New computer in use in data processing

Two 370/135 computers used by the data processing department at Barnes have been replaced by a larger system in an effort to cut costs while providing additional capability.

Everett Menendez, director of data processing and assistant director of the hospital, said the new computer is much larger than the two computers which were replaced but is far less expensive.

“We have been utilizing two computers to assure reliable services for our on-line information system in addition to other services such as accounts receivable, payroll and budgeting,” said Mr. Menendez. “The two computers interconnected to provide reliability for our on-line systems. While both were in constant use, one could back up the other in an emergency.

“What we found, however, was our systems were so reliable that we did not need the expensive backup capability. We have been able to convert to a single IBM 370/145 system and get a computer with a larger capacity than that of the other two combined,” Mr. Menendez said. “We also will be benefiting from the lower cost.”

Fred Lanigan, programming manager in data processing, said that computer speed is measured in nanoseconds, with each nanosecond equaling one billionth of a second. The new computer is from two to five times faster than the two systems it replaces.

“We have attained a level of reliability well above the national average,” Mr. Lanigan said. “We have experienced very little hardware down time although we realize that the computer is a machine and that occasionally it does malfunction.”

Computer facilities perform a variety of functions within the hospital. An on-line information system is maintained through the 60 terminals located in such places as admitting, medical records, pharmacy and housekeeping.

Mr. Lanigan said the new computer is connected with another mini-computer system which collects information for electrocardiograms. “This system converts the electrocardiograms into digital form and feeds it to the main computer which actually analyzes the ECG.

“The value of computers has been proved in the past and continues to be proved every day at Barnes,” Mr. Lanigan said. “We could not go back to the way we processed data prior to the computer installation.” In addition to providing an on-line information system, the computer also supports patient accounts, budgeting, general accounting, payroll and other clerical work.

“The services which data processing is able to provide continue to expand,” said Mr. Menendez. “And I think we are going to be called on in the future to provide even greater amounts of service. We want to be capable of providing the hospital with a complete computer utility supporting the hospital and patients with new technology at reduced cost.”

Cost of supplies continues to rise

Although costs for supplies used at Barnes Hospital are expected to increase less during 1977 than during 1976, other factors including transportation and changes in use patterns have resulted in a continuing rate of increase for basic items. Because of the number of patients treated at Barnes, even minor changes in price can greatly affect the hospital’s supply budget.

Walter Schatz, Barnes purchasing agent, said the hospital’s 1977 budget reflects an anticipated eight percent increase in cost of items ranging from surgical gauze to pacemakers. The rate of increase is expected to be slightly less than the rate last year.

“These costs do not necessarily result from an increase in the cost of a particular item,” Mr. Schatz said. “What we are seeing is that many variables are influencing the price we must pay. For instance, the cost of fuel and lower speed limits mean that a truck load of supplies from the east coast takes three days longer. Time is money and the wages paid to the driver are increasing. Freight charges can easily amount to ten percent of the actual cost of some items.

“And even before the item is ready for transportation other factors come into play. The cost of natural gas or other energy to run a plant to feed the power to the computer generally runs as much as 20 percent of the cost of the item and in some cases may be as high as 30 percent.

Walter Schatz, purchasing agent, goes over invoices for items purchased by Barnes Hospital. Higher supply costs have greatly affected the cost of health care.
Supply costs . . .

(Continued from page 1)

produce a product is going up. Some textile mills are waiting to see their utility bills before they put a price on their product." Linen is produced by use of natural gas and Mr. Schatz said some manufacturers are switching to polyester materials, a petroleum product which also is increasing in price.

He also said that the hospital was actively engaged in a program of supply cost containment in an effort to keep supply cost increases to a minimum. “Our use of linen has dropped approximately 30 percent since we began a concerted effort to reduce unnecessary use. We are now making our own surgeon’s gowns and with material left over we make surgical boots. There is no waste and our cost savings are substantial.”

Mr. Schatz said that all areas of expense for supplies continue to be carefully examined in an effort to control costs, costs that eventually must be passed on to the patient.

One of the major problems facing the hospital in terms of its supply budget is one forced on it by technology. “During 1976 Barnes was the second largest purchaser of pacemakers, among hospitals, in the United States. The amount of money we will spend for pacemakers during 1977 will be substantially higher than in 1976 because surgeons are implanting pacemakers which are far superior in quality.”

He said that technology has meant that pacemakers which cost from $650 to $950 during 1975 and which had a battery life of from two to three years, now have been substantially improved. New pacemakers last from seven to ten years, and the price has increased to more than $2,000. “For the person who is receiving a pacemaker the added cost of the initial implant is higher but it is worth it because less frequent surgery is needed.”

For years Barnes has been using a 32-ply gauze sponge, four-by-four inches in size. However Barnes is now only one of three hospitals in the United States using the product. Only one manufacturer produces the sponge. “Because national demand is low and the price of cotton has risen substantially,” Mr. Schatz said. “We have the choice of continuing to purchase this item or substituting a standard 16-ply sponge.

“Barnes, like other hospitals, is caught in a bind. And we are forced to pay more as technology dictates the use of more sophisticated equipment and supplies. And yet we are doing our best to keep the costs down because the patient is the one who ultimately pays the bill.”

Patient places ad to say thank you

Patients sometimes find ways of saying thank you to the physicians, nursing staff and other hospital employees who contribute to the care the patient receives. Some simply say “Thanks.” Others have known to send cakes or fruit baskets as expressions of gratitude although the hospital does not encourage such gifts.

One patient recently found a unique way of expressing his appreciation. He advertised.

Alvin Spitler, a resident of St. Louis who had surgery at Barnes, ran an advertisement in a section of Valentine greetings in the St. Louis Post-Dispatch. The ad said: “Barnes Hosp. Doctors, nurses and staff attending; Wohl, Rm. 511, Jan. 26-31. Rand-Johnson, Rm. 5212, Feb. 1-? You are all great. Competent, cheerful and kind. There is a good chance for humanity to make it with understanding, unselfish people like you. A. L. S.”

Mr. Spitler, who works in the advertising department at the newspaper, said he was aware the section was coming out and wanted to use that method of thanking the many people involved in his care and treatment. “It is difficult to let everyone know that you appreciate what they do for you. I thought that this might get my message across.”

He also said that he was pleased with the thoughtfulness of the staff. “Barnes is a big hospital and I can see that it is difficult to please each patient all of the time.” Mr. Spitler said. “However, I really feel that I have had personal care and that makes a lot of difference.”

Karen Wagner, head nurse on 5200, said that no one was aware of what Mr. Spitler was planning. “We were totally surprised when people started bringing in copies of the paper, showing the ad,” Miss Wagner said.

Patients are not expected to say “Thank You” in any manner when leaving the hospital. Experienced care and attention to patient needs are expected of all hospital personnel. However, some patients go out of their way to express their gratitude and those genuine kinds of “Thank You” are appreciated.
Study concentrates on female criminality

A study recently completed by Barnes psychiatrists indicates that psychiatric, social and family factors are related to the rate at which female criminals return to criminal activities.

The six-year study was conducted by Dr. Ronald Martin, Dr. C. Robert Cloninger and Dr. Samuel Guze, psychiatrist-in-chief at Barnes and head of the psychiatry department at Washington University School of Medicine. It was done with the cooperation of the Missouri State Board of Probation and Parole. The study utilized criminal records in addition to voluntary personal interviews with 66 women who had been convicted of felonies.

The study indicates that only about one-third of the female felons returned to crime following release from detention facilities, compared with a rate of approximately two-thirds for male felons. The study was conducted to determine what factors influence recidivism, that is a return to criminal activity.

Among factors most predictive of recidivism were the psychiatric diagnoses of antisocial personality and drug dependence, particularly when they were associated with a history of homosexual activity.

Other factors, which were not found to be as predictive, included level of education, unemployment, alcoholism, prior criminal record, being less than 30 years old, and psychiatric problems other than antisocial behavior.

Dr. Martin notes that antisocial personality was a more powerful predictor of recidivism than prior criminal record. An antisocial personality is diagnosed on the basis of a pattern of antisocial acts rather than on criminal activity alone. Typically such a pattern begins in early adolescence and is typified by such acts as truancy, running away from home, fighting, suspension or expulsion from school and dropping out of school.

“It seems that a certain percentage of persons showing such a pattern continue to have troubles which continue into adulthood,” Dr. Martin said. “Many of these persons have frequent job changes, financial irresponsibility, social and marital problems including desertion and non-support, multiple divorce, perhaps even child abuse, and are at increased risk to develop alcohol or drug dependence, and criminality.”

Citing prior work of Dr. Guze’s involving males, Dr. Martin said that as many as 90 percent of repeat men criminals could be diagnosed as having an antisocial personality.

A dependence on drugs also contributed to recidivism with females, more so than alcoholism. The study said this was “striking.” An earlier study conducted by the department indicated a stronger relationship between alcoholism and recidivism in male felons. However Dr. Martin said the studies of men were done in the late 50’s when drug dependence was probably not as prevalent.

The study also indicated that women who had relatives who also were criminals were more likely to repeat criminal offenses. If the relative is a close relative—defined as a first degree relative—the factor becomes more predictive.

Hysteria, known specifically as Briquet’s syndrome, was found to be associated with female criminality in an interesting way. First, the syndrome is defined as a disorder characterized by a vague, dramatic and complex medical history with many unexplained medical complaints in many organ systems. “What we found was that hysteria was more frequent than expected in the female population, it was associated with a relatively reduced risk of recidivism,” Dr. Martin said. “This, and results from other studies, suggests that hysteria is perhaps a variant of, or at least interrelated with, antisocial personality, both involving dramatic and stimulation-seeking behavior and early rule-breaking behavior. But hysteria progresses more into a pattern of somatic complaining, rather than persistent criminality.”

The 21 women who became recidivist during the six-year study were arrested a total of 93 times. There were 105 charges including 37 for larceny, 17 for fraud or forgery, 12 for drug violations, 11 for parole violations, six each for burglary and assault and five for flourishing deadly weapons.

Dr. Martin said the study presents a different picture of the female felon than that which is often viewed. The disorders found to be more frequent among female criminals than the general female population were antisocial personality, alcoholism, heterosexually transmitted drug dependence. As in male criminals, mania, depression, schizophrenia, mental retardation or organic brain syndrome were not more frequent. “The made-for-TV movie image of the criminal as a psychotic, crazed individual is not representative of the majority of criminals,” said Dr. Martin.

There is cause for some optimism, however, in that only one-third of the female criminals were recidivist as compared to two-thirds of men criminals in Dr. Guze’s previous work. “Criminality in women is perhaps a more benign problem than in men.”

Dr. Martin also stressed that researchers are cautious about drawing conclusions without further study. “There are many variables involved and they are interrelated in complicated ways.” He said, “We are beginning, however, to utilize multivariate statistical techniques to unravel these interrelationships so that the wide variation in the course of criminality can be better understood, an important factor, in consideration of the problem criminality presents for society.”

Zane Barnes to lead United Way campaign

Zane Barnes, president and chief executive officer of Southwestern Bell Telephone Co. and a member of the Barnes board of directors, has been named general chairman of the United Way's 1977 fund raising drive.

As campaign chairman, Mr. Barnes will be responsible for the overall conduct of the 1977 drive. He will recruit and lead more than 40,000 volunteers in the campaign, which will officially begin Sept. 16.

Mr. Barnes has served as a division chairman in the last two United Way campaigns and is a member of the UW's board of directors and executive committee.

Two other Barnes board members have been elected vice-presidents of the United Way. They are Edward J. Schnuck, board chairman and chief executive officer of Schnuck's Markets, Inc., and Armand C. Stalnaker, chairman and president of General American Life Insurance Co. Mr. Stalnaker served as chairman of the 1976 campaign which attained a record $17,507,459.

Barnes Hospital received a UW Achievement Award for the 1976 drive. Hospital employees contributed more than $63,650 during the campaign.

Dr. Becker receives von Graefe Award

Dr. Bernard Becker, Barnes ophthalmologist-in-chief, recently received the first annual Albrecht von Graefe Award for "significant contributions in glaucoma research."

The von Graefe Award, a specially struck bronze medal and a $1,000 honorarium, was established by the International Glaucoma Congress in memory of the distinguished German ophthalmologist who pioneered modern eye surgery for relief of acute glaucoma.

Dr. Becker's research into the causes and control of glaucoma started in the early 1950's and his work with the drug, acetazolamide, established the basis for its wide use in the control of glaucoma. The disease affects approximately 2 million Americans and is the second leading cause of blindness in the United States.

Dr. Becker's research contributions have been reported in more than 300 papers published in scientific journals. He has been Barnes ophthalmologist-in-chief since 1953.

Three join medical staff

The President's Office reports the following doctors on staff: Dr. Karen Scruggs, assistant pediatrician, effective Dec. 1, 1976; Dr. Ruthmary Deuel, assistant pediatrician, effective Jan. 1; and Dr. Anthony Kulczycki, assistant physician, effective Jan. 1.
Assisting in Recovery

Regardless of age or status in life, a serious illness brings emotional and social concerns in addition to the medical ones. At Barnes the medical social worker is the member of the health care team whose function is to help the patient identify and deal with disruptions caused by illness and treatment so that he can devote more of his energies to his recovery.

Evelyn Bonander, Barnes director of social work, explains that the role of the social worker is manyfold but centers on patients and their families who are faced with a major medical problem and its consequences. “We are also able sometimes to interpret the patient’s behavior to the rest of the care team to help them best meet the patient’s needs.”

Social workers have offices on the patient floors at Barnes, making them readily available to patients as well as other hospital staff members. This also allows them to specialize, working with patients with similar medical problems. “Even so, each patient is an individual and her problems are always in some ways unique,” cautions Carol Palmer, who is social worker for obstetrics and gynecology.

A common problem that she encounters is unwanted pregnancy, yet the social and emotional consequences vary widely. The patient may be married or unmarried, she may be a teenager, or she may be 10 or 12 years old. “Or,” Ms. Palmer says, remembering one patient, “she may be in her mid-forties, with eight other children, the youngest 14. This woman not only was having a difficult pregnancy, but neither she nor her other children wanted the baby. My role was to provide emotional support, to discuss the options open to her, and when she had decided to place the child for adoption, to discuss the agencies with her.”

Even though it is sometimes as difficult for a married woman to keep her child as it would be for a younger unwed mother, Ms. Palmer points out that the older, married woman does not have the sanction of the community to give up her baby. “A teenager is accepted as having done the right thing, while the older woman is scorned. In either case, the mother needs help to get through the grieving process and over the guilt she may feel.”

Gynecology patients present a different problem. “Most of the patients I see have tumors, such as cancer of the uterus. That is a difficult diagnosis for a woman to face. I sit down and listen to them and learn what they and their family feel their needs are. Marital problems are frequent.” Ms. Palmer explains that one of the big emotional factors is distortion of body image. “The reproductive system is a symbol of femininity for many women and they feel they have lost their womanhood after treatment. I try to help the patient see that when she loses the uterus, she does not necessarily lose her femininity.” She feels that one way to do this is to help the patient get up courage to ask for the medical facts so she doesn’t have to rely on old wives’ tales and myths.

Vickie Overton, who works on the neurology floor, says that most of the people she sees are stroke patients. “Both the patient and the family need support in coping with a severe stroke. The suddenness of it makes a big emotional impact. If the patient is relatively young, children may be involved or the family may have lost its breadwinner. On the other hand, if the patient is retired, the stroke may have ruined the plans of a lifetime.”

Ms. Overton says that she works with both the patient and the family, helping to supply information on which they can base decisions and helping the family to adjust to changes that are inevitable. “Often the family members feel ill-equipped to accept responsibilities that are being thrust upon them. Both patient and family wonder if he will ever regain function. The return of use is very gradual and can be discouraging. I can help them by being available to talk with them about their concerns and future planning.”

Ms. Overton also sees patients with multiple sclerosis or Parkinson’s disease. “The MS patient may be young and may have a young family. He is faced with repeated hospitalizations and knows the illness will keep getting worse even though remissions occur. I try to assist them in coming to terms with the illness and maintain hope and energy to fulfill their goals. In other words, learn to live with the illness.”
Eileen Carlson, who works in neurosurgery, sees patients facing frightening operations, who have brain or spinal cord tumors or injuries. "The impact is devastating to both the patient and the family. Many of our neurosurgery patients are referred here from out of town and the complexity of a large medical center and a strange city can be overwhelming for them. They may feel lost and frequently we help them find a place nearby to stay."

Ms. Hofstein notes that many heart attack patients are in their 40s, 30s and even 20s. "Many of these people have high-pressure jobs and a very active life style—a Type A personality. This means that they have family and career responsibilities that they worry about fulfilling. They frequently deny that they have had a heart attack even though the doctors have shown them the evidence. They face a loss of self-esteem largely because of a temporary inability to function in their roles of breadwinner and sexual partner."

Ms. Hofstein, like other social workers, attempts to find out what the patient's real concerns are and to help him communicate them to the doctors and ask the specific questions necessary to relieve his mind. "When a patient is frightened, it is difficult for him to retain the information a doctor gives him, and sometimes it needs to be repeated. All the patient has to do is ask. I can relay his concerns to the rest of the staff and at the same time encourage the patient to talk with the nurse and doctors."

Renal social workers at Barnes provide a twofold service, working with dialysis patients and with those patients who are contemplating or undergoing kidney transplants. "Chronic renal failure and dialysis have a multitude of social and psychological implications for all concerned," says Pat McKevitt, one of four renal social workers.

"The patient's very life depends on the ability to obtain treatments on the dialysis machine several times a week. Although this is an overriding aspect of their existence, we try to help patients place this in perspective with their other responsibilities and activities. Our purpose is to assist patients and their families in resuming as normal and productive a lifestyle as possible. For example, we inform them of the availability of dialysis in other areas of the country so that they can continue taking trips and vacations—an important activity in the very routinized life of a dialysis patient," Ms. McKevitt says.

When the time comes for consideration of a possible transplant operation, the social worker must work closely with the rest of the patient care team in counseling the patient and family as well as the donor and family. "We must allow the patient ample opportunity to air ambivalent feelings regarding either donating or accepting a transplant. Then we can assist the patient and donor in dealing with specific issues concerning income, insurance coverage, child care, etc., that may be affected."

Admission to a surgical floor can be a frightening, depressing and anxiety-producing experience for both the patient and the family. Various concerns and adjustments come into play. Some patients have difficulty accepting the diagnosis and its implications, others have problems adjusting to the confinement and restrictions imposed by hospitalization in an ICU. There is often a continuing need for vocational rehabilitation, financial problems and planning for sufficient post hospital care.

As the patient and family attempt to deal with their problems, they may exhibit attitudes and behaviors that may be difficult for the medical staff to understand and cope with. The social worker assists the patient, family and staff to face and cope more effectively with the social and psychological implications.
Mr. and Mrs. Earl Wilson of Edwardsville, Ill., have indicated their intention to initiate a charitable remainder unit trust fund at Barnes Hospital.

Mr. and Mrs. Wilson recently presented a $1,000 check to Joseph Greco, associate administrator of Barnes, The check was to initiate a charitable remainder unit trust fund at the hospital.

**History of medicine focus for new club**

A History of Medicine Club has been organized by employees and doctors in the medical center, and plans call for meetings at six-week intervals. Twenty persons from a wide variety of areas in the medical school and associated hospitals attended an organizational meeting held February 17 in the Rare Book Annex.

Participants favored a seminar format for future meetings and the next meeting is scheduled for April 5 at 8 p.m. at the Rare Book Annex, 615 South Taylor. Dr. Kenneth Ludmerer will speak on “Eugenics Movements Around the Turn of the Century.”

The club is the idea of Dr. Richard Ratzan, who became interested in the history of medicine when he attended seminars on the subject at Columbia University where he went to medical school. “The plan is for informal seminars, where everyone takes part and does some research on the subject at hand prior to meetings so that there is an intelligent sharing of information,” Dr. Ratzan explained. “No one has to be an expert to participate. Everyone with an interest in medical history is welcome.”

Dr. Ratzan explained that those attending the organizational meeting voted on whether to have future meetings in the afternoon or evening and the majority favored evening meetings. “But this could change if the membership decides that late afternoon would be more convenient.” Anyone wishing more information prior to the next meeting may contact Dr. Ratzan at 367-8060, extension 5018.

**Dietetics, nurse anesthesia employees retire**

Two long-time Barnes employees retired at the end of January and both were honored with gifts and parties by their fellow workers.

Warren L. Arnold, head baker in dietetics, had been employed by Barnes for more than 31 years, beginning his career here on Sept. 23, 1946. He said he couldn’t estimate the number of cakes, pies, rolls and hot buns he has baked during his years at Barnes, but it included about five birthday cakes a day.

Mr. Arnold, who for 30 years has lived within 10 blocks of Barnes, said he has bought a house near Table Rock lake and plans to spend a lot of time relaxing and fishing. “But I will miss all the good people I have had the opportunity to work with here,” he said.

Elizabeth Wood had been anesthesia secretary for 28 years before her retirement January 31. She has also lived near Barnes for many years and plans to retain her home as well as several rental properties she has purchased nearby to generate added income during her retirement.

**Gridiron dinner to benefit Barnard**

The 43rd annual Gridiron dinner and show, sponsored by the Advertising Women of St. Louis and benefiting Barnard Free Skin and Cancer Hospital, will be held on March 30 at the Chase-Park Plaza Hotel.

Proceeds from the event are again this year earmarked for Barnard Hospital for the purchase of a computer system to be used in clinical nuclear medicine for cancer detection and research.

More than $370,000 has been donated to the hospital by the Advertising Women from the proceeds of past Gridiron dinners.

This year’s show is entitled “Razz Berries,” and Lucy England of Associated Garment Industries is general chairman.

**Gridiron dinner attended by Illinois family**

Mr. and Mrs. Earl C. Wilson of Edwardsville, Ill., have indicated their intention to initiate a charitable remainder unit trust fund at Barnes Hospital.

Mr. and Mrs. Wilson recently presented a $1,000 check to Joseph Greco, associate director of the hospital, to begin the trust fund which, eventually, will become part of the hospital’s permanent endowment fund in the form of the Earl C. Wilson Memorial Fund.

“We are very pleased that Mr. and Mrs. Wilson have chosen this method of including Barnes Hospital in their future plans,” Mr. Greco said. “They realize that medical care facilities, such as Barnes, need money from private sources if they are to continue to provide the high quality of care which our patients expect.”

Mr. Wilson, a real estate developer, has been a hospital benefactor and a prior gift was made to the Barnes Hospital School of Nursing.

**Andrews attends meeting**

Roy Andrews, methods director, attended the fifth annual systems conference sponsored by the Hospital Management Systems Society of the American Hospital Association. The theme of the conference, held in St. Petersburg, Fla., was how to improve productivity and provide quality health care at the most reasonable cost to the patient.

**Ernest Launsby attends proclamation ceremony**

Ernest Launsby, executive housekeeper at Barnes, attended ceremonies in Jefferson City during which new Missouri Gov. Joseph Teasdale issued a proclamation declaring Feb. 14 as housekeeping day in state medical facilities.

The ceremonies preceded activities at Barnes on Valentine’s Day during which housekeeping employees were honored for their contributions to patient-care and other areas of the hospital. Red carnation corsages and boutonnieres were presented by housekeeping supervisors and refreshments were served at meetings for each of the three work shifts.

Tom Winston, vice president of the hospital, told department employees that the focus of the appreciation day has not changed since it was initiated several years ago. “What we were saying then, as well as now, is that we recognize the hard work which housekeeping employees perform and simply want to say thank you.”

Housekeeping has approximately 285 employees working throughout the hospital and the exterior of hospital facilities.
Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Jan. 21 to Feb. 20.

IN MEMORY OF:

Mrs. Herman Achenbach
William J. Bramman, Jr.

Mayme Chambliss
Rebecca F. James

Mrs. Hazel Luhn
Homer E. Alcorn

Mrs. Clara Smith
Mr. and Mrs. Robert Erickson

Claudia Leuking
Mr. and Mrs. Herman A. Leuking

Mrs. Verna Byrnes
Mrs. Susan Kingston
Alice Marshall

Mrs. Velma Harvey Marr
Vernon J. Marr

Irene Franzien’s Mother
Mr. and Mrs. W. J. Savage

Sam Pass
Mr. and Mrs. R. T. Fisher

William G. Moore, Jr.
Mr. and Mrs. R. W. Rutherford
Mrs. John B. Hill
Miss Helen Ezel
Mrs. John W. Bachmann
Mrs. Vincent F. McDonald
Miss Mary Martin
Mrs. Carl Hartman
Mrs. Mary Hord Perry
Mr. and Mrs. A. R. Niemoeller
Mr. and Mrs. Kenneth L. Gable
Mr. and Mrs. Edward B. Mower, Jr.
Mr. and Mrs. James H. Howe, III
John G. Burton
Alice Marshall
Mr. and Mrs. W. J. Phelan
Mary M. Hildreth
Mr. and Mrs. Charles Keller
Mr. and Mrs. Bertram W. Tremayne
Catherine F. Beyer
Mr. and Mrs. Burt Wenneker
Mr. E. R. Culver, III
Mr. and Mrs. Robert E. McAuliffe
Mr. and Mrs. George L. Minor
Mr. and Mrs. Earl T. Franzen
Mr. and Mrs. Robert Erickson
Barnes Hospital Auxiliary
Mr. and Mrs. Lester Kobler
Mr. and Mrs. Landsen McCandless
Juanita H. Fuller
Mr. and Mrs. Darwin Portman
John Rothschild Family
Mr. and Mrs. Robert Cochran
Mrs. Ervin Coutler

Lee Hayward
Gloria Routh
Ruth Sned
Laverne Herchenroeder
Marian Volmer
Helen Boyles
Vera Smith
Dorothy Hollenberg
Virginia Watts
Barney Morgan
Maisy Breckenridge
Fred Bruegenhagen
Sara Oaks
Blanche Reich
Betty Bennett
Anne Wheatley
Emeee Wilkey
Mabel S. Cohn
Lynn Dean
Mildred Atkins
Serviva White
Mary & Ed Graves
Marge Tabit
Lois Metzner
Jan Prince
Faye Middleman
Genevieve George
Geneva Keller
Anita Welge
Eleanor Hastings
Betty Arrick
Joan Aach
Betty Kaminsky
Martha Griffin
Mrs. William S. Bedal
Joseph T. Greco
Mr. and Mrs. B. B. Culver, Jr.
Mr. and Mrs. A. Clifford Jones
Mr. and Mrs. Jeffries M. Arrick
Mr. and Mrs. George Dubois
Mr. and Mrs. R. E. Frank

Joseph Hanses
Mrs. Mae Martin
Mr. and Mrs. Robert E. McAuliffe
Mr. and Mrs. R. W. Rutherford
Alice Marshall
Mr. and Mrs. Don H. Tethorst
Juanita H. Fuller

Mrs. Frank Shobe
Mrs. Harry J. Holmes
Mr. and Mrs. George Dubois

Lunette Reeder
Arthur W. Winklemeyer
Betty L. Swaine
Bristol-Myers Products

Doris Wilkins
Dr. & Mrs. Frank Barnes Long

Jesse O. Jackson
Olen & Robert Barton Families

Mrs. Marian K. Baum
Mrs. Virginia Lipkin
Mr. and Mrs. Lawrence S. Lees
Mr. and Mrs. R. Morton Moss
Mr. and Mrs. Ben J. Abelson
Mrs. Minnie Goodman
Mrs. Sam Zivi
Mr. and Mrs. Lee M. Ebert
Dr. & Mrs. Gerhard E. Gruenfeld
Dr. & Mrs. Frank Barnes Long
Paradise Valley Thursday Golf League
Mrs. Clifford B. Glaser
Mr. and Mrs. Robert Abrams, Jr.

Jerald E. Davis
Dr. & Mrs. Leonard Jarett
Mr. and Mrs. Stephen Stanford

Mary Fishpaw Noble
Mr. and Mrs. Stephen Stanford

Mrs. Harold Scheff
Dr. & Mrs. Frank Barnes Long

Marvin Weitzman
Dr. & Mrs. Stanley M. Wald

IN HONOR OF:

Dr. Marvin Block and Lawrence Samuels
Mr. and Mrs. Joseph Slocum

Sam Glazer’s Speedy Recovery
Mr. and Mrs. Martin Krupin
Dr. & Mrs. Allan Kolker

The Chapel
Mrs. Harriet B. Heorns

Barnes Emploes on 4th Floor East Pavilion
Mr. and Mrs. George Dubois

Annual Charitable Fund

Mrs. William Steele
MM Thomas J. Lattier
Mary Critts
William Merritt
Pauline Bunnage
Mary Stevens
Mrs. Dale Lampley
Dr. Ruth Lesh
Mrs. Ben Ober
Elizabeth Reinhart
Lillian Cope
Aubrey Bailey
MM Dale Roy
Lillie Brooks
Mrs. M. Bernhardt
Mary Martin
Dorles Mae Swett
N. Webster Moore
Roy Zupp
Helen Peoost
Fred Bamberger
Stanley Phillips
Walter Vogel
Ellia O’Brian
Lulu Telle
Dorothy O’Neal
Gertrude Hacker
Edwin Clark
Phoebe Williams
Joyce Shaw
William Pemberton, Jr.
Ruth Sisler
George Beller
Olive Glos
Beverly Best
Marcia Van Cleave
Mrs. Eru Haase
Mary Afflack
Charles Klug
Katherine James
Robert Frane
Christine Kovarik
John Chattman
Harry Shaffner
John Bradley
Dorles Mundell
Kenneth Peetz
Betty Heermann
Mrs. H. E. Childress
Elionor Mazzoni
Robert Niebrugge
Alma Lemke
Ernest Pichiodi
Irene Faulkner
Gertrude Stihl
Vit Materia
Mable Harris
Betty Caletow
Marcella Kennedy
Pamela Jean Vasquez.

(Continued on next page)
Leads symposium session

Dr. Carl Harford, Barnes physician and a member of the department of infectious diseases, led a session of the Goronwy O. Broun symposium on influenza Feb. 17 at St. Louis University.

Dr. Perez speaks at meeting

Dr. Carlos Perez, director of the division of radiation oncology, participated in a conference of the Los Angeles (Cal.) Radiological Society. He spoke on radiation therapy in the treatment of cancer of the prostate, cervix and tonsil.

Doctor to be honored

Dr. Phillip Venable, Barnes ophthalmologist, has been notified that he will become a Life Member of the American Academy of Ophthalmology and Otolarngology on Jan. 1, 1978. The honor is for 24 years of consecutive membership.

UW story wins award

A story encouraging employee participation in the United Way campaign at Barnes Hospital has been awarded first place in feature story competition sponsored by the United Way and the International Association of Business Communicators/St. Louis chapter.