a crisis level,” said Dr. Hanaway. High blood pressure may commonly occur with age but many elderly people have near normal blood pressure.

“The tragedy of hypertension, which in most cases is treatable, is that the outcome could be improved significantly if people knew more about it and were taught to control it as diabetics learn to control their disease.

“The ultimate level of prevention will be when hypertension patients are trained to monitor their own blood pressure at home and adjust their own medicine with adequate medical supervision. This may sound radical but so did self-administration of insulin in the 1930’s,” Dr. Hanaway said.

A stroke is a brain disease resulting from arterial hemorrhage in the brain or from occlusion of the arterial supply to part of the brain. Another form results from the closing of arteriosclerotic and narrowed vessels in the neck, which supply the brain.

The embolus of cholesterol or clot is another source of occlusion, but usually involves smaller arterial branches in the brain.

The most devastating and more commonly fatal form is the hemorrhage from a small vessel deep within the brain, or from an arterial aneurysm, a rupture at a weak point in the wall of a brain blood vessel.

The occlusive stroke is often preceded by short spells—transient ischemic attacks (TIAs)—which may occur one or many times before the final one that leads to the hospital. These spells may cause such conditions as blindness in one eye, weakness of the face, arm and leg on one side or even a numbness on one side of the body lasting an hour or two, or up to 24 hours.

“Most people recognize that something is wrong when this occurs and seek medical care. When we see patients who appear to be having a TIA, they are considered a semi-emergency and admitted for close observation and investigation to determine the cause and most effective treatment,” Dr. Hanaway said.

Investigation consists of a metabolic study of the risk factors in the blood, skull films, a computed brain scan (EMI scan) and either a radionucleotide angiogram or a contrast angiogram. The "EMI scanner is probably the most useful and least stressful test we have to diagnose stroke," said Dr. Hanaway, who recently completed an atlas to assist other physicians in studying EMI scans.

“If the patient does have a TIA, we can institute therapy that may significantly reduce the chance of having a subsequent stroke. If the stroke is permanent, however, we can do little to reverse the damage and have to rely on rehabilitation measures and time to help the patient cope with his or her deficit.

“Once part of the brain is deprived of oxygen—glucose carrying blood, in a matter of minutes it may be rendered non-functional and destroyed. One of the reasons for aggressive cardiac massage and mouth to mouth respiration for a person with a cardiac arrest is to save the brain until defibrillation.”

The brain hemorrhage usually occurs suddenly. If the brain is extensively damaged, the patient rapidly becomes comatose. Occasionally, the neurosurgeons can remove a clot in certain areas with recovery of a significant amount of function.

The location and extent of the stroke is related to the symptoms and the ultimate disability. “A very small infarct in the motor pathway can be incapacitating and a lemon-sized hemorrhage in the occipital lobe may only cause a minor lingering deficit.”

Often when the damage is extensive and the deficit severe, rehabilitation can help to re-educate the patient who can still talk, and move one side. In other cases, the damage is so situated that the patient is totally incapacitated and must be cared for completely.

“A stroke, especially a massive stroke, can be devastating to the patient as well as the family,” said Dr. Hanaway. “Often these patients are going to need long term care, in a hospital or a nursing home and this creates emotional and financial problems for family members.

Colossal decisions often have to be made overnight by relatives from out of town. We recognize this and try to help in the decisions, but it never is easy.

“Our department has a major interest in stroke, which is reflected by our weekly stroke conference where the diagnosis and management of hospitalized stroke patients are discussed as well as the social problems that arise,” said Dr. Hanaway.

Basic research on cerebrovascular surgery, blood coagulation, brain metabolism, and stroke diagnosis are being conducted by members of the stroke team. “The clinical investigator is an important element in our stroke program because he brings to the bedside not only an interest in cerebrovascular disease, but also a knowledge of the latest research developments that apply to patient care.”

East Pavilion elevator service to be expanded

Construction to provide additional elevator service to the terrace level of the East Pavilion will be in progress until early next year.

The work will enable the two south elevators on the west side of the East Pavilion to descend to the terrace level where the under-street tunnel connects the building with the subsurface garage. The other two elevators, in the group located off the Barnes corridor, already provide service to the terrace level. Although work on each elevator will be done separately, each will be out of service for approximately three months at a time.

From mid-November through mid-December, only the two elevators on the north side of this group will be available for use. Construction should be completed in early February of next year and both elevators will be returned to regular service.

The work will solve the problem of only one-half of the total number of elevators going to the terrace level. It also will serve the increased needs of the West Pavilion which will be started next year.

Speaks on dialysis

Susan Kuhn, a Barnes dietitian working in the Chromalloy American Kidney Center at the hospital, spoke on “Dietary Management of Renal Osteodystrophy” at the 1976 Renal Symposium for physicians and health professionals sponsored by the Kidney Foundation of Illinois in Chicago.
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Aug. 24 to Sept. 24, 1976.

IN MEMORY OF:
Alma Miller
Winifred Goodwin
Ruth Ploussard
Martha Burkhart
Theresa Burkhart
Carla Hanses
Joseph T. Greco
May Brooks
Rose Hill Chapter #120

Ruth Wink
Mr. and Mrs. Kenneth Clark
Mr. and Mrs. David Anderson
Mr. and Mrs. Clarence Tebeau
Mrs. Ray Le Haullien
Mr. and Mrs. Stan Fine
Mr. and Mrs. Eugene Kuhlman
Mr. and Mrs. Joe Wroten

Dr. Harold Freedman
Dr. and Mrs. Henry G. Schwartz

Sol Wolff
Carol L. Blasberg
Dr. Thomas B. Ferguson

Sandy Grossman
Mr. and Mrs. Robert E. Frank
Charles Steele
Dr. Harold Roberts

IN HONOR OF:
The Recovery of
Dr. Robert Schumaker
Mrs. Robert Schumaker

The 50th Wedding Anniversary of
Mr. and Mrs. John Barringer
Mr. and Mrs. John Davidson, Jr.

Memorial Endowment Fund
R. E. Taylor
Wilson Sims
Olivia B. Mews
Larry Alderson
Larry Alderson
N. P. Knowlton
John E. Creech
Pauline Dodson
Pauline Dodson
Mrs. Herschel Byrd
Ollie Richardson

Annie Sheppard
Elizabeth Piper
C. R. Sowles
Mrs. C. R. Sowles
Mrs. C. R. Sowles

R. E. Taylor
Wilson Sims
Olivia B. Mews
Larry Alderson
Larry Alderson
N. P. Knowlton
John E. Creech
Pauline Dodson
Pauline Dodson
Mrs. Herschel Byrd
Ollie Richardson

Annual Charitable Fund
Louis Zorensky
Maurice Lomayow, M.D.
Gordon M. Provan
Agnes F. Beer

Barnes Bulletin
October, 1976

Published by the Public Relations Department of Barnes Hospital, Barnes Hospital Plaza, St. Louis, Missouri, 63110. (314) 454-3515

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

Copyright 1976 by Barnes Hospital

Dr. Jay McDonald is co-director of clinical chemistry lab

Dr. Jay McDonald, who for the last two years has been working on a research laboratory at Barnes, has been named co-director of the clinical chemistry laboratory, according to Dr. Leonard Jarrett, director of diagnostic laboratories.

Dr. McDonald has been studying the role of calcium in insulin action as part of a grant from the National Institutes of Health. The chief investigator for the diabetes study is Dr. Jarrett.

A native of Rochester, Minn., Dr. McDonald holds the undergraduate degree from Tufts University in Boston and his M.D. from Wayne State University. He completed a four-year residency in pathology at Wayne State prior to moving to St. Louis.

In addition to his work in clinical chemistry, Dr. McDonald also will continue his research on developing diagnostic tests to study various facets of diabetes.

He and his wife, Sarah, have sons, four and one year old.

Physicians join staff

The President's Office has announced that the following doctors have been added to the list of members of the attending medical staff:

D. Gail Ahumada, assistant physician; D. Ingrid Albert, assistant dermatologist; D. Jerome Aronberg, assistant dermatologist; D. Robert Kraetsch, assistant physician; D. Richard Mimbiz, assistant physician; D. Richard O'Stord, Jr., assistant physician; D. John Powell, assistant dermatologist; D. George Selfridge, dentist-in-chief, School of Dental Medicine; D. Gerald Sulfrin, assistant GU surgeon; and D. David Crane, assistant GU surgeon.

D. Fred Reynolds has been appointed acting orthopedic-surgeon-in-chief, succeeding D. Arthur Stein who remains a member of the orthopedic surgery department.
Physicians join staff

Three physicians have joined the Barnes Hospital staff effective July 1 according to the President’s Office. They are Dr. John Atkinson, assistant physician in rheumatology; Dr. Jay McDonald, assistant pathologist; and Dr. William Catalona, associate surgeon.

Speak on spinal injury

Dr. Franz Steinberg, Barnes physician, recently directed a seminar on spinal cord injuries. Also speaking at the seminar were Dr. Sven Eliasson, neurologist; Dr. Saul Boyarsky, urologist; and Dr. Louis Avioli, physician.

Named pathologist

Dr. Gustave Dammin, pathologist-in-chief at Barnes from 1950-52, has been appointed acting chief of the laboratory service at West Roxbury (Mass.) Veterans Administration Hospital.