Sick leave pay now subject to FICA tax

Revision of the Social Security statutes now requires that wages paid during sick leave also be subject to the tax. Consequently, as of January 1, Barnes has been required to deduct Social Security (FICA) taxes whether or not the employee is on sick leave. Prior to 1982, wages paid while an employee was on sick leave were exempt from Social Security tax. (Pay from Worker’s Compensation benefits is not affected.)

The increase for employees also signals a comparable increase in the amount the hospital pays, because Barnes must match FICA deductions from each employee. According to Robert McAuliffe, Barnes vice-president and controller, the hospital and its employees each saved $81,000 last year by not having to pay Social Security tax. (Pay from Worker’s Compensation benefits is not affected.)

In addition to the sick leave revision, Social Security taxes were raised January 1 from 6.65 percent to 7.2 percent and the base was increased to $31,800, up $2,100 from $29,700 in 1981.

Barnes to participate in QCC international meet

Barnes Hospital has been invited to give a Quality Control Circle presentation during the International Quality Control Circle Conference March 1-4 in St. Louis. More than 4,000 persons are expected to attend the annual meeting.

Barnes, one of the first health care institutions to become involved in quality circles, will represent the health care field during the conference. The Barnes QCC will join 13 other circles from a variety of corporations in giving a management presentation.

Barnes, which currently has 33 QCCs, implemented this concept in January, 1981. Since that time, the hospital has received designation as a licensee to consult and implement circles in the health care industry.

Barnes surrenders; adds “e” to employe

When Edgar Monsanto Queeny, an authority on the English language and the practice of public relations among his many other accomplishments, became chairman of the board of Barnes Hospital in the 1960s, he brought with him his preferred spelling of the word “employe”—with one e. He apparently felt the final e was superfluous and he was never one to waste anything, whether it be money or letters of the alphabet.

For two decades, employees became employes when they worked for Barnes, and all communication, internal and external, including all material emanating from the public relations department he founded, limited itself to one e.

The world turns, and time moves on, bringing with it retirements and the hiring of successors, some of whom continued to think of themselves and their co-workers as employees even though they were employes. Finally an entire section of the human resources department became employee relations.

We saw the handwriting on the wall . . . and the signage . . . and the memos. We, too, have surrendered and hope Mr. Queeny, in whose building we are housed, understands. For 1982 and the future, everyone working at Barnes is an employe.

Ribbon cutting opens new resell-it shop

Where in Barnes can one find such unusual items as a leopard coat, bridal gown or antique camera? The answer, of course, is the Nearly New shop, which celebrated the grand opening of its new location in the tunnel level of the West Pavilion December 18.

The shop, sponsored by the Barnes Auxiliary, first opened in 1963 in the basement of the old Maternity Hospital. From there, the shop moved to a temporary location down the hall and then on to a third site near the kitchen. The fourth move was to an area across from the emergency department in Wohl Hospital building.

The resell-it shop—featuring such items as jewelry, linens, towels and kitchen utensils, adult and children’s clothing, books, notions and small appliances—accepts donations of all kinds with the exception of heavy furniture. Persons wanting to donate items have 30 minutes of free parking while they drop off items during store hours, Mondays and Fridays from 9 a.m. to 4 p.m. Donations can also be left in the volunteer office, or with a day’s notice volunteers can make home pick-ups of some items.

All donations are tax-deductible. Proceeds from sales are included in an annual check presented to Barnes by the Auxiliary in the spring. Since its inception in 1959, the Auxiliary has contributed more than $2.6 million to Barnes.

Barnes patients to benefit from new laser

Patients with brain tumors, spinal cord tumors and certain types of chronic pain will benefit from a new carbon dioxide laser available in the neurosurgery operating rooms at Barnes.

According to Dr. Sidney Goldring, Barnes/WU neurosurgeon-in-chief, the laser has advantages over conventional surgery in certain cases because cutting (actually, vaporization) is performed without any physical contact, causing less blood loss and less damage to adjacent tissue. This becomes particularly important in patients with bleeding problems or in the removal of vascular tumors.

Dr. Goldring said the CO₂ laser is ideally suited for removal of certain brain tumors that are intimately attached to vital areas since it allows operation with minimal exposure and brain retraction. Tumor cells are killed when they are struck with the laser beams. After the tumor is removed, the laser is defocused and used to sterilize and coagulate the tumor bed.

The laser is also used to remove spinal cord tumors and is particularly valuable in removing tumors within the spinal cord because it allows a practically bloodless operating field to expose the tumor. Patients with intractable pain will also benefit from the laser.

Dr. Goldring said the laser, which is used in conjunction with an operating microscope, will be put into use within the next few weeks. Other carbon dioxide lasers are used in the eye, ENT and gynecology operating rooms at Barnes.
Transplant team shares knowledge world-wide

Traveling medicine has advanced considerably since the days of the Old West doctor who circulated from town to town in a covered wagon. The Barnes/WU kidney transplant team of Drs. Charles Anderson, Edward Etheredge and Gregorio Sicard have a more sophisticated means of conveying their general medical knowledge and the latest advances in kidney transplantation to other parts of the world. Since 1976, members of the team have flown to the Mideast, Far East, Europe and South America lecturing to foreign colleagues and helping doctors in those countries establish effective kidney transplant programs for patients within their own hospitals.

The team’s world travels began in 1978 when Drs. Anderson and Etheredge were invited by the U.S. State Department to participate in a cultural exchange program in the Mideast. The United States sent experts in various fields of medicine to improve international relations. The group was sponsored by the International Communications Agency.

Drs. Anderson and Etheredge visited and lectured at hospitals in Palestine’s West Bank area and Jordan, Syria, Saudi Arabia, Kuwait, Sri Lanka and Japan.

While in Tokyo, the surgeons met a native Korean woman whose mother-in-law is employed by a Barnes/WU ophthalmologist. Selina Conner was suffering from kidney disease and Drs. Anderson and Etheredge consulted with her doctors about the possibility of a kidney transplant. Her father, a physician with the World Health Organization, arranged for histocompatibility tests to be given to all family members. Her brother, then a third-year medical student at London Hospital Medical College, was the closest match for the kidney transplant donation. Because Japan had little experience in transplant operations, the surgery site was changed to the United States. A successful operation was performed at Barnes by Drs. Anderson and Etheredge on July 26, 1978.

Dr. Anderson was invited back to the Mideast in 1979 to participate as a visiting professor at universities in Jordan and Kuwait. He then spent three weeks at universities in South Africa as well as in Milan, Italy. He later revisited Italy to present transplant and organ retrieval programs to the Italian Transplantation Society in Milan. He also lectured at various Italian universities as well as in Zurich, Switzerland.

Through Dr. Saulo Klahr, Barnes/WU nephrologist and a native of Colombia, South America, Drs. Anderson and Sicard were invited to spend two weeks in Cali, Colombia, this past December.

“We assisted in organizing and developing a kidney transplant program in Cali,” said Dr. Anderson. “While there, we performed three kidney transplants that initiated the program. There’s the possibility of our returning to assist in developing a cadaver organ retrieval program.”

There were very few language barriers for the traveling surgeons. The majority of the foreign physicians spoke English. “While in Syria with Dr. Etheredge, we were asked to consult with a patient who couldn’t speak English,” said Dr. Anderson. It was finally established that we each had some knowledge of German and so communicated thusly.

“I found the whole experience rather exciting.”

said Dr. Etheredge. “The responsibility of representing not only myself and Barnes, but the United States government, was quite an honor. We were warmly received in each country. I gained tremendous insight into what medical, economical and political situations were in these countries.”

“Visiting other countries improves communications with foreign professionals,” said Dr. Sicard. “Sharing our expertise contributes to the credibility of their programs. We learned a good deal from them, too. It was interesting to see how another country approaches medical care. South Americans do a good job with their limited financial resources. They make the most of what they have. Where we use disposable equipment, they reuse everything. It made me appreciate the little things we often take for granted.”

“Our travels have provided good exposure for Barnes,” said Dr. Anderson. “It makes other countries recognize the hospital for its outstanding work. The experience has made me sensitive to local customs and to recognize the limits some countries have. We had to adjust our recommendations to meet the needs of poorer countries. By simply being there, we stimulated interest of political leaders as well as doctors in improving their medical programs. Most of all, we left a very pro-American impression.”

Hospital notes

The following are reported on staff: Dr. Joseph Hanaway, assistant neurologist, and Dr. Hsiu San Lin, associate radiologist, both effective January 1; Dr. Michael E. Rubin, assistant physician, effective July 1, 1981, and Dr. David M. Reisler, assistant neurologist, effective December 1, 1981.

Dr. Charles Kilo, Barnes/WU physician, and Dr. Joseph Williamson, Barnes/WU pathologist, received a gift of $100,000 from the Kilo Diabetes and Vascular Research Foundation. The proceeds, garnered from the St. Louis National Charity Horse Show, will be used toward the Foundation’s currency expansion and to purchase needed laboratory equipment and supplies. Dr. Kilo is the foundation chairman and Dr. Williamson is the co-director of research.

Dr. Scott M. Nordlicht, Barnes/WU physician, has been elected to fellowship in the American College of Cardiology. This membership is limited to physicians with specialty certification and advanced training. The college represents 11,000 physicians and scientists who specialize in diagnosis and treatment of cardiovascular diseases.

Zane E. Barnes, a member of the Barnes board of directors, has been named the Globe-Democrat’s 1981 Man of the Year. Mr. Barnes is president and chief executive officer of Southwestern Bell Telephone Company.

Dr. Sidney Goldring, Barnes neurosurgeon-in-chief and chairman of the WU neurosurgery department, was named president-elect of the American Academy of Neurological Surgery at its annual meeting held November 2-4 in Palm Springs, Florida.

Dr. Thomas B. Ferguson, Barnes/WU cardiothoracic surgeon, attended the International Cardiothoracic Symposium in Beijing, People’s Republic of China, September 20-24.

Janet Meyer, Barnes education and training, was installed as president of the Greater St. Louis Society for Health Manpower Education and Training during the annual banquet on December 8. She will serve as president through December, 1982.

Daughter applauds extra care on 7300

The following letter was sent to the Barnes public relations office from the daughter of Mr. and Mrs. Claude Carlisle, Mrs. Jennie Carlisle Golding:

On behalf of my parents, Claude and Della Carlisle, I want to thank the staff of 7300 and Barnes public relations for the lovely 62nd anniversary party arranged for them on Friday, December 11. Needless to say, they were very surprised and cheered that Barnes Hospital personnel wanted to help make up for a reception that had to be canceled because of my father’s accident.

Not only did they and their guests enjoy the lovely decorated cake and refreshments, but they were so pleased that their close friends and their minister could be with them. It was nice that Ms. Goellner and her staff could be present for such a festive occasion. Thank you, too, for providing a photographer to record these special moments.

I am sure my parents will never tire of talking about their special anniversary party by Barnes Hospital personnel. My husband and I also appreciate your kindness.

BHSN alumni to offer new booklet to grads

The Barnes Hospital School of Nursing alumni association is planning to offer a new booklet to interested graduates which will include an alumni directory, pictorial roster of the new graduating class, and news of the medical center and the school. “We hope the brochure will be an annual event,” said Marilyn Wolf Anderson, who is coordinating the project.

Graduates no longer on the group’s mailing list are requested to send their names (please include maiden name), current address, year of graduation and a short paragraph about their professional and/or personal lives to the Barnes Hospital School of Nursing alumni association, 416 S. Kingshighway, St. Louis, Mo. 63110, before March 1.
Dr. Freeman dies; was ophthalmologist

Dr. David M. Freeman, Barnes/WU ophthalmologist, died at the hospital on December 16 of lung disease. He was 62 years old.

Dr. Freeman was graduated from the Washington University School of Medicine in 1943. He served at Barnes as a fellow in 1947 and 1948, and as a resident in 1949 and 1950. He joined the staff as an assistant ophthalmologist in 1950.

Dr. Freeman is survived by his wife, Rachel, of University City; a daughter, Dr. Donna Jane Freeman of Concord, California; two sons, Richard E. of Boulder, Colorado, and Robert S. of Chapel Hill, North Carolina; and his stepmother, Mrs. Spender Freeman of Kirkville, Missouri.

Sharon Morad, RN, dies at age 25

Sharon Morad, RN in the cardiothoracic intensive care unit, died at Barnes Hospital on December 21. She was 25 years old and had been ill for some time.

Mrs. Morad is survived by her husband, Dr. David Morad, Barnes otolaryngologist resident, her parents, and a brother and sister.

Loy Moody: Another happy ending

The November, 1976, issue of Bulletin published a story about an Arkansas lad, Loy Moody, who was befriended by a former St. Louisan, "Aunt" Ruby Durham, who had moved to a retirement home near Clinton.

Six-year-old Loy suffered from papillomatosis, benign tumors which grew in his windpipe. Since the age of three he had undergone surgery every three months to remove tumors which would multiply and threaten to cut off his breathing. The problem was to keep Loy alive until adolescence changes in his body chemistry might cause the growths to go away on their own.

"Being from St. Louis, I knew Barnes was the greatest place in the world," said Mrs. Durham in the 1976 interview. She flew Loy to St. Louis to see otolaryngologists who told them about a new carbon dioxide laser procedure which had recently become available in Boston and Chicago and brought hope to patients by removing tumors with no bleeding. Patients often could leave the hospital the day after surgery.

"I really didn't expect to be given an award for bravery. It seemed a perfectly natural response to try to help; I'd expect anyone to do the same," said Mr. Butler whose list of favorite sports has never included swimming. "But the experience was memorable. I was surprised what I could do when I had to, and I've learned not to take life quite so lightly.

"I was befriended by a former St. Louisan, "Aunt" Ruby Durham, who had moved to a retirement home near Clinton. Six-year-old Loy suffered from papillomatosis, benign tumors which grew in his windpipe. Since the age of three he had undergone surgery every three months to remove tumors which would multiply and threaten to cut off his breathing. The problem was to keep Loy alive until adolescence changes in his body chemistry might cause the growths to go away on their own.

"Being from St. Louis, I knew Barnes was the greatest place in the world," said Mrs. Durham in the 1976 interview. She flew Loy to St. Louis to see otolaryngologists who told them about a new carbon dioxide laser procedure which had recently become available in Boston and Chicago and brought hope to patients by removing tumors with no bleeding. Patients often could leave the hospital the day after surgery. The surgeons were also encouraged because the laser seemed to have a better record of preventing recurrence.

Mrs. Durham talked to her former boss in St. Louis about the need for such a laser in St. Louis. "This man, who loves children and is a wonderful friend," said, "I'll buy the laser for Loy," said Mrs. Durham.

The laser was purchased, installed and a Barnes/WU otolaryngologist and anesthesiologist were sent to Boston to become familiar with the equipment which had been donated. On October 12, 1976, Loy arrived at Barnes for the first treatment.

The procedure was a success—double the time between hospitalizations for the six-year-old—and soon Loy's care could be overseen in his native Arkansas.

Five retirees total a century of service

Five employees recently retired from Barnes Hospital, including Edna Coad, Medford Dudley, Vivian Hope, Velma Jones and Carmen Wright. Together they totaled 121 years of employment at the hospital. Each received certificates of appreciation for their years of service.

Edna Coad, Medford Dudley, Vivian Hope

Mrs. Coad, 8100 LPN, had been employed at Barnes as an LPN for 18 years before retiring on November 30. She spent 17½ of those years working on the night shift. Although she is retiring from full-time duty, Mrs. Coad said she plans to do some occasional private duty nursing. Visiting friends and traveling are also included in her plans.

For 19 years, Medford Dudley, who also retired on November 30, served as a carpenter in the plant engineering department. His specialty is cabinet making. In his retirement years, Mr. Dudley still plans to put his carpentry skills to use by working on homes of employees who have contracted his services. Bird hunting, traveling and spending time with his grandchildren are also on his list of activities.

After 22 years as a unit clerk for labor and delivery, Vivian Hope ended her career with Barnes on December 18. "It is hard to leave Barnes. I get twinges thinking about leaving here. I will always be proud to say I worked at Barnes," said Mrs. Hope.

The top of her retirement list includes getting used to sleeping nights. Mrs. Hope spent all 22 years at Barnes on the night shift. For now, she plans to enjoy the snow and be thankful she does not have to get out in it.

Velma Jones, who retired on December 23, spent 35 years in nursing at Barnes. For 25 years, until it closed, she served as the head nurse on the ob/gyn division in Maternity Hospital. The first black nurse in charge of a nursing division at Barnes, Mrs. Jones most recently served as a nursing consultant for policies and procedures.

"I've really seen Barnes grow in 35 years. I'm leaving with some of my life's fondest memories," Mrs. Jones said. She and her husband will make their retirement home in the country near Foristell, Missouri.

Carmen Wright first came to the Barnes school of nurse anesthesia in 1953 as a student. After graduating, she joined the school's staff as a clinical supervisor in neurosurgery, and retired on December 24 after 27 years of service.

"I feel very fortunate that I have been able to work with such a high caliber of professional people here at Barnes. I've been completely happy. The job has been very educational as well as self-satisfying," she said.

The happy ending? Barnes public relations office received a letter from Mrs. Durham in December: "I know you will be interested in our latest development on Loy. When Loy had a check-up two weeks ago, they released him as cured. He will never have to go through surgery (to remove the polyps) again. Isn't that just the greatest?"
The average family earns income, pays monthly expenses—mortgage or rent, food, clothing, prescriptions, entertainment—and replaces or adds major appliances, furniture and lawn equipment as needed and as desired to boost their standard of living. This average family cannot, however, keep within the spending confines of their salaries and still purchase new furniture for every room in the house each year.

The wise family—formally or informally—establishes a long- and short-range plan which best represents each family member while incorporating major purchasing needs and desires. One year the family could plan a spring vacation and the purchase of new living room furniture; the second year could include buying the long-awaited microwave oven and riding lawn mower and starting a savings program to pay teenager's college tuition fees beginning in August. The wise budgeters will also include an emergency fund—money set aside just in case the furnace fan calls it quits during the January cold wave, or the aging refrigerator opts not to age another day.

Hospital budgeting of major purchases (capital expenditures), although on a bigger scale, functions in basically the same way. All members of the medical center family must be considered in the long- and short-range plan to deliver the best medical care available, while staying within the bounds of monies available. The hospital utilizes a systematic plan so that expenses for any one year do not far exceed any other year to replace technically obsolete or non-functioning equipment and to purchase equipment representing advances in medical and surgical specialties to further enhance patient care.

The first step in the budgeting system is for department heads to set goals and objectives so that purchases can be made to enable the department to best serve patients and visitors. Department heads research needs and product selections, and define specific costs with the help of the purchasing department and vendors. The need is then written up on an appropriation request (AR) form—no later than the October deadline—and submitted to administration who ascertains impact on overall operations. All of this then moves together for the next step—scrutiny by the capital expenditures committee.

In the early 1960s, the procedure was for three members of accounting to review all appropriation requests submitted. The three cost-accountants defined the budget allowance, studied and made recommendations to administration for submission to the board of directors in December.

In the fall of 1974, hospital president Robert Frank appointed a capital expenditures committee. The nine-member group, including representatives from medical staff, laboratories, nursing, purchasing, plant engineering and accounting, would enable the hospital to use the expertise of the varied group to render the best decisions for use of limited budget monies.

"The wide variety of persons on the committee is far better than having only accounting review and make decisions," said committeeman Fred Trost, Barnes chief cost-accountant who was also part of the three-member review panel before the advent of the 1974 committee structure. "The group allows more input, more knowledge of..."
what items are used for and how they affect patient care at Barnes.

"The assortment of expertise is excellent—you have to have it," said Dr. William Owens, Barnes/WU anesthesiologist and chairman of the committee for two years. "We're not all experts in every field but we found that in almost every instance, someone on the committee knew enough about the items being requested or knew persons upon whom we could rely to answer our more detailed questions."

Longevity of committee members is also an asset. "With experience you develop a knack for looking at the overall picture—what's important in the global perspective, rather than in the limited view of a department head submitting ARs," said Dr. Owens. "Those in the group who have been on the committee for years, like Walter Schatz in purchasing and vice-president Dillon Trulove, add another dimension of expertise. They usually can recall who did what and when, and relate it to a particular request currently being discussed. Such help is invaluable in the decision-making process."

According to Mr. Frank, "The committee's job is to give the capital expenditure requests a final review to see that it all makes sense when compared to where the hospital is and where it is going in terms of patient care. But just like a family unit, Barnes is on a strict budget and cannot spend more than it has available. So the committee has an added responsibility— prioritizing and cutting things out to achieve a certain dollar amount."

Work by the committee began long before the first meeting, October 6. Meetings with department heads and head nurses were conducted regarding specific ARs, needs in various areas and the goals and objectives for those departments. Some, like Donna Granda, an associate director of nursing service and first-year committee member, even went back to research ARs from previous years and did spot inspections when obsolete equipment was involved or renovation was being sought.

The 1982 budget included a $2,000,000 funded depreciation budget (money set aside to replace equipment at the time it wears out or becomes technologically obsolete), out of which $200,000 must be kept in reserve for emergency ARs during the year—the broken furnace or refrigerator-type items in the family budget. As in the family's desire to accomplish as much as possible during the year, the total ARs submitted to the committee at Barnes far outweighed the funds available for the year, more than $3,200,000 in requests for the $1,800,000 budget.

What things could be deleted from the 1982 budget? "The committee reviews each AR as to the reasons items are being requested. We then evaluate it from a cost-benefit standpoint and, if necessary because of a lack of information, go back to ask pertinent questions of the individual requesting it before a proper decision can be rendered," said Dr. Owens.

Each AR was prioritized from one to six. Ones were approved and recommended for funding, twos were approved if excess funds were on-hand and threes were not recommended for approval. Some ARs were given higher numbers which meant that the need could be satisfied with existing items already stored in Barnes or with equipment being replaced from other areas, or that the particular request was not appropriate for an AR and could be added to the expense budget of the hospital.

Need, availability of like items somewhere else at a lesser cost and the degree of importance to patient service improvement (top priority) were all weighed heavily. If, for instance, the need for a calculator was acknowledged but could be re-
Who gets a new bike (continued from page 5)

placed with a less-expensive calculator, money to cover the purchase of the cheaper unit would be allocated and the money saved would be applied toward approval of another request.

In some cases Mr. Trulove would know of equipment in storage that could be given to a department seeking funds to buy new equipment. This was noted on the AR for the department.

There were items turned down this year because the planning or action had not been fully thought out or presented in the AR. In some cases, a consultant would be a better consideration for the money involved or more long-range planning should be conducted so that the request could be resubmitted the following year. Such notations were given to the department head and to Mr. Frank in writing.

Other requests such as ARs for $25 to $385 beepers were frequently denied. In such cases a secretary or telephone was handy to the person seeking the equipment or observance of proper sign-out procedures could eliminate the need.

When renovation was included in an AR, committee member and plant engineering director Don Braeutigam would do spot inspections of the areas involved. In one instance, an alternative renovation plan would decrease cost and still meet desired specifications of the department submitting the request.

Every decision is subject to appeal. On December 17, administrators and medical staff who had been notified that their ARs were not budgeted for 1982 were invited to appeal before the committee and submit an appeal for approval of their request if additional money could be allocated by the board of directors. These appeals were ranked in 1 to 10 order, with 1 being top priority. The outcome of the appeal was sent to Mr. Frank saying that if the board of directors could allocate additional funds, the committee recommended that such money be spent on equipment listed in order of importance to the hospital and its patients.

By the end of January, everything was finalized. Appeal money requests had been presented to the board of directors, approved ARs were given to accounting for final disposition and purchase dates were assigned. But the process ends only to begin anew for the 1983 budget—a never ending circle of research, requests, more research and final decision-making.

Serving on the committee has been a valuable experience,” said Dr. Owens. “I have much more insight into the financial dealings of the hospital and better appreciate the constraints that hospitals must work under.”

“I’ve learned a lot during my first year with the group,” said Ms. Granda. “For instance, justification is very important when the committee members review ARs. It’s important to have all the facts and figures on the request so that the paper form speaks for itself—what is being done or used currently; age of equipment being replaced, status of workability, uses and needs of requested items; and whether or not it is cost-effective.”

“The greater the explanation concerning the need and the greater the objectivity, the better the guarantee that the best decisions will be rendered by the committee,” said Dr. Owens. Like the teenager asking for a car from the family budget—will the purchase of an additional car best serve the family or could the limited money available better be used on something else.

Patients sought for blood pressure study

A new blood pressure program studying the effects of high blood pressure on the elderly and on their quality of life and general health is getting underway at Barnes. Dr. H. Mitchell Perry, Barnes/WU physician, is conducting the Systolic Hypertension in the Elderly (SHEP) program.

People over the age of 60 who have systolic blood pressures greater than 160 and diastolic blood pressures less than 90 are needed as participants in the nationwide research program. The program started recruiting volunteers in June, 1981.

After meeting qualifications, 100 persons will start the actual program of medical follow-up checks in June, 1982. To date, 35 persons have met the requirements and have been randomized into the program.

Participants will receive free blood pressure tests and general medical check-ups including lab tests, EKGs and physicals several times a year at either Barnes or at the Veterans Administration Center. Persons wishing to participate in the study, which will take between twelve and eighteen months to complete, should be in reasonably good health for their age, be able to come in for bi-monthly visits and be willing to comply with prescribed medications. Participants with private physicians should have their doctor’s approval before volunteering.

Several methods of treatment will be compared, a psychological evaluation will be performed and follow-up examinations will help determine whether treating high blood pressure in the elderly affects heart disease, stroke or other diseases associated with aging, and whether it affects the memory or mental activity.

The study is funded by the National Heart, Lung and Blood Institute and the National Institute for Aging. St. Louis is one of five cities participating in the study. A total of 500 persons from St. Louis; Pittsburgh, Pennsylvania; Birmingham, Alabama; Chicago, Illinois; and Portland, Oregon will take part.

For more information about participating in this study, call Sharon Carmody, SHEP coordinator, at 533-1282.
Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period December 12 to January 11 to the 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

IN MEMORY OF:
Dr. A. B. Jones
D/M Harold K. Roberts

Dr. David M. Freeman
D/M Donald H. Eldredge
D/M H. R. Hildreth
Antonia Rascovici

Emily & George Curtis
M/M George Curtis, Jr.

Barbara Ann Stork
Floyd & Maissie Breckenridge
Bernadine & Floyd Morgan
Fred Bruggenhagen
Virginia Watts
Geneva Keller
Lynn Dean
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Vera Smith
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Joseph B. Silverman
Nancy L. Sisson
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Elmer E. Smith
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Edith M. Sullivan
M/M E. W. Sunder, Jr.
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Ernest Thompson
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Eva M. Ward
Rex & Marguerite Ward
W. Wasserman
Otha Lee Weaver
M/M David W. Worch
Burrell Wernsing
Joseph E. West
Marybelle White
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Douglas F. Withall
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Norma Wood
Louise R. Wykoff
Bernice Wynn
Arnold J. Ackermann
M/M Frank Aldridge
Anonymous
Paul Ban
Florence E. Band
M/M Earon Barnes, Jr.
H. S. Bassett
Anne Baum
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Robert F. Bruns
Iva E. Bye
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Clara R. Evering
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Elsie Foley
Curtis R. George
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Mrs. Charles Johnson
Bernice Jones
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Heart Research Fund

Louise Eversole
The neurology rehabilitation satellite recently moved to new, expanded quarters on the 11th floor of the West Pavilion, adjacent to the neurology patient division. The 1,415-square-foot center offers patients a spacious area in which to work with therapists to regain maximum function lost from brain or nerve damage. The newly opened 11300 also includes house staff on-call rooms, office space for clinical dietitians, restrooms, storage facilities and lounge for families of patients housed on the neurology division.