Board votes increase in employe wages

The Barnes board of directors has approved a general wage increase for hospital employes, bringing the minimum wage in the hospital to $3.21 per hour and increasing the hourly wage for most employes. The increase went into effect with the first payday in January.

Hospital President Robert E. Frank, in making the announcement, said the increase in the minimum wage represents an increase of 7 percent. All other pay grades will also be increased, with a minimum increase of 5% for most employes at the top steps of their present pay grade.

"The wage increase reflects the hospital's concern that its employes' salaries keep pace with the rising cost of living," Mr. Frank said. "We recognize our efficiency in keeping overall costs down depends in great part on the extra effort which employes put out to provide the best medical care available anywhere."

Social Security taxes rise for everyone

The rate of deduction for Social Security tax (FICA) will rise this month from 5.85 percent to 6.05 percent to take a bigger chunk from everyone's paycheck. In addition, the tax will be on the first $17,700 each employee earns rather than the top of $16,500, which was in effect in 1977. This means that the maximum deduction will go up more than $100 from $965.25 in 1977 to $1,070.85 in 1978.

Employers match dollar for dollar each employe's contribution, so the total bill for Barnes Hospital will be more than $2.3 million for 1978.

Under a law passed by Congress in December, deductions and the taxable wage base will continue to increase each year so that the maximum deduction in 1987 will be $3,045.90 if no further increases are passed before then.

Record number to graduate from nursing school

A record number of students will graduate from Barnes School of Nursing in ceremonies at the St. Louis Cathedral beginning at 7:30 p.m. on January 14.

Ninety-three students, including seven male nurses, make up this year's graduating class and of those, 43 have already been hired by Barnes Hospital's nursing service.

John Warmbrodt, Barnes executive vice-president, will present diplomas to the graduates, and Barbara Bradshaw, director of the School of Nursing, will present the pins. Carol Minor, president of Barnes Auxiliary, will make awards to students excelling in specific areas of nursing care.

Former Gov. Bond speaks to Barnes Hospital Society

More than 150 Barnes doctors drove bitterly cold weather to hear former Missouri Governor Christopher S. Bond call for more individual leadership at the annual meeting of the Barnes Hospital Society December 7.

Gov. Bond, who was Missouri's chief executive from 1972 to 1976, is now president of the Great Plains Legal Foundation, a non-profit foundation which provides legal assistance in litigation for selected problems.

He said that government was becoming too powerful and the result is that local initiatives are losing their force. He called for the medical and legal professions to join together in providing leadership to find appropriate and reasonable answers to complex problems faced by the United States.

Gov. Bond said that many legislators are out of touch with the public. He said legislators seldom had to face the results of their actions because after legislation is passed, federal agencies formulate regulations for implementation, then courts interpret the legislation.

In a reference to his loss in 1976 in the state's governor's contest, Gov. Bond said, "Experience is what you get when you expect one thing and end up with something else. I had quite an experience last year."

ICU renovation helps staff give special care

Just as illnesses vary, the type of care patients require also varies. Neurology patients, for instance, need rest in a quiet atmosphere with careful observation by medical and nursing staffs. Another step has just been completed on Barnes neurology floor, 11400, in a renovation project to complement this kind of specialized care.

The intensive care unit of that floor was completely remodeled. The medical staff, nursing staff and administration helped plan the renovation and Barnes own plant engineering staff made the physical changes. The "new" ICU is more attractive and, more importantly, gives nurses better visibility of their patients.

"We achieved better visual observation by relocating the nurses station in the unit," said Gloria Metzger, associate director of nursing. "Two isolation cubicles were added, too, something we did not have before."

Mrs. Metzger said the isolation cubicles have sliding glass doors that help reduce the external stimuli of a patient while still giving the staff full view of the patient. She said these cubicles are especially important in treating a patient with an aneurysm.

Other improvements made in the ICU include a lighting system change that imitates day and night. Having the room well lit during daytime hours and dimmer at night helps the patients orient themselves to the passage of time. Also, digital clocks with two-inch numerals were installed within easy view of each patient's bed.

"The nurses are very happy with the renovation," said Janet McNamara, head nurse on the floor. "The ICU is brighter so it is more cheerful for both patients and nurses." Bright vinyl wallpaper replaced the previous gray wall color.

Dr. William Landau, neurologist-in-chief, spoke for the doctors who work on 11400. "We think it's great. It helps us care for our most critically ill patients."

The ICU renovation was the second step in a total remodeling plan. The first step included the addition of three conference rooms for the medical staff and medical nursing staff, and relocation of the head nurse's office. The floor was divided into two nursing divisions, north and south, with a clinical nurse for each division. The first step was completed last year.
fulfill their mission of delivering high-quality health care. In many instances, the availability of modern equipment or tests cuts days off a patient’s hospital stay; in some cases new technology means the difference between extended invalidism and full recovery.

Even standard equipment wears out and must be replaced. Some of these costs are staggering. A steam sterilizer costs $41,000; ultrasound equipment to monitor fetal life, $19,000; a defibrillator, $3,800; laminar air flow system for operating rooms, $12,000; acute-care bed, $1,147.

Salaries must keep pace with prices, and as general inflation has continued over the past several years, Barnes has taken steps to minimize rate increases by operating more efficiently at all levels. “We have a responsibility to conscientiously use and care for equipment, eliminate waste and assure maximum value for the dollar when making purchases,” said Robert E. Frank, Barnes president.

When Barnes was recognized earlier this year as one of the best-managed hospitals in the country, Mr. Frank commented that the cooperation of everyone at the hospital in curbing waste and working efficiently has contributed to keeping costs under control. “We owe our patients a continuing concern about costs along with a continuing pledge to deliver high-quality health care. We all must do our part and I believe we are,” he commented.

“We all have a personal stake in this problem too. We all are health care consumers, and rising costs and insurance premiums affect people who work in hospitals just the same as anyone else,” he added.

Barnes helps youths explore health care

Young adults from area high schools are exploring careers in health care through the Boy Scouts of America and Barnes Hospital Explorer Post 9110.

Barnes sponsors the Explorer post and provides an advisor to coordinate the activities of the group. Although Explorers are connected with the Boy Scouts, the group includes both boys and girls ages 14 to 20.

Each year the Boy Scout Council conducts a survey of area young people and determines what career interests they want to pursue. Those who want to learn more about health care are invited to a Barnes Explorers meeting.

John Thompson, instructor in education and training, is the new advisor for the Explorer group here. “Exploring is very different from regular scouting,” he said. “The emphasis is on getting young people to focus their interests.

As a resource person, Mr. Thompson estimates he will spend eight to 16 hours a month doing background work for the Explorers and attending their twice-monthly meetings. The advisor produces informational mailings to Explorers and interested young people and arranges for speakers and demonstrations at the meetings.

Tobie Chapman, Barnes nurse, served as the Explorer advisor until last month when a job change rearranged her schedule. She continues to work with the group, though, and says their programs are quite diverse, including such topics as a panel discussion on research in medicine, a psychiatrist, tours of the hospital and respiratory therapy demonstrations. “We try to expose the Explorers to all phases of health care so they can decide what they want to do,” Ms. Chapman said.

Barnes Explorers group has about 25 active members who meet on first and third Monday evenings in the East Pavilion auditorium.

The sterilizers in central supply are expensive but essential pieces of equipment.

Other costs rising faster than health care

Despite all the recent publicity about the escalating cost of medical care, the cost of many other essential items is rising much faster than health care. Measured by the Consumer Price Index, the cost of medical care had risen to 184.7 by the end of last year. (In other words, what cost a dollar in 1967 had increased to almost $1.85.)

Based on the same scale, however, postal charges were at 222.3 and Social Security taxes were 308.2 in 1976 and 332.4 this year.

The cost of having a room painted was 225.6; having a sink replaced, 210.2; having the washing machine repaired, 200.4; or having an automobile fixed, 189.7. Blue jeans were at 190.0; coffee at 243.6; sugar, 201.3; chocolate candy bars, 233.5; potatoes, 200.1; whole ham, 199.6; seafood, 227.3; bacon, 210.4; and sausage, 226.6.

Bathroom tissue was at 234.4; heating oil or coal, 258.2; coffee at 243.6; sugar, 201.3; chocolate candy bars, 233.5; potatoes, 200.1; whole ham, 199.6; seafood, 227.3; bacon, 210.4; and sausage, 226.6.

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These rises in various essentials are partly responsible for the increase in hospital costs, of course, because hospitals must also buy food, utilities, equipment and supplies. One study shows that the prices hospitals pay for needed goods and services are rising 30 percent faster than the overall cost of living. Only efficient management has enabled hospitals to keep costs in these areas from rising even faster than they have. Two large items are Social Security taxes and insurance. The hospital must match Social Security payments for each employe. Malpractice insurance alone has risen 1,996 percent in the last three years and has been kept that "low" only because Barnes became self-insured.

Another area over which the hospital has little control regarding rising costs is in complying with burgeoning government regulations that force the hospital to spend money for new management procedures concerned with medical audit and Medicare and Medicaid programs. (The cost of just eight federal regulations will add at least $22 to each hospital bill this year, according to American Hospital Association president John McMahon.)

Theoretically, the hospital has a choice when it comes to expenditures for new and improved equipment. However, patients at a tertiary hospital such as Barnes have a right to expect the tools that will allow physicians here to take advantage of the latest technology and advancements to
Other side of world is home to John Munro

Come next spring, the name Barnes Hospital may ring a bell to some citizens of Rockhampton, Queensland, Australia. Late in March John Munro will return to his hometown after a year in the United States which included working at Barnes.

Mr. Munro, a native Australian, won one of 1,500 Rotary International scholarships that provide air fare and a small living allowance for study abroad. Mr. Munro attends classes such as one sponsored by the American Red Cross on blood banking and Rotary International scholarships that provide air fare and a small living allowance for study abroad.

Two things that struck him first about the U.S. for Mr. Munro, as he landed there on the commercialism. Mr. Munro said he was amazed at the number of advertisements that bombarded the Australian people—from the sides of buses and the backs of taxis (he said he even saw an ad painted on the street in the crosswalk).

Mr. Munro said the U.S. and Australia do not differ much in the specific area in which he works, medical laboratories. He said the Australian labs perform many of the same types of tests. But outside the laboratories, the medical worlds of the two countries are different.

"We have flying doctors in Australia," Mr. Munro said. "Although our population is smaller than the United States, about 14 million, our area is almost the same, so the people are rather spread out." The Royal Flying Doctor Service operates from ten bases scattered throughout the country. If a person becomes ill and is not near a doctor, the flying doctor is summoned and can arrive within hours.

Mr. Munro worked with the flying doctors at one time. "We held flying doctor clinics," he said. "The doctor would land the plane on a highway, set up a clinic and the people would come and get their shots."

The government uses the air in another way to provide schooling for children who live in the isolated areas of Australia. Two-way radios serve as classrooms and students communicate with teachers who are miles away.

The working worlds of the two countries differ, too, according to Mr. Munro. Most employees in Australia receive four weeks annual leave, or vacation. After ten years of employment, an employee receives an additional three months annual leave. The vacation benefits are in addition to a liberal sick leave policy which includes maternity leave for new fathers.

Besides the lack of vacations here, Mr. Munro has other things to which he must adjust. For one, our winter arrives during what is summer to him. His home, Rockhampton, has a climate similar to Florida, not similar to St. Louis. American light switches are reversed to him, too. In Australia, "up" is "off." And Mr. Munro has had to adjust to driving on the right-hand side of the road. But he has seen one thing in the U.S. to which he will not adjust.

Mr. Munro was watching the hot-air balloon race held last fall in Forest Park and noticed the Anheuser-Busch balloon featured flags from various countries. There, boldly painted on a hot-air balloon, was the one thing to which Mr. Munro will not adapt, and he notified brewery officials of his displeasure: the Australian flag was upside down.

Interns complete dietetics program

Ten dietetic interns were graduated from the Barnes Hospital dietetic intern program October 28. They were honored by the hospital and by friends and relatives during ceremonies in Queeny Tower.

Presenting diplomas and pins were Kathy McClusky, director of dietetics, and Rich Grisham, associate director for professional services.

Graduates were: Susan Boggess, Oak Ridge, N.J.; Patricia Booth, Minneapolis, Minn.; Mary Clark, Caldwell, Idaho; Linda Garrison, Dayton, Ohio; Susan Garrison, Lincoln, Neb.; Gwen Grenager, Lolo, Mont.; Kathleen Kelley, Media, Pa.; Marie Hobson, Santa Barbara, Calif.; Julie Hodges, Austin, Texas; and Barbara Wong, San Diego, Calif.
Dr. William Owens, anesthesiology, examines patient's progress.

Pam Rall, head nurse of Barnes recovery rooms.

Debbie Salem, RN, and Terry Long, nurse anesthetist, adjust equipment for patient in Rand Johnson recovery room.
As he begins to awaken from anesthesia, a patient first becomes aware of the attentive care he is receiving in the recovery room. But by then the nurses are nearing the end of their job. The hardest part is over.

Post-anesthesia patients require constant attention and care. The anesthesia has dulled their reflexes, and such basic functions as breathing need monitoring. As the patients begin to "wake up," they may be confused and almost certainly are in pain. They need all the care and tenderness that those around them can muster.

Barnes Hospital operates three post-anesthesia recovery rooms. One, outside the Rand Johnson operating rooms, cares for patients who have had operations ranging from plastic surgery to kidney transplants. Neurosurgery and ear, nose and throat patients recover in a room on the second floor of the East Pavilion; the third floor has a recovery room for gynecology patients. The three post-anesthesia recovery rooms share a rotating staff of 21 RNs, six LPNs and six nurse-assistants.

"The ideal recovery room nurse can handle an acute care situation with a lot of patience," said Pam Ball, head nurse of the recovery rooms. "The nurses in here also have to be able to work well under pressure."

In the Rand Johnson recovery room alone, the staff will care for 30 to 70 patients each day. That room is open 24 hours a day, with a smaller staff on duty at night. The second floor East Pavilion recovery room closes at 4:30 and the third floor room is closed by 8:30 p.m.

Patients spend a relatively short time in recovery, but they require extensive care during that period. When an operation is over, a member of the anesthesia staff brings the patient to the recovery room. There a recovery room nurse puts the patient on oxygen (except in cases where spinal anesthesia has been administered), takes the blood pressure and determines pulse and respiration rates. This information is given to the anesthesia staff.

Finally, the recovery room patient reaches the point when he can be transported back to his own room. A nurse and nurse-assistant accompany the patient to the nursing division. There, the recovery room nurse helps get the patient into bed and regulates the IV, if there is one. She then waits for the patient's nurse to come and fills that nurse in on the patient's condition.

"It's definitely a high stress job," Ms. Rall said. "You have to be able to take a lot of noise, be quick to keep up, be strong and able to make quick decisions." It's the recovery room nurse who reports any change in a patient's condition to the anesthesia staff or the doctor.

For instance, if a patient develops a clot in his leg, the nurse must notice the drop in temperature of the leg and the change in color. The recovery room nurses are attuned to detail and decide what to do quickly in emergency situations.

Kay Viragh, RN, has worked in the recovery room for a little over a year. "I enjoy it a lot," she said. "You can give more personalized patient care. Two people cover two beds and that assures a continuity of care for the patient. The whole reason we're here is to save lives."

"It's a fast-moving job in here," said Christine Ransom, RN, who has worked in the recovery room for 22 years. "We see people come in and they're taken care of and at the end of the day we can assume everyone's on the road to recovery."

Vivienne Dobbs, nurse-assistant, a 16-year veteran in recovery, agrees that the job is exciting. "Also, I'm the type person who gets very attached to people. I like the closeness of working with the patients in here. I hope I never do any other type of nursing."

At the end of their eight-hour day, the employees in the recovery room agree the job is a difficult one. But they don't want easier jobs. "This is the kind of nursing I enjoy," Ms. Rall explained. "Your patients come in and you can see them progress. You really get a sense of accomplishment."
Dr. Evens testifies on computed tomography

Dr. Ronald G. Evens, Barnes radiologist-in-chief, was one of three radiologists invited to testify about the proposed HEW national health planning guidelines regulating computed tomography. He presented his statement to the National Council on Health Planning and Development of the Health Resources Association and Congress on November 16.

Dr. Evens was asked to give his views on proposed guidelines that state that CAT scanners should perform a minimum of 2,500 procedures per year. The guidelines also specify that no new scanners would be approved in an area unless existing scanners were performing at a rate greater than 4,000 patients per year.

Dr. Evens testified that this would be unrealistic, citing a study he did of 74 of the 118 body scanners operating in the United States as of May, 1977. Most were doing about 32 scans per week, he said, with only a few doing 50. Yet they were operating five days a week and ten hours a day.

"Scans can’t be performed on an assembly line basis," he said. "If you have to have a number," he suggested, "a requirement of 1,500 scans a year is more appropriate."

NIH grant to fund Arthritis Center

A three-year, $300,000 grant from the National Institutes of Health will fund an Arthritis Center here, one of 15 being established across the country.

Dr. Bevra Hahn, director of the Arthritis Center, said the major thrust will be educational and community programs. "Arthritis has not received the public’s interest until recently. It isn’t as dramatic as cancer or heart disease, yet it is one of the leading causes of absenteeism. It is not limited to older people; in fact some of the more common and crippling forms occur in children," she said.

One of the main responsibilities of the Center will be to educate students in medical, nursing and paramedical training programs in how to care for the arthritic patient. A series of videotapes is planned to inform arthritis patients about medication, quackery in arthritis, helpful exercises, operations available and self-help devices. Research into the prevention of bone softening that occurs in arthritis patients who receive longterm cortisone treatment is also funded.

Dr. Albert Stutsman dies; was otolaryngologist

Dr. Albert C. Stutsman, Barnes assistant otolaryngologist, died of cancer November 11. He was 72 and had served on Barnes staff since 1935.

Dr. Stutsman was an expert at bronchoscopy and a member of the American Academy of Ophthalmology and Otolaryngology. He served for several years as chief of otolaryngology at St. Louis County Hospital.

After graduation from the University of Virginia Medical School in 1931, Dr. Stutsman came to St. Louis for specialty training in ear, nose and throat medicine at Barnes and St. Louis Children’s Hospitals. In 1977 he was selected as an outstanding alumnus from his alma mater, Roanoke College.

Survivors include his wife, Mrs. Helen Eades Stutsman, a son, two daughters and a sister.

Doctors notes

A panel of Barnes doctors discussed "Everything You Have Always Wanted to Know About Diabetes and Never Had the Opportunity to Ask" at St. Joseph Hospital in Kirkwood December 6. Dr. David Kipnis, Barnes physician-in-chief was moderator. Dr. William H. Daughaday, director of the Diabetes Research and Training Center, and Dr. Julio Santiago, co-director of the Center, also participated.

Dr. Florentina U. Garcia, assistant pediatrician, is on staff effective October 1, 1977.

Dr. Charles Kilo, Barnes physician, spoke on diabetic microangiopathy at the University of Puerto Rico on November 15. On December 2, he addressed the Fifth Annual Diabetes Symposium in St. Louis on "A New Perspective of the UGDP/Use of Oral Hypoglycemic Agents and Insulin."

The American Board of Oral Surgery has notified Dr. John Delfino, Barnes oral surgeon-in-chief, that the oral surgery residency program here has been fully accredited.

Gluten-free cookbook now available

A cookbook devoted entirely to gluten-free cooking has been compiled for people who have celiac disease, sprue or a sensitivity to gluten. These conditions affect the digestive process and cause malabsorption of vitamins and nutrients leading to health problems, including gastrointestinal cancer. The only treatment is to eliminate all gluten, in the form of wheat, rye, barley and oatmeal, from the diet.

The book, Gluten Free Cooking, by Pat Garst, is the first of its kind and covers gluten-free baking and ways to convert standard recipes to make them gluten-free. It is available from P. O. Box 397, Des Moines, Iowa, 50322, for $4.95.

Retired employe dies

Finian McDermott, a retired Barnes employee, died at the hospital November 26 as a result of lung and heart problems. Mr. McDermott worked in the optical shop in the eye clinic for 28 years prior to his retirement a year ago. He is survived by two brothers and a sister. Burial was in Calvary Cemetery.
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Nov. 21 to Dec. 19, 1977.

**Tribute Fund**

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Nov. 21 to Dec. 19, 1977.

**IN MEMORY OF:**
- Dr. Alberth C. Stutsman
- Dr. & Mrs. Ross C. Sommers
- Fred H. Pillsbury
- Edward H. Bacon
- Dr. & Mrs. Joseph H. Ogura
- Mr. & Mrs. Elmer C. Tachendorf
- Dr. Harold M. Cutler
- Dr. & Mrs. James H. Bryan
- Mr. & Mrs. J. A. Winandram
- Dr. & Mrs. Henry Schwartz
- Dr. & Mrs. John E. Hobbs
- Dr. & Mrs. Fleming B. Harper
- Mr. & Mrs. Gilbert Early, Jr.
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- Dr. & Mrs. Keith S. Wilson
- Mr. & Mrs. Carlisle V. Thomas
- Mrs. James O'Leary
- Miss Carolyn Wilson
- Dr. & Mrs. Stanley Hanks
- Mr. & Mrs. Dillon Trulove
- Dr. Robert Votaw
- Marian Sherrell
- Ronna Erker
- Martin Berry Nelson
- 819 Maintenance Crew
- Alcoa Warrick Operations

**Annual Fund**

Mr. & Mrs. Gene K. Beute
- Dr. Richard Carlino
- Clara A. Drets
- A. David Evans
- Joseph Fimscham (in Memory of Blanche Fimscham)
- Dinfy M. Harris
- Mrs. Cyril Hartmann
- Thomas W. McElhaney
- Anthony J. Molner
- Mrs. J. Swart
- Miss Eloise McLaran
- Mr. & Mrs. E. George Lerner
- Mr. & Mrs. Philip Egblard
- Clara Dvorozynski
- Sel Steinberg
- Audrey Bailey
- Mr. & Mrs. Thomas M. O'Brien
- Thomas J. Shannahan
- Dr. and Mrs. Anton J. Hummel
- Ms. Swoll
- Elvan C. Snyder
- Emanuel Suessmann
- Ruth Soffer
- Miss Billie Linder
- Mr. & Mrs. Cathe W. Sanders
- Marcela M. Kennedy
- Mrs. Ann Olgilvie
- Mrs. Ralph F. Piper
- Mr. & Mrs. William E. Wilbanks
- Opal Glend
- Mrs. Eleanor Horton
- Harford
- Ruth R. Kurlander
- Mr. & Mrs. Sam Pisoni
- Mrs. Idle Cording
- Paul Dalba
- Ruby J. Cobb
- Mr. & Mrs. L. M. Moss
- Dudley Cherry

**Patient Care Fund**

- Helen Jones
- Alfred Jones, Sr.
- Dan Menser
- Mr. & Mrs. Joe W. Rickman
- Edward A. O'Neal
- Dr. R. Emmett Kelly
- Dr. Oscar Hampton, Jr.
- Mr. & Mrs. James H. Bryan
- Mrs. F. H. Dibrow
- Dr. & Mrs. Henry G. Schwartz
- Dr. & Mrs. Thomas Ferguson
- Henry Moss
- Dr. & Mrs. Henry G. Schwartz

**Barnes Hospital**

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- Robert W. Hammerstein, Jr.
- Newell A. Augur
- Wilson J. Scharr
- Mr. & Mrs. Tom J. Connelly
- Louis Silverman
- Robert M. Horton, Jr.
- Mr. & Mrs. Willis R. Wilson
- Gertrude Taylor
- Olivia Stevenson
- Wilbur C. Thurman
- Dr. Benjamin B. Blass
- Clarence O. Burr
- Mr. & Mrs. Robert L. Standridge
- W. W. Drake
- Mr. & Mrs. Thomas D'Amaggio
- Mr. & Mrs. Sam Toscano
- Mr. & Mrs. James A. Martin
- Don V. Rolf
- Dr. and Mrs. John E. Hobbs
- Mr. & Mrs. Bernard Melitiz
- Mr. & Mrs. Lloyd L. Montgomery
- Leona Evers
- Mr. & Mrs. Hugh C. Webster
- Mr. & Mrs. Z. Glen Jones
- Harold Levin
- Anonymous
- Mr. & Mrs. H. H. Kelly
- Lester G. Leutwiler
- Russell E. Nelson
- Mr. & Mrs. Daniel R. Dresner
- James J. Murphy, Jr.
- Mrs. Francis L. Adams
- Emil Carabelli
- Bernard Edelman
- Mr. & Mrs. Walter J. Klein
- Mr. & Mrs. Louis Mirani

**Planned Gift Endowment Fund**

- Dr. & Mrs. John H. Schwarz and Daughter
- Charlotte, John, and Hildegard for Christmas
- Mrs. & Mrs. John H. Schwartz and Daughter

**Emergency Service Fund**

- Mary T. Heinbecker

**Memorial Endowment Fund**

- Barnes Pharmacy
- Mr. & Mrs. Clem H. Keshner
- Andrew J. Bert
- Mr. & Mrs. Harold Hastings
- Mary T. Heinbecker (in memory of Dr. A. C. Stutsman & Dr. Edwin F. Gildea)

**Barnes cardiologist**

- Dr. Robert Koch IV dies

- Dr. Robert E. Koch, IV, a Barnes assistant physician, died November 12 at his home after a heart attack. Dr. Koch, who was 46, donated his body to the Washington University School of Medicine.

- Graduated from the School of Medicine in 1940. Dr. Koch had served on Barnes staff since 1952. In 1968 he received the Distinguished Surgeon Award of the National Safety Council. He was voted the 1971 Physician of the Year by the Ambulance Association of America and received the 1976 Distinguished Service Award of the American College of Surgeons.

- Survivors include his wife, Thelma, a son, four daughters and a son; Dr. Stanley F. Hampton, a Barnes assistant physician.

**Barnes Bulletin**

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**Daisy Kramer Editor**

**Anne Albrecht Assistant Editor**

**Jim Hubbard Director**

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The 13 nurse-interns who completed the program were honored at a tea in the nurses residence. Seated, left to right: Mary Kay O'Brien, instructor, Jill Cohen, Candy Call, Sue Chivers, Cara Brinkley, Nancy Blentlinger, Jan Kuehner, instructor. Standing: Diane Kaus, Joyce Kolnick, Lynn Jensen, Gayle Bodine, Jean Loncrini, Penny Bari, Mary Arink, Bronda Mudd. Nine have elected to stay on Barnes staff.

Barnes house staff officers were guests of the hospital at a Christmas reception held in Queeny Tower.