Barnes Hospital, St. Louis, Missouri, September, 1981, Volume XXXV, Number 9

Barnes seeks hearing re ob/gyn floors

In a letter to HHS secretary Richard Schweiker, Barnes president Robert E. Frank denied charges that the hospital discriminates against blacks on its ob/gyn floors, and requested a hearing to be held in St. Louis so that Barnes can refute the charges.

The July 30 letter was Barnes' response to charges contained in a letter the hospital received June 26 from the HHS office in Kansas City, which directed Barnes to change its present practice of housing patients of resident ob/gyn physicians on one floor and patients of attending ob/gyn physicians on another floor. Mr. Frank said in his letter to Secretary Schweiker, "Barnes Hospital cannot, commensurate with good medical care, change the present practice. . . ."

He pointed out that private patients, black or white, were and are on the same floor and that their children are in the same nursery, adding, "The conclusion in the Department's letter of June 26 suggests that those involved either did not ascertain all the facts or chose to ignore them."

In an interview, Mr. Frank also noted that the hospital had received "tremendous unsolicited support from the community in this matter, a large number of the letters and phone calls coming from women who have been patients on either of the floors. Significantly, we have not had any complaints from persons who have been ob/gyn patients here about this."

(continued on page 2.)

Nurse anesthesia school granted reaccreditation

Barnes School of Nurse Anesthesia recently received maximum four-year accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools.

By law, nurse anesthesia schools must pass periodic accreditation reviews, held every one to four years, to remain in operation. Barnes school was granted reaccreditation until July, 1985.

The school, one of the largest in the United States, celebrated its fiftieth anniversary in 1979. Since its inception, the school has had only three directors: founder Helen Lamb, 1929-51; Dean Hayden, who served from 1951-76; and Helen Ogle, who has held the position since Mrs. Hayden’s retirement.

As knowledge in the field of anesthesia advanced, the school’s curriculum grew from the original four-month program in 1929 to a 12-month course in 1948 to the current 24-month curriculum in 1963. Barnes School of Nurse Anesthesia has prepared more than 900 graduates to practice as registered nurse anesthetists. There are 42 students in the program, 23 of whom will graduate in 1982.

Junior volunteers honored at Muny

Barnes junior volunteers were honored August 11 during ceremonies held at the Muny Opera in Forest Park. The 114 young volunteers and their parents also enjoyed a backstage tour of the Muny, a box supper provided by Barnes Auxiliary, and the Muny production "How to Succeed in Business."

Each volunteer was awarded a bar for this summer’s service. Those who had volunteered 100 hours of service were also presented pins. Boys who had volunteered 300 hours of service were presented pins and girls with 300 hours of service were presented red caps, similar to nursing caps.

Jim Hubbard, assistant director of Barnes, and Ann Wilkerson, junior volunteer chairman, thanked the teenagers for their efforts to help patients and staff. Volunteer director Deborah Bobinette presided at the ceremonies. Barnes auxiliaries Mary Barenkamp, Thelma Clark, Edie Curtis, Dolores Shepard, Doris Smith and Clara Tremayne helped distribute bars and pins. Ticket sales to the Muny production were courtesy of Edwin R. Culver, III, executive director of the Muny Opera and a member of Barnes board of directors.

Mallinckrodt observes golden anniversary

Mallinckrodt Institute of Radiology in the Washington University Medical Center will observe its fiftieth anniversary with a three-day celebration October 1-3. MIR provides all the radiology services for Barnes patients.

(continued on page 2)
Text of Barnes letter to HHS

July 30, 1981

The Honorable Richard S. Schweiker
Secretary of Health and Human Services
Humphrey Building — Room 615F
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Secretary:

We were astounded on June 29 to receive a letter dated June 26, 1981, from the Region VII Office for Civil Rights of the Department of Health & Human Services, 601 East 12th Street, Kansas City, Missouri 64106, bearing reference Number 07990043, 07990051, accusing Barnes Hospital of violating Title VI of the Civil Rights Act of 1964 and the regulations promulgated thereunder (45 C.F.R. Sections 80.3 (b) (I) (11) III (IV) and 80.3 (b) (2)). The alleged violation is the fact that the hospital has patients of resident ob/gyn physicians on one floor and patients of attending ob/gyn physicians on another floor.

Robert A. Barnes, by his will, set up a trust providing for a hospital “for the sick and injured persons, without distinction of creed, under the auspices of the Methodist Episcopal Church . . .”

During my service at the hospital, covering more than a score of years, I have tried to carry out faithfully that trust. Barnes Hospital many years ago abandoned the old concept of “colored wards.” Divisions are established on the basis of service: i.e., medicine, surgery, ob/gyn, etc. Further, Barnes eliminated wards, so that all patients have at least semi-private (two bed) rooms with a private bath.

Barnes has received no Hill-Burton funds and has no obligation to give away its services. Nevertheless, we provide substantial care free or at less than cost both through the hospital and the clinics which are operated for the various services. These clinics are under the direction of physicians and surgeons who are faculty of the School of Medicine of Washington University. Many of these men and women enjoy nationwide (and some worldwide) reputations in their fields.

In order to maximize the finite medical resources of the hospital, the Department of Obstetrics and Gynecology requested that the patients of resident physicians be put on one floor and the patients of attending physicians on another floor.

That the number of black women who choose to utilize our clinics at reduced or no charge is higher than the number of white women is due to the demography of the inner city neighborhood we are serving, not from any desire to segregate by race.

Private patients, black or white, were and are on the same floor. Their children are in the same nursery. Some of these private patients are on Medicaid, and have chosen the service of an attending physician.

The conclusion in the Department’s letter of June 26 suggests that those involved either did not ascertain all the facts or chose to ignore them. I recognize that the findings of a state commission are not binding, but I invite your attention to the action of the Missouri Commission on Human Rights in an investigation conducted concurrently with the investigation by HEW (HHS). A copy of that commission’s letter of September 27, 1979, is attached.

The HHS report has held the hospital up to criticism and has disparaged the efforts of doctors, nurses, and all of the other dedicated men and women of all races, creeds and colors who are trying their best to take care of the sick and injured of St. Louis. Had there been any real evidence of racial discrimination, it would not have taken almost three years for HEW/HHS to come forth with such a finding.

Barnes Hospital cannot, commensurate with good medical care, change the present practice of having patients of resident physicians on one floor and patients of attending physicians on another. We request a hearing pursuant to the regulations in such case made and provided. We respectfully suggest that the appropriate place for the hearing is St. Louis, Missouri. We shall have a very substantial number of witnesses to present. Unlike those witnesses called by the government, the witnesses whom Barnes calls will not be reimbursed from the Federal Treasury. Many of them will be busy doctors who should not be taken from their practice in St. Louis. To require Barnes to go to Washington to refute these unwarranted attacks upon it would place an unconscionable burden upon it.

We have directed our counsel, Messrs. Greenfield, Davidson, Voorhees & Hamlett, to file, pursuant to the Freedom of Information Act, a request with your Central Information Center Officer for data necessary so that we can ascertain the basis for the finding of a violation. In order that we may properly prepare our defense, we ask that you direct your information officers, both in Washington and in Kansas City, to expedite locating and sending the documents.

Respectfully yours,

Robert E. Frank

MIR anniversary

(continued from page 1)

The weekend celebration for alumni, staff and friends of MIR will be a combination of educational and social activities to renew old acquaintances, remember past achievements and look to the future of radiology. The event kicks-off Thursday afternoon, October 1, with sessions on diagnostic radiology and radiation oncology. The day concludes with an early evening tour of the Institute followed by a buffet reception hosted by Dr. Ronald G. Evans, director of MIR and Barnes radiologist-in-chief.

The second day begins with morning lectures on the latest advancements in radiology, including a discussion on computed tomography therapy planning by Dr. Carlos A. Perez, Barnes/WU radiation therapist-in-chief. At the Tenth Annual Wendell G. Scott Lecture held at the Chase-Park Plaza Hotel Friday evening, Dr. William H. Danforth, chancellor of Washington University, speaks on the topic, “50 Years as Prologue.”

The three-day celebration ends Saturday, October 3, with lectures on the past, present and future technology of radiation, moderated by Dr. Michel M. Ter-Pogossian.

The education program is being made available to members of WUMC without fee. Among well-known alumni who will speak at the sessions are Drs. John Armstrong, Dave Davis, Larry Elliott, Gladden Elliott, Alex Margulis, Ruben Koeher, James Potchen, William Powers, William Seaman, Tom Staple and Juan Travers. Registration forms for the social and education programs are available from Dr. Evans’ office.

Opened in 1931, the MIR was named after its benefactor, Edward Mallinckrodt, Sr., founder of Mallinckrodt Chemical Company. Today, Mallinckrodt Institute of Radiology is the largest such facility in the world, combining clinical x-ray services, teaching and research.

Pharmacy move increases service

With the move to larger, more efficient department West Pavilion quarters in July, Barnes pharmacy has been able to improve drug services throughout the hospital.

The new 10,000 square-foot area, adjacent to the ground floor lobby in Queeny Tower, includes the outpatient pharmacy and the inpatient solution, irrigating fluid and additive rooms. There are also more offices, a conference room, employee lounge and locker rooms.

Additional setting-up space makes it possible to implement several time-saving features which will facilitate processing drug orders. Custom-made stations and medication bins, designed by pharmacy director Allyn O’Byrne and pharmacist John Gran and David Venker, are arranged so that all drugs are within fingertip reach.

Beginning this month, the unit dose system—an improved method of drug distribution—will be put into effect in remaining patient care areas. The unit dose system is now partially in use on the East/West Pavilion medical and surgical floors.

By the end of September, the inpatient pharmacy will be divided into three teams, with a lead pharmacist and a staff of nine caring for approximately 400 beds in a specific geographic area. One team will fill all drug orders for Rand-Johnson and Queeny Tower; the other two will handle
the East and West Pavilions. "It is easier for the pharmacist to identify with 400 patients than 1,200, so the pharmacy has divided one large complex into three smaller hospitals," said Ms. O’Byrne.

A major attack on delays in delivery of first-dose drugs ordered by physicians is being made by a new system in which the pharmacist makes hourly rounds of nursing divisions. On each visit, new orders are entered into the computer from the nursing division, and initial doses ordered are issued from a supply of drugs carried by the pharmacist. The new system has been piloted in Queeny Tower and two East Pavilion divisions and will be expanded to all medicine and surgery divisions in 1982.

"Free" health care can mean no health care

The USSR established a national health service more than 50 years ago, and all medical treatment is "free" in what has become the largest government controlled system of medical care in the world. According to one source, however, the Soviet citizen is getting just what he’s paying for: nothing.

Dr. William A. Knaus, in his book, *Inside Russian Medicine*, says that infant mortality in the USSR has risen from 22 to 35 deaths per 1,000 live births during the past decade—and now is three times the US rate. Male life expectancy has dipped from 66 to 63 years, and female life expectancy is seven years less than in the US.

According to Dr. Knaus, who is co-director of the ICU at George Washington University Hospital in Washington, D.C., Russia has a million doctors with acknowledged medical and surgical expertise and more than a million hospital beds. However, the Soviet Union spends less than $200 per person for medical services compared to $500 per person that is spent in the US, where the consumer has a choice regarding such things as insurance coverage and hospital choice. As a consequence, he says, doctors and nurses in the USSR often work without basic supplies such as stethoscopes, x-ray film or IV fluids. There are no disposable needles or syringes, and hospital-acquired infections are common.

In a country where hospital care is a government monopoly and competition among hospitals is nonexistent, there is no impetus for a hospital to acquire the equipment necessary to translate technological advances into better patient care. For example, there are no neonatal ICUs or fetal monitors. Rickets, rheumatic fever, and influenza are major health problems, and abortion is the major form of birth control. Cervical cancer is usually detected in its later stages. The death rates from heart disease and stroke are rising. These are some of the very pitfalls that hospital administrators in the US are warning about should the Federal government place limitations on hospital revenues which do not take into account what the hospital must pay for supplies or for implementing new technology. AHA president Alexander McMahon has warned against legislation that would "prevent hospitals from increasing their services to patients and would require some to cut back existing services."

Barnes president Robert E. Frank has also pointed out that "technologic advances or new equipment means an extension of existing care and the development of new methods of treatment, which may cost more, but may also mean the difference between life and death. We can’t have more and better health care for less money. We can have less health care for everyone."

**Doctors’ celebration**

Thirteen doctors were honored for 25 years’ service on Barnes active staff at a reception in Queeny Tower July 22. Among this year’s honorees were (front row, left to right) Drs. Robert Burstein, obstetrics/gynecology; Melvin M. Schwartz, obstetrics/gynecology; Marvin E. Levin, endocrinology; and W. Edwin Magee, medicine. Standing in the back row from left to right are Drs. Jack Barrow, medicine; Ross B. Sommer, medicine; Hugh Chaplin, preventive medicine; and Robert A. Moses, ophthalmology. Not pictured are Drs. David A. Ben-singer, dentistry, Paul E. Lacy, pathology; Kenneth C. Price, medicine; George B. Rader, general surgery; and James M. Stokes, general surgery. All honorees are also on the staff of the Washington University School of Medicine.

Dr. John Hobbs, an obstetrician/gynecologist who has been associated with Barnes since 1927, congratulates a newcomer to the 25-year ranks, Dr. Hugh Chaplin. Looking on is Dr. A. N. Ameson, Barnes WU obstetrician/gynecologist.

Harold E. Thayer, chairman of Barnes board of directors, expresses his thanks to Dr. Robert A. Moses and other honorees with a handshake and a gold pin.

Smiles for the camera from Dr. Arthur Stickle, Barnes/WU ophthalmologist (left) and Dr. Melvin M. Schwartz, an honoree this year.

Food and friendly conversation were part of the celebration for 1981 honoree Dr. James Stokes (left) and colleague Dr. Joseph C. Edwards.
Adding that extra touch . . . JV Sty

Behind the scenes in recovery, junior volunteers make sure there are plenty of linens and blankets on hand for post-op patient comfort.

The hallways within Barnes can be confusing to first-time visitors and patients. Throughout the summer, junior volunteers man an information desk on the tunnel level directing visitors to their destination.

The emergency department is a constant source of activity. Junior volunteers set up EKG equipment and IV’s, allowing the medical and nursing staff to give immediate attention to incoming patients.

Because of their illness, many patients are unable to leave their room or floor to make small purchases. But shopping is not denied them. The junior volunteers bring a courtesy cart daily to each floor.

Waking up in the recovery room after surgery, patients are often greeted by JV’s assuring smile.

With a quick phone call to the volunteer office, any patient can receive his choice of reading material delivered promptly and courteously by one of the Barnes 114 summer junior volunteers.
From the less seriously ill to the critically-ill patient, junior volunteers in the emergency department are on the scene assisting medical staff in transporting patients and providing follow-up care after arriving on the nursing floor.

Distributing surgery information pamphlets not only benefits the nursing divisions, but also helps assuage patients' pre-op anxieties.

Whether fluffing a patient's pillow, or escorting him to a testing lab, junior volunteers exhibit Barnes' friendly hospitality to every patient, and always with a smile.

Waking up in the recovery room after surgery, patients are often greeted by JV's assuring smile.

Because of their illness, many patients are unable to leave their room or floor to make small purchases. But shopping is not denied them. The junior volunteers bring a courtesy cart daily to each floor.

With a quick phone call to the volunteer office, any patient can receive his choice of reading material delivered promptly and courteously by one of the Barnes 114 summer junior volunteers.
Barnes/WU doctor says aspartame not proved safe

Children and pregnant women will be exposed to a chemical that has not been adequately tested for safety if the artificial sweetener, aspartame, reaches the market, according to Dr. John Olney, Barnes/WU psychiatrist and neuropharmacologist whose work led to a six-year ban on aspartame after it had originally received FDA approval in 1975.

In July, the FDA again approved aspartame to be used as a table-top sugar substitute and as an additive in cereals, drink mixes, instant coffee and tea, gelatin, puddings, pie fillings, dairy products and toppings.

"This is a complex safety issue," Dr. Olney said, "which involves three types of potential risk, all pertaining to the nervous system. Aspartame consists of aspartate and phenylalanine. The least significant risk, because it pertains to the smallest number of people, is for fetuses of hyperphenylalanemic mothers. In pregnancy maternal blood phenylalanine is doubled when transported across the placenta so the fetus is exposed to twice the maternal level. If a hyperphenylalanemic mother uses aspartame for weight control during pregnancy, the phenylalanine contributed by aspartame may, in some instances, cause the fetal phenylalanine level to exceed the brain-damaging threshold. Although a warning label addressed to phenylketonurics will be required on foods containing aspartame, this will not protect fetuses of mothers who do not recognize themselves as phenylketonurics."

Dr. Olney said the second type of risk derives from the fact that aspartate has the same brain-damaging properties as monosodium glutamate (MSG). "When administered in combination to immature laboratory animals, these agents add to one another's brain-damaging effect. Since aspartame is projected for use in children's foods, I am concerned that it will add to the risk already posed by the widespread and heavy use of MSG in children's foods."

The third risk factor, according to Dr. Olney, arises from an early carcinogenesis study that showed 13 brain tumors in 320 aspartame-fed rats and no tumors in 120 controls. Subsequent studies by the manufacturers, upon which approval was granted, were not scientifically valid according to Dr. Olney. He and seven accompanying scientists, including Drs. O. H. Lowry and E. L. Spitznagel of WUMS, recently testified at a Public Board of Inquiry that the available evidence does not provide reasonable proof of aspartame's safety.

He added, "Obstetricians today wisely recommend that their patients take no unnecessary medications during pregnancy for fear of damaging the unborn child. Yet, whole generations of unborn fetuses continue to be exposed throughout pregnancy to numerous chemicals from the grocery shelves, many of which have not received a truly rigorous safety evaluation."

Why not market aspartame on a limited basis, e.g., as a non-prescription drug for diabetics and obese people to use at their own discretion? "The answer," Dr. Olney responds, "is that the manufacturer is interested in unlimited, not limited, markets."

FDA gave its approval for aspartame on July 15, meaning it could go on the market 90 days from that date. Dr. Olney said that before that time limit expires, he expects legal steps will be taken to attempt to block the marketing of aspartame until "scientifically valid" studies are done to clarify its safety.

Hypertension screening at Euclid Jubilee

Hypertension screening, CPR demonstrations, pulmonary function testing and helium balloons for the kids are only a few of the highlights of Barnes' entry in this year's neighborhood festival, Euclid Jubilee, to be held Sunday, September 13.

The festivities, which begin at noon and continue through 7 p.m., offer blocks of ethnic food booths, craft displays, educational features and entertainment. On the northwest corner of Euclid and Laclede, Barnes staff will host nutrition/weight control, nurse recruitment, smoking cessation and cancer information exhibits as well as testing booths for high blood pressure and lung capacity screenings.

The Jubilee is an annual event in the Central West End and is sponsored by the Park Forest Improvement Association, the Central West End Merchants Association's Euclid-Laclede members and the Washington University Medical Center Redevelopment Corporation.

New center combats cancer with heat therapy

The Midwest's first hyperthermia treatment center for cancer patients will be opened on the sixth floor of the Barnard Free Skin and Cancer Hospital in the Barnes complex this September.

The new center, to be established by Mallinckrodt Institute of Radiology, is one of only ten such treatment facilities nationwide using heat in conjunction with radiation to attack malignant tumors. The facility will be devoted exclusively to hyperthermia research and clinical hyperthermia patient treatment.

In addition, a second site will be opened on Barnard's third floor oncology unit in 1982. Approximately 1,500 square feet of this space will be allotted for development of three hyperthermia treatment rooms, plus examination rooms and a waiting area.

Hyperthermia is a pioneering cancer treatment that has been used successfully at Barnes since 1977 to successfully treat advanced cancers of the head and neck, breast and chest wall and a variety of soft tissue and subcutaneous tumors. The hyperthermia treatment center is partially funded by proceeds realized at the 47th annual Gridiron Show of the Advertising Federation of St. Louis.

Peer review—nothing new at Barnes

Unlike some hospitals, Barnes did not have to implement drastic changes to comply with federally mandated utilization review standards that went into effect April 1.

Peer review has been a facet of patient care at Barnes since the hospital opened in 1914. The review process is considered an excellent teaching tool, thus has always been a plus for patients of teaching hospitals. Utilization review was formally recommended by Joint Commission on Accreditation of Hospitals (JCAH) until 1952, and was the advent of Medicare in 1965 and its later amendments that made peer review more regimented.

"Both of these accrediting agencies give credence to the worth of an activity that had been occurring at Barnes long before the regulations were printed," points out Dr. James Bucy, Barnes/WU urosurgeon who has been a member of the utilization review committee at Barnes for ten years and is its current chairman. "Utilization review or peer review assures that appropriate and up-to-date treatment is being given and that the length of hospital stay is not overextended, and that ancillary services are not misused."

Because of Barnes' philosophy and the extensive history of peer review here, outside physician reviewers were not necessary to comply with the 1974 Medicare legislation. To meet the volume requirements and to assist the medical staff in retaining the right of internal peer review, non-physician medical record coordinators screen patient records at the time of admission and periodically thereafter.

Recently, more focused criteria were recommended by Medicare. Reviews are now occurring on a selective basis every three days until the patient is discharged. Again, Barnes medical staff chose to continue internal review and reviewed the records of 2,700 federally insured patients during the first month of the implementation of the new criteria. In addition, medical staff members review records of about 500 non-federally insured patients each month.

Dr. Bucy summarized the new criteria as more stringent but not unworkable, "if internal review responsibility is maintained by our medical staff, who understand the intricacies of the level of patient care rendered at Barnes."

New brochure helps guide patients through Barnes

Samples of a new brochure "A Guide To Barnes Hospital" have been mailed to Barnes attending staff for distribution to patients coming to the hospital to visit doctors' offices, admitting area, emergency room or outpatient testing facilities.

The brochure designed to guide visiting outpatients to—and through—Barnes contains a St. Louis area map with interior and written directions to parking areas (including handicap parking and wheelchair access), admitting office, emergency room, outpatient laboratories, cardiac diagnostic laboratory, pharmacy, x-ray, Queeny Tower and East/West Pavilion doctors offices, and Queeny Tower restaurant.

Additional copies of the brochure can be ordered through the Barnes public relations office, 454-3515.
**Christine Ransom retires after 25 years here**

After more than 25 years of service to Barnes Hospital, Christine Ransom, RN in the West Pavilion PAR, retired July 22. Hospital president Robert E. Frank presented Miss Ransom with a certificate of appreciation for her years of dedication to Barnes.

Miss Ransom remembers the first heart operations performed at Barnes. She said, “It was a real experience working in recovery for such major operations. I’ll never forget it.”

A retirement party was held by the operating room and P.A.R. staffs in Miss Ransom’s honor. Among the many gifts she received were a Waterford crystal bowl, a 15-day “Anywhere You Want To Go” Greyhound bus tour, and a laser art plaque picturing Barnes Hospital.

**Hospital notes**

The following are reported on staff: Dr. Clifford B. Saper, assistant neuropathologist; Drs. Anna-Luise Katzenstein and Barry A. Siegfried, assistant neuropathologists; Dr. Louis G. Lange, assistant physician; Dr. Susan B. Barcus, assistant plastic surgeon; and Drs. Felton J. Earls, Haruo Kusama and Rashmi R. Nakra, assistant psychiatrists.

Dr. Mario Arbelaez, a research fellow at WUMS, is the recipient of a $10,000 award by the Kidney Foundation of Eastern Missouri and Metro-East to study the relationship between kidney failure and bone disease. The money represents a donation from some 26,000 McDonnell-Douglas employees. Dr. Arbelaez’ research sponsor, Dr. Kevin Martin, Barnes/WU nephrologist, has achieved international renown for his expertise in the proposed area of study.

Dr. Paul M. Packman, Barnes/WU psychiatrist, will discuss, “Valium: Issues and Answers,” at the Tenth Annual Mental Health Institute meeting at Augustin’s Restaurant in Belleville, Illinois, October 15. The paper researches the effects of Valium on the body and brain, including its relationship to psychiatry and psychotropic medicine.

Dr. David M. Kipnis, Barnes physician-in-chief and chairman of the department of medicine at WUMS, recently became the first person to have received the American Diabetes Association’s three most prestigious honors. Most recently, he received this year’s Charles H. Best Award for work in diabetes. He previously received the Banting Medal, the highest scientific honor the association gives, and the Lilly Award for recognition of original work in diabetes.

Dr. John D. Halverson, Barnes/WU general surgeon, has been appointed to the National Board of Medical Examiners, a group responsible for developing the board examination to measure the knowledge and competency of medical students and physicians prior to licensing.

**Gifts to Barnes Hospital**

Listed below are the names of persons (honorees in boldface) who have made contributions during the period July 11 to August 7 to the various funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Development Office. The Auxiliary coordinates the Tribute Fund, which is used for specific hospital projects. The various other funds are part of the development program of Barnes Hospital.

**Tribute Fund**

<table>
<thead>
<tr>
<th>Name</th>
<th>Fund Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herman Luetzow</td>
<td>IN MEMORY OF:</td>
</tr>
<tr>
<td>Betsy Ann Schaeffer</td>
<td>D/M Ronald E. Markland</td>
</tr>
<tr>
<td>Mrs. Eileen Van Damme</td>
<td>M/M Ronald E. Markland</td>
</tr>
<tr>
<td>Mrs. Ann R. Meyers</td>
<td>M/M Ronald E. Markland</td>
</tr>
<tr>
<td>Margaret Peters</td>
<td>Dr. Clinton W. Lane</td>
</tr>
<tr>
<td>Pearl Albright</td>
<td>Steve Ferman</td>
</tr>
<tr>
<td>Mrs. William F. McElroy</td>
<td>M/M Sid Levinson</td>
</tr>
<tr>
<td>Mrs. Robert Marcece</td>
<td>IN HONOR OF:</td>
</tr>
<tr>
<td></td>
<td>The Golden Wedding</td>
</tr>
<tr>
<td></td>
<td>Anniversary of</td>
</tr>
<tr>
<td></td>
<td>M/M Hilmer Tiemann</td>
</tr>
<tr>
<td></td>
<td>M/M Ronald E. Markland</td>
</tr>
<tr>
<td>Annual Fund</td>
<td>IN APPRECIATION OF:</td>
</tr>
<tr>
<td>Ernest O. Mallett, Sr.</td>
<td>The Barnes Bulletin</td>
</tr>
<tr>
<td>Virginia Wiese</td>
<td>Mildred H. Swank</td>
</tr>
</tbody>
</table>

**Memorial Endowment Fund**

**IN MEMORY OF:** My Daughter, Theta
Mrs. Ann Tucker

**Patient Care Fund**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victor C. Arensdorf</td>
<td></td>
</tr>
<tr>
<td>Frances Brengartner</td>
<td></td>
</tr>
<tr>
<td>Hortense A. Bayer</td>
<td></td>
</tr>
<tr>
<td>Oral W. Bess</td>
<td></td>
</tr>
<tr>
<td>Shirley Booker</td>
<td></td>
</tr>
<tr>
<td>Mildred I. Gifford</td>
<td></td>
</tr>
<tr>
<td>Lucille Goff</td>
<td></td>
</tr>
<tr>
<td>Lawrence J. Grandcolas</td>
<td></td>
</tr>
<tr>
<td>M/M Walter D. Hansen</td>
<td></td>
</tr>
<tr>
<td>Maurice L. Hirsch</td>
<td></td>
</tr>
<tr>
<td>Hattie G. Katz</td>
<td></td>
</tr>
<tr>
<td>Kyle &amp; Wendy Knight</td>
<td></td>
</tr>
<tr>
<td>Beulah Lindner</td>
<td></td>
</tr>
<tr>
<td>David R. Livengood</td>
<td></td>
</tr>
<tr>
<td>Leroy Lupkey</td>
<td></td>
</tr>
<tr>
<td>Nellie McGuire</td>
<td></td>
</tr>
<tr>
<td>Mary V. Mercer</td>
<td></td>
</tr>
<tr>
<td>Edward Miller</td>
<td></td>
</tr>
<tr>
<td>Sr. Martina Montana</td>
<td></td>
</tr>
<tr>
<td>Donna Noeltner</td>
<td></td>
</tr>
<tr>
<td>Mrs. Richard J. Olt</td>
<td></td>
</tr>
<tr>
<td>Mary Schaecher</td>
<td></td>
</tr>
<tr>
<td>Renee Speers</td>
<td></td>
</tr>
<tr>
<td>Grace M. Stabenow</td>
<td></td>
</tr>
<tr>
<td>Alphonse Straatmann</td>
<td></td>
</tr>
<tr>
<td>Harry Taub</td>
<td></td>
</tr>
<tr>
<td>Robert L. Brissenden</td>
<td></td>
</tr>
<tr>
<td>Harry T. Broadway</td>
<td></td>
</tr>
<tr>
<td>Charles P. Eckenrodt</td>
<td></td>
</tr>
<tr>
<td>Fannie M. Exum</td>
<td></td>
</tr>
<tr>
<td>William A. Gregory, Sr.</td>
<td></td>
</tr>
<tr>
<td>M/M Vernie Hampton</td>
<td></td>
</tr>
</tbody>
</table>

**Barnes Hospital Endowment Fund**

Norman P. Knowlton, Sr.

**IN MEMORY OF:** My Daughter, Theta
Mrs. Ann Tucker

**Cronbach Memorial Fund**

**IN MEMORY OF:**
M/M Benjamin
Uchitelie’s 25th

**Planned Gift Fund**

Lucille Haller
Virginia Lee Carter

**American Diabetes Association**

Mrs. Richard S. Hawes

**Cronbach Memorial Fund**

**IN MEMORY OF:**
M/M Benjamin
Uchitelie’s 25th

**Planned Gift Fund**

Lucille Haller
Virginia Lee Carter

**Dr. Arthur H. Stein, Jr. Memorial Fund**

M/M George P. Baine

**Brian A. Ziener Memorial Burn Fund**

M/M George P. Baine

**Notes**

Published monthly for employees, doctors, volunteers, Auxiliaries, donors, former and retired employees, patients and other friends of Barnes Hospital. Available at no charge by contacting the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110, (314) 454-3515. Circulation: 15,000 copies.

Charlene Bancroft, Editor
Betsy McDonald, Writer
Sheila Withington, Writer
Daisy Shepard, Director

Copyright 1981 by Barnes Hospital
Babies boom in summer routine

The baby boom has hit Barnes again this summer, with 425 births recorded and as many as 83 babies in the nurseries at one time during July.

July seems to be the peak month for births. During most months the number of babies born here is usually under 300. To keep up with the increased population during the summer, nurses worked double shifts. It was also common to see a nurse comforting a baby in each arm.

"I've worked in the nurseries for 12 years, and it never fails. We're always swamped in July. Perhaps it can be attributed to the cooler weather nine months earlier. I can't help but think that during the winter months when weather can hinder travel, couples stay by the home fires and snuggle. Then again, the baby boom might just be a coincidence," said Aggie Johnson, head nurse in the nurseries.

Barnes, with more than 4,000 babies delivered each year, has the second largest number of births in Missouri.