Barnes surpasses goal in United Way drive

Barnes employees surpassed their United Way goal this year by more than $2,000, according to the final United Way campaign report by Maureen Byrnes, chairman of the drive at Barnes. The United Way total at Barnes was $76,911.13, exceeding the goal of $74,000 by $2,911.13. Last year's contributions totaled $71,349.

"The United Way campaign at Barnes was successful because of the many fine solicitors," Miss Byrnes said. "The cooperation of department heads in encouraging employees to attend the United Way film showings was also notable. More than 800 employees were present at sessions held on days and evenings."

The Barnes campaign was part of the general United Way campaign in the St. Louis area which raised money to support more than 100 social and health-related agencies which rely heavily on the UW funds to maintain their programs.

"All departments responded very well," Miss Byrnes said. Almost all segments of the drive at Barnes went over individual administrator goals with the employees working through Robert McAuliffe exceeding their goal with 186 percent, followed by employees working through Robert Frank with 139 percent, John Warmbrodt with 128 percent, Rich Grisham with 125 percent and Tom Winston with 93 percent. Nursing made the most improvement, increasing from 74 percent last year to 85 percent this year. Don Telthorst's department was the first one to complete all the pledge cards.

Disaster drill is not a disaster

The problem with lying on a gurney and being wheeled around the hospital is that all one sees is ceilings, bright lights, the tops of windows and the bottoms of peoples' noses and chins. And I, having loss of consciousness and neuro deficit, wasn't even supposed to have my eyes open. But I peeked.

I was a "victim" during a recent unannounced disaster drill held on a regular basis at Barnes. Along with nine other victims—we had been on an Amtrak train which struck a propane truck—I was brought to the Barnes emergency room at 7 p.m. We grunted, groaned and "pain"ed" our way through the drill.

What happened from that point of "entry" into the medical care system illustrates the potential for saving lives; the distaste with which some persons, including doctors and nurses, view disaster drills; and the teamwork which can result from effective preparation. The final results, including a total review of what happened to each patient and how that patient was treated, mean that problems in the system can be identified and corrected before a real disaster happens.

I was taken "unconscious" from a security van used for the drill and placed on a gurney outside the emergency room. As I was wheeled into the ER, several doctors and nurses immediately began to determine the extent of my injuries, determining what tests should be performed and what medication should be administered. I had vital signs checked and was told that an IV had been started. A blood sample had been taken.

The doctors determined that a CT (computerized tomography) head scan should be performed. At that point two nurses grabbed hold of the gurney and off we went to the second floor of Mallinckrodt Institute of Radiology. Having walked the corridors of Barnes many times, I was surprised that I could not easily tell where I was, even though I was breaking the "victim" ground rules and peeking while being unconscious. I do remember the smell of the food at Barnard Buffet as we hurried past and I remember how the gurney slowed down when we went from the tile of the Barnard corridor to the carpet of the Main corridor.

I wondered at the time how "real" patients must feel, not being able to see below the tops of heads and windows. Were I not a fake victim, I think I would have been scared at the scurrying of feet, the obnoxious but necessary alarm on an elevator when operated by key in emergency situations, and the continuing flow of medical jargon which made little if any sense to me.

Following my CT scan, I was returned to the emergency room where doctors decided I should be taken to the neurosurgery intensive care unit for further treatment. So, off we went again, me acting my role by doing absolutely nothing while being unconscious (some say this is my normal state) and two nurses buffing and puffing over the carpet which patients have come to expect if not demand at Barnes.

When we reached the ICU, there was a delay. The neurosurgery ICU has its paging speaker turned off—for the benefit of patients—and therefore did not hear the announcement for a Code 1000, Barnes terminology to implement the disaster response program.

After a quick call to the administrator in charge of the drill, I was admitted to the unit, had vital signs taken again as they had been in the ER and enroute to and from radiology. Very quickly a neurosurgeon was pulling up my eyelids and shining a flashlight into my eyes to check pupil dilation. He must have just put new batteries in his flashlight because the light was very bright. (Put my eyelids back down, doctor, can't you see I'm asleep?)

At that point the drill was over. The "all clear" had been sounded and we victims scurried, injuries and all, to meet for a review of the drill. It seems as if little problems were common. For example, a pregnant woman had her vital signs checked only once (but she had a healthy baby); two nurses got lost trying to find the second floor clinics; a wheelchair was not available at one point for a victim with an injured ankle.

(continued on next page)
Disaster drill
(continued from page 1)

But, the major activities went well, very well for an unannounced drill according to Robert Shircliff, evening administrator who was in charge of the drill. “All of the patients were triaged correctly, they had the proper attention in the triage area, and each was taken to the treatment area indicated for individual types of injuries. I would say the drill was a success even though we found several ways in which we can improve our technique.” The drill was coordinated by Barnes’ disaster committee.

Disaster drills, a number of which are required by the Joint Commission on Accreditation of Hospitals, are held on a regular basis at Barnes. Some are announced. Others, such as this, are unannounced to assure that people are caught off-guard. They were.

“You couldn’t have picked a worse time for this,” I heard one doctor say, “I have sick people to see.”

Unfortunately, disasters seldom occur when people are ready for them. “Barnes must be ready whenever the disaster occurs,” said Mr. Shircliff. “The hospital must be able to treat the victims of a real disaster, and treat them properly, at the same time patients already here continue to receive proper care.”

When it was over, when the reports had all been turned in to those in charge, when the last groan has subsided, we “victims” got up and went home, glad it had been only a drill.

—Jim Hubbard

Credit union users double since its beginning

Approximately 40 percent of all Barnes employes are participating in the credit union which was started here in March, 1977, according to the personnel office, which handles the applications for admission. In the first month of payroll deductions, more than 750 Barnes employes joined the credit union. Today, less than two years later, membership has doubled. Total employe payroll deductions for savings and loan payments at the credit union now exceed $70,000 each pay period.

“The opportunity to participate in this form of saving has proved to be one of Barnes most popular employee benefits,” according to Bill Davis, personnel specialist. “Payroll deductions are a key to credit union popularity,” explained Mr. Davis. “An employe can specify an amount to be deducted from each paycheck and deposited in his credit union savings account. It’s out of his check and earning interest before he has a chance to spend it.”

Credit union membership is much like opening a savings account at a bank or savings and loan. To join, an employe opens what is called a “regular share savings account” through payroll deductions of at least $5 per pay period or by directly depositing an initial $25.

The $25 amount is significant to credit union savings. Members, those holding savings accounts, earn a quarterly dividend on “every $25 increment,” or, more technically, “on every share.” In essence, members are purchasing shares in a not-for-profit corporation. However, deposits need not be in $25 increments.

Barnes became a member of the St. Louis Teachers Credit Union last year because it was felt that the group had the experience and expertise to operate a credit union to the best advantage of Barnes employes. It is run by a board of directors elected by the members at a yearly meeting.

In the two years that Barnes employes have been actively involved, St. Louis Teachers Credit Union has grown from a membership of just over 14,800 to more than 19,500. Credit union assets in the same period have grown from $15.5 million to $21 million.

In ER: extra effort means a lot to family

It is 8 a.m. An ambulance with flashing lights drives up to the Barnes emergency room entrance with an unconscious male victim of an automobile accident. Medical personnel meet the ambulance and take the patient into the emergency treatment area. Doctors and nurses care for the patient, the admitting interviewer processes the necessary paperwork and unit manager Jackie O’Rourke or the charge receptionist sets to work to provide a little extra care—not directly for the patient, but for the patient’s family.

The notification of family members is not included under formal responsibilities of the emergency room in the procedure manuals. “It’s a courtesy we extend because Barnes emergency personnel know how we would feel it was our loved-one,” said Mrs. O’Rourke.

The patient’s identification is located and a home address and telephone number is obtained. Mrs. O’Rourke or one of the receptionists notifies the family of the accident and the whereabouts of their relative.

Contacting the family is not always an easy task, nor is it always the result of a single telephone call. “One day a female accident victim was brought into the emergency room. She was conscious but unable to give us her address or telephone number.” A search for identification was made but personnel found only a Webster Groves library card and kleenexes. There was no St. Louis directory listing in her name and no other form of identification could be found. “So we took our only lead—the library—and contacted them for an address,” said Mrs. O’Rourke. The card was no longer valid and a current address could not be found. “Our lead ended abruptly.”

The police department, a valuable ally to the emergency room, traced an address for the patient through her automobile license plate number and the Division of Motor Vehicles.

Still on other occasions when no residential telephone number can be found, the police either visit the family or send the hometown sheriff or police to contact the father, mother, sister or brother and tell them of the accident and to call Barnes emergency room.

Not all patients want family members notified for fear the news of an accident will send a concerned loved-one into hysteria or even a heart attack. “We must respect the wishes of the patient,” continues Mrs. O’Rourke. One patient insisted at first that emergency room personnel not call his wife about his industrial accident. The patient wasgooing to go home to the hospital and the staff explained that even more anxiety would be caused to the wife at the end of the day when her husband was not home for dinner.

“The last thing we want to do,” says Mrs. O’Rourke, “is to scare or add to the anxiety of the family. That will not do the family or the patient any good.” You never know when the family member on the other end of the line might be someone with a heart condition or who has recently undergone a great deal of stress.” Such was the case of the industrial accident victim. He and his wife had lost a daughter in an accident only months before and the patient felt a call from an emergency room would endanger his wife’s state of mind—or even her physical health.

“Every precaution was taken in our call to assure the wife that her husband was not critically injured. The news was accepted without hysteria and together we made plans for her trip to the hospital.

“I always try to think of things I would like or need to know if I were in the same situation,” says Mrs. O’Rourke, “So I take a moment, if needed, to answer questions or give directions to the hospital. It only takes a few minutes of my time and relieves the family of some of the anxiety.”

The duty to call relatives may not appear in an official procedure manual nor on anyone’s job description at Barnes, but Mrs. O’Rourke feels “someone should telephone them at the earliest possible time. Calling the family is my way of helping the patient. But I must admit it also helps me. It is very satisfying to assist someone in distress and I would like to think that if my husband was ever involved in an accident, some member of that hospital staff would take a moment to telephone me.”

Barnes nurses attend ophthalmic meeting

Almost 300 registered nurses, including two from Barnes and one from the Washington University School of Medicine, attended the annual meeting of the American Society of Ophthalmic Registered Nurses October 22 through 26 in Kansas City. Lynn Taylor, head nurse on 7400, JoAnn Schelley, also on 7400, and Sloyce Scherrer, working for the department of ophthalmology, were among nurses representing all parts of the United States at the meeting.

Miss Taylor, who is also a member of the board of directors, was elected secretary for the next two years, and Mrs. Scherrer was elected to the nominating committee. They have been co-editors of the organization’s newsletter for the past year and will continue to serve in that capacity for another year. Both served on a panel discussing writing publicity for nurses, and they talked with the editor of the American Journal of Ophthalmology, Dr. Frank Newell.

The American Society of Ophthalmic Registered Nurses was organized in 1976 at a meeting of the American Academy of Ophthalmology in Las Vegas. Both Miss Taylor and Mrs. Scherrer were among the original 30 nurses who organized the society. Last year the meeting was held in Dallas and it is scheduled next year for San Francisco.

Any Barnes nurse interested in joining the American Society of Ophthalmic Registered Nurses should contact Miss Taylor or Miss Schelley.

Charles Boling dies; former chief engineer

Charles A. Boling, who worked for Barnes for 22 years until he retired as chief engineer in 1962, died on November 9. Death was attributed to a heart condition. He was 84.

Mr. Boling is survived by his wife, the former Lena Vick, a daughter, Joyce Ellen Watson of New Orleans, and two grandchildren. His body was donated to Washington University School of Medicine.
Employes honored at service award dinner

Garnett Albertie and Dale Pendleton were honored for 30 years service to Barnes hospital during ceremonies November 10 in the Tiara room of the Chase-Park Plaza Hotel.*

The festivities were in honor of those employees who observed their 10, 15, 20, 25 and 30-year anniversaries between July 1 and December 31, 1978. A party in April recognized employees with special anniversaries in the first half of 1978.


Fifteen-year pins went to Grace Aker, Bertha Anderson, Almeda Brown, Mary Bassett, John Curry, Gordon Evans, Bernice Fields, Robbie Hall, May Helm, Albert Hunt, Mahalia Jenkins, Gloria Metzger, Robert Miller, Evelyn Niggli, June Norden, Hugh Ridolfi, Hortense Robinson, Ruby Robinson, Florida Ross, Dorothy Scott, Mary Jane Sloan, Yvonne Smith, Arther Strickland, Don Tether, LeVerne Tillman, Fannie Trussell and Estria Tyler.

Employees honored for ten years service included Lorine Adams, Katie Allen, Mary Blount, Edmonia Buford, John Carter, Ethel Chapman, Sonya Clayton, Mary Lou Clemons, Lillie Mae Cook, Ollie Cunningham, Ruth Curry, Rosalind Daly, Toni Jean Dorsey, LeMonte Estes, Freelia Foster, Zeffie Gary, Laura Gillespie, Patsy Griffin, Janet Gunn, Alice Hamilton, Regina Hamilton.

Henrietta Hanner, Julio Happa, Merky Haskin, Josephine Hawkins, Ethel Henderson, Jeanette Howard, Sylvia Hubbard, Jerdean Huey, Myrle Imboden, James Jones, Jean Klasner, Marilee Kuhrik, Gwendolyn Lambert, Mary Luckett, Sharon McAllister, Walter McLucas, John McWilliams, Norma McWilliams, Sarah Marshall, Louvenia Mathison, Clinton Mobley, Ollie Moore, Judy Murphy, Bevelyn Nelson.


*The Tiara Room of the Chase-Park Plaza was an apt setting for the gala event.

Security director Bill Burkett visited Officer George Smith in his hospital room to present his 10-year-pin.
Christmas is a time of giving

And making cookies

A time of presents tucked in secret places

It is a time of toys and drums and dolls

It is a time of wrapping gifts

And of children waiting
A time of holly and lights
and golden tinsel
and green pine boughs

For some people,
Christmas is a time of remembering . . .
remembering other happy days
filled with laughing voices . . .
and other treasured times, now past

It's a time of song and carolling
and silver sleigh bells
jingling across the snow

Christmas is a time of giving . . .
a time of hope . . .
a time of joy

But for everyone,
it is a time of magic . . .
when troubles melt
and once again the world is young

Christmas is a blessed time of love
Arm bands are important in patient identification

How does a nurse know which patient gets medication or what patient to get ready for surgery when that patient is sleeping or is unable to speak? Proper identification is a dilemma which is solved through the use of patient identification bands, which are a valuable source of information for hospital personnel.

Last year 40,132 patients were admitted to Barnes Hospital and each one received a patient identification band stating the patient's name, registration number, doctor's name, room number, sex, and birthdate. These blue arm bands are prepared in admitting; patient information is fed into a computer and a fact sheet, containing the individual's name, birthdate, sex, employer, next of kin, address, insurance company and name of the person responsible for paying the bill, is prepared in addition to the arm bands. When the patient goes to the floor, nurses there are responsible for placing the band on his wrist.

“All in-patients receive a blue arm band,” said Anna Ikeda, nurse specialist. In addition to the regular blue arm bands, patients receive a red band if they have any drug sensitivities; the nurses on the various patient floors are responsible for this.

In addition to the blue and red adult arm bands, the hospital issues blue and pink baby bands to maternity patients. Expectant mothers who come to Barnes to have their babies receive a regular blue band when they are admitted to the floor; newborns, in addition to immediately being footprinted for identification, are given two bands, one on the arm and one on the leg; the band states the mother's name, doctor, date born, sex and time of birth. “In the event that one band is removed, there will be a second band for identification,” Mrs. Ikeda said.

The cost of the arm bands has increased 35 percent since 1972. Last year the hospital purchased 52,250 blue adult bands at the cost of eight cents each, 9,500 red adult bands at the cost of 16 cents each, and 10,250 blue and pink baby bands at the cost of 23 cents each. According to Walter Schatz, purchasing department, past purchasing history is fed into a computer to determine how many bands to buy. A six-week supply of arm bands is always kept on hand; when the supply drops to 30 boxes, it is time to reorder.

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Volunteer workshop focuses on ICUs

An overview of the 13 intensive care units at Barnes Hospital was presented to the hospital's volunteers during the annual volunteer workshop held Thursday, October 26, in Wohl auditorium.

Volunteers are an important part of Barnes Hospital. Modern equipment cannot provide the personal touch that a volunteer gives in time, talents and energies. During 1977, more than 65,000 hours were given by 567 volunteers, including junior, college and adult. They are active in 43 types of services, some of which are directly related to the patient and others which help indirectly through records, visitors, etc.

Four persons involved in intensive care units at Barnes spoke at the workshop. Following opening remarks by Robert E. Frank, president of the hospital, talks were given by Dr. C. Ronald Stephen, anesthesiologist-in-chief; Karen Wagner, assistant director of nursing for general surgery; Marlene Hartmann, associate director of nursing for respiratory care and coronary care; and Gloria Metzger, associate director of nursing for neurosurgery.

Mr. Frank gave an update on Barnes Medical Center, which included a progress report on the

Peggy Nelson honored for community service

Peggy Nelson, RN, head nurse in the oncology clinic, was a winner of the 1978 Outstanding Young St. Louisian Award presented November 9 by the St. Louis Jaycees and the St. Louis Jaycee Wives in ceremonies sponsored by the TG Bancshares Co.

Mrs. Nelson was one of four persons from the St. Louis area recognized for meritorious service to their community. She was cited for her work here to develop home care and counseling programs for cancer patients and her efforts in raising funds for a program to provide treatment for cancer patients.

She has also designed, organized and implemented more than 20 nursing conferences and addressed many meetings on the psychosocial implications of cancer.

Unity is theme of hospitals conference

Unity in dealing with government regulations, in cost containment efforts and in continued quality hospital care for patients was the theme of the annual Missouri Hospital Association meeting held at Osage Beach, Mo., Nov. 1-4.

Several persons from Barnes spoke at the meeting, where members of the association and 19 affiliated organizations gathered to discuss mutual concerns. Program speakers included Rusty Moore, education and training director, and Rose Dunn, director of medical records. The Auxiliary had a display explaining their hypertension screening program at Barnes.

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IN MEMORY OF:

Mrs. Charles Claggett
M/M Sam A. Curry

Fannie Dale
Shalom Hendin
Morton H. Kirsch, M.D.
Edith C. Mueller
Donald K. Myers
Sybil Palmer
Shirley Riser
Zeno H. Scheffer
Alice Sellinger
Arthur E. Selmgard
Sarah VanAudsad
John W. Webber, Jr.
Warren G. Wobbe
James Bracco
Iva E. Bye
Ruby J. Cobb
Chester Fairley
Charles Gurnan
Wilbert N. Hemken
C. E. Holes
Robert M. Horton, Jr.
Lawrence Langsam
Joel Massie
Martha Meyer
K. Neville
Herschel V. Reid
Jessie N. Richard
Arnold H. Schwab
E. W. Sauder, Jr.
Ralph Tucker
Edward F. Wahl
Carl W. Adams
George Alexander

Mrs. Dolly Hughes
Gladys Gunness
Wilber Hahs
Gladys Gunness

Charles C. Boling
Mrs. Edward H. Faust
Margaret Lotz
Dr. & Mrs. John E. Hobbs
M/M Roland C. Behrens

Don Owens
Dr. Raju Mantena
Dr. Susan L. Wilson

Nagarina Cogo
Sealing Dept. of Inter-City Mfg. Co.

Kent Ravnscroft
Dr. & Mrs. Robert W. Bartlett

Mildred Chadsey
M/M Parker Wheelrey

IN HONOR OF:

Mrs. Myron Glassberg's Birthday
M/M Jerome Flexner

Dr. John E. Hobbs
Dr. & Mrs. H. Rommel

Hildreth
Bebe & David Krem

M/M Robert S. Corwin
Anonymous

M/M Art Elslperman's 50th Wedding Anniversary
Bebe & David Krem
Dr. & Mrs. John E. Hobbs

Planned Gift Endowment Fund

Lucille Boykin
Robert E. Bullard
Edward Bunting
Marie Downen
Noel Freeman
Osmond Hoelscher
Stef W. Jens
A. F. Lemke
Stanley E. Philips
Inez Steele

James Wallace
I. Gers
Philip Hoffman
Mrs. T. H. Mofield
Nick A. Podoba
William Sullivan
Mae Cunningham
Charles Feininger
O. K. Mallory
Flossie Taylor
Randall Willmore

Patient Care Fund

E. Clementine Baker
Roma S. Bennett
John W. Borbas
Jerrel L. Carr
Gordon Casswell
Rerla F. Grant
W. A. Koch
Irene Land
Karen F. Lane
Evelyn Lipsitz
Bob Polo
Michael Schulya
Jack W. Seed
Harrison Stalke
A. J. Williams, Sr.
George B. Willis
Harold Becker
Byron W. Christeson
Ois Hurdmond

Maggie Hoggins
George J. Humphreys
Blanche Jeude
Francis A. Menken
Edward A. Meyers
A. R. Miles
Troy Nolan
Stephen P. Norman
Kenneth F. Itcshner
Volma & Walter Rapp
Talmadge Rogers
William S. Street
William H. Blankenburg
Charlene V. Byrd
Peggy Critz
Lyla Dowell
Samuel Rogers
Cubell Sephus

IN MEMORY OF:

M. K. Clark
Sybil D. Clark

Mary Belle Wilhelm
R. H. Wilhelm, Sr.

Lucius Jones
Bernice Jones

Helen Taylor Williams
Mrs. T. H. Ditwiddie

IN HONOR OF:

Fine service received
Alfred R. Thurston

Recovery of Donna Gerriets
M/M Harold Hastings

Baby Granddaughter of
M/M Joseph Barden-heier
M/M Mel Marcus

Others:
M/M Harold Hastings
William Conway
Floyd Burt

Scott Jablonow Endowment Fund

IN MEMORY OF:

Leonard Spielberg:
Husband of Charlotte Spielberg
Scott and Ellen Jablonow
Mrs. Hope Komm

Emergency Service Fund

Richard A. Catlett

Martha Ramsey and Marjory Bax retire

Two long-time Barnes employees retired recently and were honored by their co-workers at several gatherings.

Mrs. Ramsey
Mrs. Bax

Martha Ramsey, coordinator of forms control, retired October 6 after serving Barnes Hospital for 17 years. Hospital executive vice-president John Warnbrodt presented Mrs. Ramsey with a certificate of appreciation in ceremonies in his office.

Mrs. Ramsey started at Barnes July 5, 1961, as a part-time van typist in personnel and was later influential in establishing forms control procedures.

Mrs. Ramsey plans to “do everything I can” after retiring. She and her husband Cletis, who is also retired, intend to travel to Washington, D.C., to visit their son. She also plans to take a college course in music to enrich her knowledge and to become an active participant in the “Meals on Wheels” program.

Marjory Bax, head nurse on 12200, retired November 2 after serving the hospital for 27 years. Hospital President Robert E. Frank presented Mrs. Bax with a certificate of appreciation in ceremonies in his office.

Mrs. Bax, who has two children and two grandchildren, intends to do volunteer work and to enjoy her gardening. She and her husband, who is also retired, also plans to travel to Hawaii and the South Seas.

Mrs. Bax feels that Barnes Hospital is one of the best hospitals in the country based on personal experiences here.

Ophthalmology receives glaucoma grant

A $55,740 grant from the Whiker Charitable Foundation has been awarded to the department of ophthalmology at Washington University School of Medicine for the support of its glaucoma research program.

Glaucoma is a blinding disease, but if it is discovered early and treated effectively, excellent vision can be maintained for the lifetime of the patient.
### Pay Periods, Paydays 1979

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### Hospital notes

Dr. Michael Gast, Barnes obstetrician/gynecologist, has been elected to the executive committee of the newly formed Missouri Perinatal Association, which will be a chapter of the National Perinatal Association.

The president’s office has reported the following doctors on staff: Drs. Alan N. Dengiz, James A. Delmez and John S. Daniels, assistant physicians, effective September 1; Dr. Paul R. Singer, assistant ophthalmologist, effective September 1; Dr. Carmelita V. Britton, assistant pediatrician, effective October 25, and Dr. Vimala E. Kunjappan, assistant anesthesiologist, effective October 9.

Barnes executive housekeeper, Ernest Launsby, participated in a seminar, “Infection Control As It Relates to CDC and JCAH Standards,” during the National Executive Housekeepers Association Congress recently.

Dr. Philip Dodge, pediatrician-in-chief, has received the Hower Award from the Child Neurology Society. It is given to the person in pediatric neurology who has made major contributions to the field. Dr. Dodge was one of the first physicians in the country involved in pediatric neurology.

**Barnes ophthalmologists get national honors**

Two Barnes ophthalmologists have received the Honor Award from the American Academy of Ophthalmology for outstanding service.

Dr. Stanley C. Becker and Dr. Isaac Boniuk were presented the award at the Academy’s annual meeting in Kansas City for their contributions to the education of ophthalmologists.