Nursing grand rounds interest is revived

After an absence of approximately seven years, nursing grand rounds have come back to Barnes Hospital.

"Nursing grand rounds are a means for nurses to keep up on new developments in medicine and new approaches of taking care of patients with complicated illness," said Kim Riker, 11,200 assistant head nurse who was instrumental in reviving interest in them. "They provide good opportunities to keep up on new surgical procedures."

Open to Barnes registered nurses, doctors, housestaff and just about anyone who is interested, the grand rounds, which began in November, are scheduled on a monthly basis. Basically geared toward nursing, the rounds consist of discussions in current nursing trends, speakers, case presentations and debates. "We're very flexible," Ms. Riker said. "We're not regimented so that we always present the same thing."

A questionnaire, sent out several months ago to all nursing personnel asking them if they wanted grand rounds and what topics they were interested in, resulted in 191 in favor of and two against them. Topics suggested included chemotherapy, diabetes, renal failure/dialysis, transplants, death and dying, new equipment, new surgical procedures at Barnes and hyperalimentation.

"Grand rounds provide a continuing education service for the nursing staff in which they can participate," Ms. Riker said. A formal committee will be set up in January to coordinate the grand rounds.

Jim Tunney to address Barnes Hospital Society

Jim Tunney, president of the Institute for the Study of Motivation and Achievement, Los Angeles, will be the guest speaker for the annual dinner meeting of the Barnes Hospital Society to be held Wednesday, December 12, at the St. Louis Club.

Mr. Tunney, a well-known keynoter and speaker, will draw on his 20 years' experience as an NFL referee to highlight his talk. His subject will be "Here's to the Winners" and will include some concepts of personal power dealing with self-esteem and self-confidence and stressing the importance of teamwork.

Robert Frank elected to hospital association post

Barnes president Robert E. Frank was elected chairman-elect of the Missouri Hospital Association board of trustees during the recent annual meeting of the association at Osage Beach.

Mr. Frank, who will serve as board chairman in 1981, succeeds William D. Blair, administrator of Farmington (Mo.) Community Hospital, as chairman-elect of the board. The theme of this year's meeting was "Commitment to Excellence—in patient care—in governance—in administration."

Mr. Frank joined the administrative staff of Barnes in 1961 as an assistant director. He became associate director in 1964, deputy director in 1965, director in 1966 and president in 1973.

He is a member of the board of directors of the Hospital Association of Metropolitan St. Louis and currently is chairman of the association's cost effectiveness coordinating committee. He is a member of the Missouri Voluntary Cost Effectiveness Program and a member of the administrative board of the American Association of Medical Colleges' Council on Teaching Hospitals.

Canadian medical system demise soon, doctor says

The Canadian federal health care system is working toward its total demise. That's the opinion reflected during a recent week-long seminar in Toronto, attended by Dr. Herbert Rosenbaum, Barnes neurologist.

"What seemed to be idealistically wonderful in the beginning is now realistically past the mark and we can see its demise on the horizon," Dr. Rosenbaum said. "One can see that these people, by comparing them with Britain and other countries with the same type of medical care, are now about halfway down the pike. I would think that in five years there would be a very definite worsening of the situation."

Dr. Rosenbaum, a representative to the American Medical Association's Interspecialty Advisory Board for neurology, was among thirty doctors and their wives invited as guests of the Canadian Medical Association to see medical service from the provider's standpoint.

"There are no hospitals operating in Canada like we have here," he said. "All hospitals are by law, public." After visiting two Canadian hospitals, Dr. Rosenbaum talked to taxi drivers, barbers, pharmacists and travelers to try to ascertain the medical system from the consumer's side. The biggest complaint was about the lengthy waits to get to see a doctor and to get a bed in a hospital.

At present, there are seven beds per 1,000 people in Canada. Because the government is in the process of reducing the number of beds, especially in teaching hospitals, by the mid 1980's there will be 3.5 beds per 1,000.

There are 40,000 doctors practicing in Canada, although many are coming to the U.S. to practice
Canadian medical system

(continued from p. 1)

medicine. “With each passing year doctors are economically worse off in Canada,” said Dr. Rosenbaum. “With each year their fees, determined by the medical association and the province, manage to give them less of an increase than that which would keep up with general inflation.”

One reason doctors are leaving Canada is that funders for training, particularly in research, is lower than in the U.S. There are few private donors or foundations dedicated to medical research. For instance, $75 million was allotted last year in the U.S. for stroke research compared to $1.8 million in Canada. Training opportunities in some specialties is more plentiful in the U.S. and actual buying power in Canada has gone down in the past ten years more for doctors than for other workers.

“One can only predict that as things go on, they can only get worse.” Dr. Rosenbaum said. A study of similar systems has shown that it takes ten years for a federal health system to die.

“The United States national health insurance system has been on the horizon for the past 18 to 20 years,” Dr. Rosenbaum said. “Eventually, it’s going to happen.” The motivation for changing the present private system is not that it is a bad system, but that it does not allow all of the poor to participate because most insurance is a job benefit.

“There has been a real interest here, a genuine thrust of the private section in medicine to become more concerned with the quality of care of the people hospitalized and the duration of hospitalization,” Dr. Rosenbaum said. “Hospitals must take on the attitude of a total repair shop, not a workshop for doctors.”

Two attend annual ophthalmic meeting

Lynn Pounders, head nurse on 7400, and Sloyce Scherrer, who works for the department of ophthalmology, were among nurses representing all parts of the United States at the annual meeting of the American Society of Ophthalmic Registered Nurses November 4 through 8 in San Francisco. The convention consisted of two days of lectures on ophthalmic nursing and two days of doctors’ exhibits.

Mrs. Pounders and Mrs. Scherrer, along with Dr. Allan Kukler, Barnes ophthalmologist, spoke on how to set up a patient education program. They presented a paper on the education and rehabilitation of the blind by Barnes social worker Sue Zimmerman.

Mrs. Pounders, secretary of the organization, and a member of the board of directors, and Mrs. Scherrer, a member of the nominating committee and a nominee for treasurer, are co-editors of the organization’s newsletter Insight.

The American Society of Ophthalmic Registered Nurses was organized in 1976 at a meeting of the American Academy of Ophthalmology in Las Vegas. Today, there are 400 to 450 members. Both Mrs. Pounders and Mrs. Scherrer were among the original 30 nurses who organized the society. Next year the annual meeting is scheduled for early November in New Orleans.

Any Barnes nurse interested in joining the American Society of Ophthalmic Registered Nurses should contact Mrs. Pounders, ext. 3781.

Volunteers are sought for memory project

Volunteers between the ages of 65 and 75 are being sought to participate in a Memory and Aging Project here which has recently received a three-year grant totaling more than $375,000 from the National Institute of Mental Health. According to Dr. Leonard Berg, Barnes neurologist who is the principal investigator for the project, a study of this kind and of this duration is unique in medical research currently underway in the area of gerontology.

The main focus of the research is the serious problem of memory loss experienced by many older adults, and its eventual goal is the development of treatment methods for people with memory loss. A major objective is to determine those factors that might predict severe memory loss or the normal changes associated with aging.

Volunteers who either show no memory impairment or who demonstrate mild memory loss and are willing to be tested periodically over the next three years are needed. Procedures will include clinical assessments, psychometric tests, new methods of recording brain waves (EEGs) and a study of this kind and of this duration is unique in medical research currently underway in the area of gerontology.

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Sewing room recycles linens, saves money

Once a bed sheet, always a bed sheet. Right? Wrong! Today, when the inflation rate for the overall economy is rising at the rate of 13.2 percent and prices for everything are getting higher, the laundry department at Barnes Hospital, in a continuing effort to control hospital costs, recycles all stained, torn, and worn out linens.

“I’m a firm believer in recycling items,” said Frank Knox, director of the Barnes laundry. “I can compare the cost per use on a recycled item with the cost of any disposable item and find it much cheaper. “We recycle almost everything,” he said. “We try to salvage all torn and stained items in some way in order to cut down the high cost of replacing them. And we sell for rags the scrap material that we can’t use.”

Hospitals are hard hit by general inflation because they must buy their supplies in the general marketplace just like everyone else. Barnes has endorsed the Voluntary Effort, a nationwide program designed to slow the rise in hospital costs, and set its total increase in costs for 1979 to 8 percent, well below the 9.7 percent increase suggested by President Carter.

Although some items, such as pajamas with one leg cut off, are beyond repair, most can be recycled into something else. When white bed sheets are taken out of circulation, seamstresses in the laundry’s sewing room remake them into pillow cases, baby sheets and cleaning cloths for the housekeeping department. Material scraps are used to make conductive shoes, the rubber soled, cloth protective shoes that are worn by all the personnel entering the operating rooms. “Before we started making conductive shoes, we pitched the old ones in the trash because we couldn’t use them as rags,” Mr. Knox said. “We started making them ourselves about four years ago because their cost was eating up our budget, plus we needed to use up scrap material.”

“We can buy conductive shoes for $43 per dozen and we can make them at a cost of $12.65 per dozen,” he said. “We go through them quite fast. This year we made 6,000 in a seven-month period. When the shoes wear out, we recycle the salvagable material. Other institutions would just throw them away.” When the shoes wear out, the rubber uppers are removed, the worn soles are discarded and new soles are sewn to the uppers.

When towels from the patient rooms become torn or badly stained, they are frequently made into wash cloths or are dyed blue and given to housekeeping for cleaning purposes. “That way, we don’t have to buy any cleaning rags,” Mr. Knox said. “It also prevents anyone from tearing up our good linens for rags.”

Although recycling towels into wash cloths also cuts down on the high cost of replacing wash cloths, Barnes purchases an average of 14,400 dozen a year because so many are taken out of circulation and because so many disappear from the hospital. Barnes usually loses about 10 percent of what is purchased each year. “The normal lifespan of a wash cloth or a towel, if it stays in the institution, is at least 200 to 300 washes,” said Mr. Knox. They are washed every day or at least every other day.

The Barnes sewing room also makes all operating room linens, with the exception of scrub caps, shirts and pants. When OR sheets, which are made of barrier cloth, come out of circulation, they are recycled as small surgical items like towels, smaller sheets and mayo bags.

A set of specific standards determine what linens are taken out of circulation. Any linens with more than three visible mending places, which, if mended to a great degree, could cause skin abrasions on the patient, are removed from the laundry. Operating room sheets require more stringent inspection; they are inspected for minute pinholes. Linens containing any stains or spots of foreign matter that won’t come out in one washing are separated from the rest of the laundry so that they can be specially treated. After treatment, if the stain remains, the item is made into something else.

The sewing room has five seamstresses working five days per week. Their jobs are made easier by electric cutters, which slice through many thicknesses of material so that several things can be made at one time, and industrial sewing machines that sew much faster than home machines.

In addition to remaking linen items, they make new curtains, shower curtains, draperies, barber and beauty shop towels, crib pads, special straps and a variety of custom items.

“Other hospitals have sewing rooms, but I don’t think that they use them as extensively as we do,” said Mr. Knox. “We make many, many things that people don’t realize that we do. Our biggest cost saver is the fact that we manufacture so many items ourselves.”

Dietetic meeting held in Las Vegas

Cynthia Foster, director of clinical dietetics at Barnes Hospital, recently attended the annual meeting of the American Dietetic Association which met October 22 through 26 in Las Vegas.

Francis Fischer, an outstanding member of the dietetics profession and past president of the ADA who did much of her work in Cleveland, was presented the Marjorie Hulsizer Copher Memorial Award. Barnes associate director Joe Greco made the presentation.

The Copher Award is administered by Barnes Hospital with recipients selected by the executive board of the ADA. Mrs. Copher was chief dietitian at Barnes prior to her marriage to Dr. Glover Copher in 1925. Upon her death in 1935, Dr. Copher established the award, the highest honor given by the ADA.

15 nursing students graduate early

Fifteen Barnes Hospital School of Nursing students graduated during ceremonies held November 4 at the school after early completion of their course of study. The graduates, who were honored at a tea held November 1, received diplomas and pins presented by the school’s director Phyllis Khan and Chris Durbin, instructor.

Five of the graduates have accepted positions on the Barnes nursing service staff including Theresa Dickerson, 8100; Kathleen Kupt and Sally Shaw, 8200; Nancy Miller, 8100; and Teddi Reeder, labor and delivery.

November graduates have been invited to join their classmates in formal graduation ceremonies to be held January 26 at the St. Louis Cathedral.

Both men and women are living longer

Although during the Dark Ages men and women reached old age very early in life, such is not the case today. According to data released by the Statistical Bureau of Metropolitan Life Insurance Co., the average length of life increased in every area of the country between 1965 and 1978.

Life expectancy at birth rose 2.2 years among white females and 1.9 years for white males. The highest life expectancy for white males born in 1975 was 70.1 years, recorded in the west-north-central states of Missouri, Minnesota, Iowa, North and South Dakota, Nebraska and Kansas, with 78 years being the highest expectancy for white females.

Life expectancy at birth for non-white females was 69 years and 61 years for non-white males, with South Carolina having the lowest life expectancy and Hawaii the highest.
Four Barnes employees were honored for 30, 40 and 50 years of service to the hospital during ceremonies November 16 in the Tiara room of the Chase-Park Plaza Hotel. Those honored were Howard Hehner, 50 years; Madge Geringer and Orville Lambert, 40 years; and Mildred Brocksmitli, 30 years.

The festivities also honored employees who observed their 10, 15, 20 and 25-year anniversaries between July 1 and December 31, 1979. A party in April recognized employees with special anniversaries in the first half of 1979.

Seven employees, Josephine Davis, Maxine Loucks, Ida Morris, Irma Norris, Glennon Noser, Delores Travis and Dorothy Wilton, received 25-year pins. Thirteen received 20-year pins: Delphine Alexander, Willie Lee Allen, Wilmer Brooks, Shirley Carter, Lascenia Darris, Irmgard Fehlig, Norman Hampton, Jr., Cecelia Hayes, Betty Jones, Caroline Otz, Thelma Shannon, Dorothy Spencer and Leroy Turner.

Fifteen-year pins went to Classie Brown, Beverly Butler, Phyllis Daniel, Josephine Davis, Hilda Graf, Delecie Griffin, Rubyce Holland, Helen Irby, Cora Jackson, Frances Jenkins, Rosetta Jones, Virginia Kiel, Margaret Kinloch, Bobbie Lee, Elizabeth Lefers, Melba Mehrhoff, Helen Morgan, Cassell Newsom, Martha Parson, Daisy Pickens, Thelma Reed, Ernestine Reeves, Mary Roberson, Clytie Rush, Richard Schellhase, Julia Shegog, Jeannette Smith, Clementine Spencer, Edward Thurman, Betty Tuckson, Ethel White, Lorraine Woolford and Ruth Wright.

Employees honored for ten years of service included Mary Alexander, Evelyn Bolds, Barbara Bradshaw, Clarence Bruce, Sylvia Bujewski, Joe Caldwell, Shirley Coopervood, June Crafton, Opal Crape, James Cuddeford, Woodrow Douglas, Novella Drake, Bertha Edwards, Mary Eggleson, Gail Evans, Eddye Fleming, Gwendolyn Fletcher, Cora Gates, Beatrice Gilliam, Delecon Greer, Jr., Patricia Hanick, William Harris, Barbara Hill, Earline Holmes, William Hutchison.

Privacy, concern stressed in rape victims

Physical damage is not always the most serious injury suffered by the victim of rape. The violation involves trauma to the mind as well as the body. This is why the Barnes emergency room team recognizes the importance of caring for the emotional and psychological injury of rape as well as the more obvious physical injury.

Whenever any patient enters the emergency room area, a triage nurse registers the complaint, takes readings on vital signs and determines treatment priorities. Such priorities are based on physical complaint and the condition of the patient, with life-threatening conditions being tended to first. For example, a patient complaining of chest pains is seen by a physician before the person with a sore throat or cold.

“The primary concern in the emergency room must be for the physical well-being of the patient; but in cases such as rape, anxiety is also taken into consideration in determining treatment priorities at Barnes,” said Pat Keys, associate director of nursing service for the emergency room.

“Privacy is very important to the psychological care of the rape victim,” said ER head nurse Joe Burke. “After taking vital signs, the first thing we do is find a vacant room in which the patient can wait for the gynecology resident on call. Privacy is so important that if there is no vacant treatment room, the rape victim is offered the use of our administrative office until a treatment room is made available.”

Emotional support is also important. “Nurses, by the very definition of their profession, are sensitive to emotionally traumatized patients,” Mrs. Keys said. Barnes also encourages its nurses to continue their sensitivity training by participating in in-service classes which stress patient relations and the emotional aspects of abused victims and other emotional trauma patients.

“We care and we want the patient to know that we are concerned; that we are here to help in any way we can. During any wait the patient may have before seeing the doctor, nurses spend as much time as possible with the rape victim—to be a sympathetic ear, if nothing more,” added Mr. Burke. “If the nurse assigned to that patient is busy with a critically ill patient and cannot provide this care, she will ask another member of the health care team to sit with the patient and offer them the support and reassurance they need.”

It is the patient’s decision as to whether or not she wishes to report the rape to the police. If she does, 9th District is called immediately and a vaginal speculum is taken and processed in the police lab. If she wishes to speak to her clergyman, the patient or hospital chaplain contacts that clergy. If psychiatric help is sought, the psychiatric resident on duty is called.

Recognizing that post-emergency room care may be required by the victim, emergency room personnel make follow-up information available to the patient, including referral to the Barnes psychiatric clinic or private psychiatrist. “We can also request social service to provide additional assistance,” said Mr. Burke.

Where does the victim go if the assault occurred at or near her home and she does not feel safe in her old residence? To whom can she talk after a nightmare awakens her in the middle of the night—days, weeks or even months after the attack?

Barnes social workers can call a friend or relative of the patient and make temporary living arrange-ments. The social worker can also provide the victim with a list of hotline telephone numbers which provide around-the-clock counseling for the victim of physical or sexual abuse. Such services, which help rape victims identify their options and connect them with additional resources, include Women’s Self-Help Centers (631-2003 or 534-7273) or Crisis Intervention (444-5476). There is even a telephone counseling service, Rape and Violence End Now (RAVEN at 533-3372), for husbands or fiancées of women who are raped so that these men can provide emotional support to their loved ones.

Chaplain Wyatt said, “Many are scared and are in a crisis situation, coming to grips for the first time with their perception of the meaning of life, Hospitalization and time emphasize their condition.”

Chaplain Wyatt said that when this happens, many people begin to examine their religious values and some question their religious beliefs. “It’s a difficult period for many who may be asking, ‘why me?’ The pastoral care department can be of help to many patients but in the final analysis, we can only facilitate their thinking, we can’t do it for them.”

The pastoral care department at Barnes consists of Chaplain Wyatt, who serves as the chaplain supervisor, three part-time Presbyterian chaplains, a part-time Presbyterian chaplain and a part-time Jewish chaplain. In addition, there are often chaplains interns in the hospital for one of the 16-week clinical pastoral education sessions.

Chaplains visit all patients who ask or who are referred to the pastoral care department by a doctor, nurse, relative or friend. “If a patient is referred to us we make an initial visit but do not push our services on anyone. If the patient is receptive, we will do anything we can to meet his needs, emotionally or religiously.”

The services the chaplains provide are varied. They will pray for or with a patient, counsel the patient, discuss religious subjects, administer last rites, or, on occasion, perform a wedding. Much of what the chaplains do is just talk with the patient. “Everyone who comes into contact with a patient, including the chaplains, has an impact on the patient. It’s important for that patient to feel we care and when I say ‘we,’ I mean everyone who comes into contact with the patient. Talking is a way of saying we care.”

“If a hospital does not meet the total needs of the patient, both physically and emotionally, you can bet that the patient will be back in the hospital in the future,” Chaplain Wyatt said. “We firmly believe that Barnes does and should treat the whole patient.”

Because Barnes is a regional referral hospital and a tertiary care center, it receives patients with acute medical problems. The more serious the medical problem the more important the patient’s emotional condition becomes,” Chaplain Wyatt said. “Our role is to enable people to come to terms with their medical condition and hopefully to come out of the hospital with stronger faith than when they entered.”

He cited the case of a young woman, married with two children, who came to Barnes for treatment of leukaemia. “She had been told before coming to Barnes that she had only a short time to live. She was deeply depressed, grieving that she would have to leave her husband and two small children.”

She was visited by chaplain interns who, over the course of several weeks, enabled her to “come out of her shell and to come to terms with her condition and prognosis,” Chaplain Wyatt said. “Once she had done this, she became more hopeful and in fact was able to return to her home, her disease in remission. That’s been a year now and she recently invited the two chaplains to her home for a weekend visit to express her appreciation and to renew their friendship.”

Chaplain Wyatt pointed out that the chaplain interns did not make her change her way of thinking but rather enabled her to do so. “We are facilitators of a kind,” he said. “We simply make it possible, in some cases, for people to improve their emotional outlook and in others for people to find their own religious foundations.”
Tribute Fund
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from October 16 to November 15, 1979.

John & Virginia Lone
Joseph C. Edwards, M.D.
Raymond J. Hauser Family
Leo & Gen George A. G. Blakey
Russell & Thelma DeRosa
Nancy Craig
Rachel Bradley
Kosht

In Memory of
Dr. Charles Duden
Mrs. Charles W. Duden

In Memory of Rena Hawkins
M/M Ernest Murr

Planned Gift Endowment
Vernon Goedcke
Marie Klingege
Flossie Taylor
Odessa Robinson

John & Anneh Lehmnn Fund
Mrs. John Lehmann

Patient Care Fund
Erwin D. Auer
Mandy Buchanan
George G. Byars
Jill & Ed Dowd
Marjorie J. Driscoll
Carol Justman
Sarah Kornbleit
Jane Luftreinhart
Mary Preston Stell

Annual Charitable Fund
Albert W. McMahan
Prentice & Hilda McNeely
Henry Mezyk
Louise Moeller
John H. Munch
Dr. Lillian Nagel
Katherine Keville
William L. Pemberton
Ellie Prichett
Walter Ralston
Alden V. Sawyer
Glen Schaefer
Emil A. Schwarz
Robert F. Smith
Robert L. Standridge
Gertrude E. Stith
Allen & Edna Sunnysky
Joseph C. Tashler
Elise Trauffer
Kelly R. Turner
Edwards F. Wahl
Kay K. Wallace
Barbara A. Wieland
Mrs. Walter J. Wills
La Von Volven
Robert B. Work
George Zografaski, M.D.
Woodrow W. Gerard
Shirley Gormaga
Goldie P. Glenn
Cora Gray
M/M Don Gunn
Lee S. Gurlay
Charles Gurman
Walter F. Haase, Jr.
Aileen M. Hallam
James Hanenberg
Clara Hardbeck
Eleanor Hartford
Leon A. Herdlinger
M/M Michael B. Hidusky
Rose Hollanden
Marina Holmes
Roger Johnson
William D. Johnson
Harvey O. Jones
Alfred Kahn, Jr., M.D.
Marcella M. Kennedy
Pat Langenberg
Robert M. Landford
Leslie & Helen Malabar
O. K. Maloney
M. G. McDaniel
Blanche W. McKnight
Larry W. Alderson
Minnie B. Allen
George W. Anderson
Myrtle Anderson
Lenas & Haymore Atkins
Wilma M. Ban
B. Baumgartner
C. Bielman
Darlene Blythe
M/M Edwin N. Brown

In Hospital Notes
From March 1, 1946, until he retired January 27, 1978, worked on heating, ventilating and air conditioning systems in the hospital.

He is survived by his wife Virginia K. Moorman, his children Michael L. Moorman and Patricia Moorman, and his sisters Margaret Watson and Dolores Eken.

Hospital notes
Dr. George D. Selfridge, Barnes dentist-in-chief, has been named president of the International College of Dentists, a 5,000-member, worldwide professional organization. He was installed by his British predecessor, Dr. Cyril de Vere Green, of London.

Dr. Samuel B. Guze, Barnes psychiatrist-in-chief, has been named chairman-elect of the board of directors of the Association for Academic Health Centers. He has been a member of the board of directors since 1976.

Dr. Michael M. Karl, Barnes physician, has been elected to membership in the Institute of Medicine of the National Academy of Sciences, which is responsible for advising the government on public health problems. The membership of the Institute currently numbers 359 and is limited by charter to 400.

Former employee dies
Former Barnes Hospital plant engineering employee Lawrence E. Moore died Sunday, October 28, at the age of sixty-seven. He was buried in the National Cemetery at Jefferson Barracks.

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Pay periods, paydays 1980

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Hospital notes

Dr. Stephen R. Waltman, Barnes ophthalmologist, has received the Honor Award of the American Academy of Ophthalmology for outstanding service and contributions to his profession. Presentation was made at the annual meeting of the Academy, held in San Francisco November 5-10, and attended by more than 14,000 persons.

Dr. Ronald Evens, Barnes radiologist-in-chief, participated in a press seminar on computed tomography sponsored by the American College of Radiology and held in Washington, D.C., on October 22. His subject was the economics and utilization of CT.

Dr. Joe Belew, Barnes obstetrician/gynecologist, has been elected president of the St. Louis Gynecological Society.

Several Barnes doctors participated in an Oncology-Hematology Update at DePaul Community Health Center November 7. They included Drs. Elliott Bell, Elmer Brown, J. Heinrich Joist, John Rogers and Nathan Berger, medicine; Dr. Bruce Walz, radiology; and Dr. Gordon Philpott, general surgery.

Philbrick retires after 17 years of service

Emma “Billie” Philbrick, a Barnes cytotechnologist since 1961, retired October 26 after 17 years of service to the hospital. A certificate of appreciation was presented to her by hospital president Robert E. Frank.

During retirement Billie and her husband plan to visit friends in Puerto Rico and Guatemala. “I also want to decoupage, work with ceramics and clean my house,” said Billie. “I’ve spent many pleasant years at Barnes but retirement doesn’t mean the end of my association with the hospital. Next spring I plan to donate some of my free time as a Barnes volunteer.”