Hypertension screening to be offered May 17

High blood pressure—or hypertension—affects about 60 million people throughout the United States. And it is a debilitating condition that increases the risk of strokes, heart attacks and kidney failure. Recognizing the need to inform more people about the “silent killer” during National High Blood Pressure Month, the Barnes Auxiliary will offer a free hypertension screening day on May 17 from 8 a.m. to 4 p.m. on the ground floor of the East Pavilion. There is no charge and everyone is welcome.

Because victims of hypertension usually experience no symptoms to warn of its destructive presence, it has long been called the “silent killer.” It is a disease which strikes infants as well as the elderly, reaching epidemic proportions. It is the third most common problem next to obesity and psychiatric disorders, treated by physicians. It can be controlled by daily medication, but cannot be cured.

At Barnes specially trained volunteer nurses, assisted by staff nurses, have been offering the opportunity to check hypertension semi-annually for the past four years. Volunteers will screen individuals as well as answer any questions at Hypertension Day. The procedure includes weight and blood pressure checks to determine how much strain is being placed on the heart and blood vessels. Usually a higher reading means a greater strain on the heart.

Barnes still tops says magazine

Barnes Hospital is again ranked among the top hospitals in the country, according to a list published in the April 27 issue of Family Circle magazine.

In an article titled “Our Guide to the Best Health Care,” writer Malcolm Manber polled private doctors, medical school faculty, medical writers and others asking, “Where would you go? Where would you send your family?” The conclusion was, “When it comes to complex chronic disease and difficult surgery done only by highly skilled and medically sophisticated professionals, then you must turn to the medical centers.”

The article also pointed out that although traditionally, “Your doctor normally decides when you go to the hospital and usually selects that hospital, it doesn’t have to be his choice alone. Exercise your responsibility to determine what is right and best for you.”

Barnes Hospital has a referral service that is used by both doctors and patients who need names of doctors on staff, is included in the report.

Statistics for 1981 show that 41,131 patients were admitted, an occupancy rate of 85.25% for the hospital’s 1,208 beds. Barnes also had 42,262 private rooms rather than wards; meal service in the patient’s room rather than in a dining hall; carpeting and home-like furnishings—all of which patients have come to expect of a hospital, but none of which add to the care needed.

Citing increased health care costs, the report points out that hospital bills for patients with many diseases or injuries reflect that cure has replaced hopelessness for patients with blindness, kidney failure, severed limbs, heart disease, cancer and many others. Consumers are reminded they are partially responsible for today’s hospital costs, which could be lowered “if patients are willing to settle for good medical treatment without many frills.” Among those frills, the report cites telephones in the room; private or semi-private rooms rather than wards; meal service in the patient’s room rather than in a dining hall; carpeting and home-like furnishings—all of which patients have come to expect of a hospital, but none of which add to the care needed.

Barnes is heralded as one of a handful of hospitals in the country giving state-of-the-art diagnosis, care and treatment in virtually all medical and surgical specialties. A synopsis highlighting each specialty, along with a list of the more than 850 doctors on staff, is included in the report.

Dr. George Tucker, general surgeon, was elected to a two-year term as president of the Barnes Hospital Society during a meeting in the East Pavilion auditorium on April 15.

Dr. Tucker, who completed his internship and residency at Barnes in 1963, was also appointed as an associate general surgeon here that year. He is now an associate general surgeon. Dr. Tucker is also an associate professor of clinical general surgery at Washington University School of Medicine.

Dr. Ronald Burde, ophthalmologist, was elected vice-president and Dr. Donald Sessions, otolaryngologist, is finishing his second year of a two-year term as secretary/treasurer.

Barnes Hospital Society members elected to serve until 1985 as council members are: Dr. Kenneth Arnold, general surgeon; Dr. Shabbir Safdar, physician; and Dr. Robert Bruce, physician.

The nominating committee members for the society are: Dr. Richard Bradley, general surgeon; Dr. Robert Packman, physician; and Dr. George Tucker, general surgeon.

Barnes Hospital Society numbers about 800 doctors who are pledged to secure the development of Barnes both as a source of community service and as a center of medical progress. All also hold faculty positions at the Washington University School of Medicine.
Anderson, Loines retire from Barnes

Ivee Anderson retired after 34 years with Barnes on April 9. Mr. Anderson has worn many hats since 1949 when he began working temporarily in the dietary department, but continued there until 1959. From 1959 to 1965 he worked in central service, and from 1965 to 1982 he worked in housekeeping.

Mr. Anderson says he plans to rest, travel, and maybe even “learn how to fish” during his retirement. Since he lives in East St. Louis, Illinois, “good fishing isn’t too far away at Lake Carlyle.” Mr. Anderson lives with his 84-year-old mother, and helps her do some gardening occasionally. Last year he helped raise about 100 pumpkins.

Mr. Anderson was honored with a certificate of appreciation by Barnes executive vice-president Max Poll, and a party given by the housekeeping department. He also received a “money hat” laden with over 80 folded crisp dollar bills. “I never thought I’d let money go to my head,” he joked, “but this is just so nice. Everybody has just been wonderful, and I’ve made lots of friends through the years. I’ll be back to see them though,” he said.

Jimmy Loines retired as a general maintenance worker after 22 years of service with Barnes. Originally Mr. Loines came to work temporarily at the hospital after the Ford Motor Company plant shut down. He says his position at Barnes was “the longest fill-in job” he ever held.

During his retirement Mr. Loines plans to build a log home on an eight-acre plot he owns near Fredericktown, Missouri. After the home is completed, he and his wife will move there. During his retirement Mr. Loines plans to build a log home on an eight-acre plot he owns near Fredericktown, Missouri. After the home is completed, he and his wife will move there.

Mr. Loines was honored by Barnes executive vice-president Max Poll, who presented him with a certificate of appreciation. The plant engineering department also held a party for him. Since he lives in East St. Louis, Illinois, “good fishing isn’t too far away at Lake Carlyle.” Mr. Anderson lives with his 84-year-old mother, and helps her do some gardening occasionally. Last year he helped raise about 100 pumpkins.

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Barnes opts for Social Security

After a thorough study of the costs and benefits of the Social Security system for Barnes employees, the hospital has elected to remain in the system rather than provide an alternate retirement package. Barnes had filed a notice to the Social Security Administration last summer, subject to withdrawal within two years, that would have allowed the hospital to cease participation in the plan.

At that time, Barnes vice-president/controller Robert McAuliffe said, “In an effort to offer the best benefits to its employees, Barnes is following the growing trend around the country among hospitals who are investigating alternative disability/retirement plans.” During the following months, the hospital contracted with William M. Mercer, Inc., for a computerized evaluation of the expected benefits and costs of Social Security for Barnes employees in the future. This study, which was based specifically on Barnes employees, including the number, age, sex, and earnings, concluded that the risks to Barnes employees outweighed the benefits of withdrawing from Social Security at this time.

“Social Security has become a government-supported social welfare program, not an insurance program,” pointed out Mark Weber, assistant administrator who headed a committee to study alternative plans. “As such, its benefits are comprehensive and are based on need and size of family rather than solely on the amount an individual pays in. Government can raise taxes and print money to cover deficits. A private plan must operate, by law, on a fiscally sound basis.”

Mr. Weber also said that Congress can change the rules anytime for Social Security eligibility. “A new ‘double-dipper’ law could be enacted that would deny Social Security benefits to anyone who received benefits from an alternative program despite years of contributions to Social Security. This type of action would hurt Barnes employees who had paid into Social Security most of their lives and then could not qualify for any benefits. Similarly, persons who change jobs might not be able to continue their coverage in a private plan,” he said.

“Despite periodic scares that Social Security is ‘going broke’, it is not likely to fold because, unlike private enterprise, government can operate at a deficit and can change the rules as often as necessary. Therefore, after months of research, we think that more Barnes employees will be served necessary. Therefore, after months of research, we think that more Barnes employees will be served necessary. Therefore, after months of research, we think that more Barnes employees will be served necessary. Therefore, after months of research, we think that more Barnes employees will be served necessary. Therefore, after months of research, we think that more Barnes employees will be served

Corpuscle Red in Jack Carney’s parade

To emphasize the continuing need for blood, Barnes bloodmobile bloodhound mascots Corpuscle Red, Leukocyte Lil, Donor Dan and Dolly Donor will march in the second annual “It’s Great To Be an American—It’s Great To Be A St. Louisian and Here I Am In A Parade Again, Parade,” with KMOX radio personality Jack Carney on May 8 in Forest Park.

Paul Hartwell, chairman of the Barnes blood drive and several members of the bloodhound club of St. Louis and their dogs will participate on behalf of Barnes. They will carry two red, white and blue posters urging people to give blood, and will hand out approximately 1,200 dog bone-shaped cookies along the parade route.

Birthday party boosts morale of Barnes patient

Jennifer Broadhurst of Centralia, Illinois, has always been a determined young lady. She still is. And even though “Jenny,” as her friends at home call her, became paralyzed from the waist down while doing a back-flip in preparation for track season, the word “paralyzed” is not in her vocabulary. She is determined that someday she will walk again.

Jenny recently celebrated her 16th birthday at Barnes in the company of nearly 50 friends and relatives from Centralia. The fact that she was hospitalized did not dampen her spirit and optimism, says her mother, Mrs. Carolyn Broadhurst. The sophomore from Centralia High School was even able to continue her studies with the aid of biology and English tutors who visited her several times a week. Since she was unable to move her neck, Jenny was placed in a rotated, which rotated from side to side, and allowed her to move at the push of a button.

Jenny’s birthday party was a surprise, arranged with the help of her social worker at Barnes, Elizabeth Harris. According to Mrs. Broadhurst, Mrs. Harris arranged for the classroom at the hospital where her party was held, and was instrumental in helping to arrange having Jenny moved to the other location. “But Mrs. Harris did much more for Jenny,” said Mrs. Broadhurst. “She was available to provide whatever Jenny needed and could answer whatever questions we may have had about the hospital services,” added Mrs. Broadhurst.

“Since day-one Jennifer received VIP treatment at Barnes as far as I’m concerned,” explained Mrs. Broadhurst. “They told her that she was a very special person, and believe me, she’s a gutsy one too. She’s just the type of person who will go out and do something that you tell her she can’t. She will first have to work at trying to sit up. But she will be doing exercises. She will first have to work at trying to sit up. But she will be doing exercises. She will first have to work at trying to sit up. But she will be doing exercises. She will first have to work at trying to sit up. But she will be doing exercises. She will first have to work at trying to sit up. But she will be doing exercises.

Jenny’s birthday party proved an exceptional morale booster, says her mother, and assured her that people at home are indeed concerned for her welfare. She received 94 birthday cards, eight presents were a stuffed Clydesdale horse from her hospital roommate, a digital watch from her uncle, and a doll from South Africa from one of her doctors at Barnes.

Especially since Jenny is a “real sports nut” a visit from Gaytor Rivers of the Harlem Globetrotters was an uplifting experience during her hospitalization at Barnes. While the Globetrotters were in St. Louis, the Centralia community center director arranged the visit. Even a call-in show on Centralia radio station WILY was arranged by the community center assistant director so Jenny’s friends and relatives could receive the latest information about her condition.

Recently Jenny has been able to start using a spoon and to brush her teeth with use of an elastic cuff that is placed around her wrist. She has also been able to move her toes slightly, which is a real sign of progress, says her mother.

With therapy classes and tutors visiting, Jenny had a busy schedule at Barnes. “You would have thought she would have been exhausted after that birthday party,” said Mrs. Broadhurst, “but she wasn’t. And at first she ate anything and everything that came along, but now she’s getting more picky — which is Jennifer. Pretty soon she’ll probably be asking for one of her favorites — peanut butter and bologna.”

Hospital notes

A golf tournament to benefit the Kilo diabetes and vascular research foundation will be held on May 30 at Greenbriar Hills Country Club, in Kirkwood. Dr. Charles Kilo, Barnes/WU physician, and Dr. Joseph Williamson, Barnes/WU pathologist, are founders of the organization. The tournament is being sponsored by the Missouri State Bank.

The following are reported on staff: Dr. Margaret M. Rich, assistant orthopedic surgeon, effective January 1, and Dr. Freeman Brown, assistant anesthesiologist, and Dr. R. Jerome Williams, assistant physician, both effective March 1.

Dr. Marc Wallack, Barnes/WU surgical oncologist, participated in KMOX radio’s “At Your Service” program on April 26, along with Rose Kushner, author of the new book Why Me? What Every Woman Needs To Know About Breast Cancer.
The hospital. A whole new world—a whole new world of strange sights, sounds and language. The hospital. Not at all like the familiar hushed corridors with pin-striped suits and gold nameplates on giant walnut doors of the firm, or the hovering steel masses of ceiling-high presses and conveyor belts in the factory which has been a second home for the past 17 years. The hospital. A language that does not seem to talk in the familiar terms that have become second nature: “Flush and hang with a two-em indent in 12-point italic, 30 picas wide;” “hardware/software interface requirements document;” “grind the valves, bore the cylinder walls and replace the rings.”

The hospital. A new world of chromed instruments; repetitious bleeps of monitors; doors marked NPO, SICU, otolaryngology or BME lab leading to the unfamiliar; busy corridors of tailored white uniforms, giraffe-necked machinery on wheels and “Dr. Wiley, Dr. Chase . . . code 7 — RICU.”

“The hospital epitomizes the fearful unknown to many,” said patient representative chairman Gloria Elliott, “and this unfamiliarity may also signify uncontrolled, uninvited dependence on doctors, nurses, technicians, housekeepers, administrators, etc., who are all on-hand to help during the hospitalization but sometimes may seem unavailable to assist with small problems or

Patient representatives: Listeners . . .

Investigators . . .

Mediators . . .

Interpreters . . .
to provide an ear when someone just wants to say thank you. “To whom can the patient and his family turn?”

A group of unpaid volunteers—patient representatives—have met strict criteria, elected to train and to learn how to cut through red tape quickly and effectively to meet any concerns brought to them by patients, relatives and staff members. “Patient reps help serve as interpreters of general hospital procedures, as listeners to understand specific concerns and as skilled advocates of those they represent—the patient—eight hours a day,” said Deborah Bobinette, Barnes volunteer director.

In February of 1980, three volunteers were appointed Barnes patient reps in a pilot program begun on 8400 and 9400. Today a total of 11 patient reps are on duty Monday through Friday throughout the entire hospital to help bridge the gap between talk and action, and to help make hospital staff and administration more aware of patient needs and concerns.

March 19, 2 p.m.
Patient rep visited Mike during rounds on 7200. Compliment/concern: “Oh, lady, on a scale of 1 to 10, the staff on 7200 rate a 20!”

Many hospitals throughout the nation have patient rep programs but these programs are staffed by paid personnel of the hospital. “When administration proposed the idea in 1979, the feeling was that patients may feel closer to and respond more freely to someone who was not paid by the hospital and therefore could best represent them,” said Mrs. Bobinette. “Patient advocates, if you will.”

April 9, 2:30 p.m.
Patient rep visited 10400. Compliment/concern: This was Rosie’s first visit to Barnes. As a patient on the neurosurgical division, Rosie said she would not want to be in any other hospital. The care had been excellent and the food was good. Rosie did not wish to single out any one person in particular but “Connie” was outstanding. Action taken: Patient rep investigated staffing to determine Connie’s full name so that employee, head nurse and the director of nursing service could be notified of compliments regarding the division and about Connie in particular. Dietary was also notified.

“We’re here to represent the patient—that’s our first concern—but we’re also here to assist the staff in a common goal: To make each patient’s stay as pleasant as possible,” said patient rep Barbara Schneider. “Working as an extension of paid staff, patient reps can enhance the delivery of good health care.”

January 27, 10 a.m.
Patient rep visited mother of three-year-old Bryan who was admitted to 7420 ophthalmology floor at 3 p.m. on January 26. Compliment/concern: Bryan had been scheduled to have chest x-rays after admission. X-rays were not taken until 9:30 p.m. and mother felt this was too late for youngster to be required to stay awake.

Patient representative Clara Tremayne said, “The vast majority of our visits result in patients and relatives telling us what a ‘wonderful hospital Barnes is—the nurses on the floor are so kind and attentive’ and that they even like the food! These comments mean a short note or two and take only a few minutes per visit. But suddenly a patient concern will surface which may take as little as 10 minutes or as long as a month to handle to everyone’s satisfaction—the patient, family and to the satisfaction of Barnes staff so that the situation will not recur,” said Mrs. Tremayne.

March 4, 11 a.m.
Patient rep visited patient in 11404. Compliment/concern: Sandra suffered from back pain and requested that her mattress be changed; a board had been placed under her mattress previously but had not helped. Action taken: Patient rep spoke with division head nurse and then to housekeeping and a firmer mattress was ordered for Sandra. Result: Patient rep on followup visit found mattress had been changed and patient now satisfied with all aspects of care at Barnes. Patient rep notified nursing and housekeeping of patient’s satisfaction.

“Perception is just as important as the cold, hard facts,” Mrs. Bobinette emphasized. “If a patient feels he had to wait too long for a test, and tells you it was at least a half hour, you have not solved his problem by merely showing him documentation that proves he waited only ten minutes. The waiting time needs to be shortened or explained to his satisfaction. Caring and taking the time to talk to the patient about the hows and whys can change his perception so that Barnes is remembered favorably.

“One misunderstood incident can color a patient’s perception of his entire hospitalization. (continued on page 6)
Patient representatives
(continued from page 5)

Patient reps invite communication by listening and relaying patients' concerns that might not otherwise come to light, but which upset the patient and which he feels SOMEONE ought to talk with him about. The patient rep is frequently that someone.”

March 13, 4 p.m.
Thomas called the patient representative office. Compliment/concern: Two light bulbs in his bathroom had been burned out since his admission on the 10th. Action taken: Patient rep contacted plant engineering who reinstalled curtains for patient. Recommendation: Privacy curtains should be reinstalled in other rooms. Privacy curtains around the beds had been removed during the day and had not been put back in the emergency room for a sprained ankle. During the ER visit, she had received a signed paper, but in retrospect was unsure about what she had signed. Action taken: Patient rep talked with ER staff and found forms signed. Patient rep called Ralph on 12200 and gave him copies of signed documents giving ER staff permission to treat his wife. Patient rep also called his wife to explain the forms to her. Result: Both patient and his wife were relieved and satisfied. Wife wanted to add how "very kind and nice all were" to her in the ER—amazed at staff efficiency, kindness and business-like conduct during what she had signed some papers, but in retrospect was unsure about what she had signed. Action taken: Patient rep talked with ER staff and found forms signed. Patient rep gave Mrs. Elliott the copies of signed documents giving ER staff permission to treat his wife. Patient rep also called his wife to explain the forms to her. Result: Both patient and his wife were relieved and satisfied. Wife wanted to add how "very kind and nice all were" to her in the ER—amazed at staff efficiency, kindness and business-like conduct during what appeared to be an extremely busy time.

"Not only do we try to resolve problems and pass on compliments on behalf of our patients, but we also can benefit the hospital because we not only hear our patients but we learn from our patients as well," said Mrs. Bobinette. "It's a two-way street. What these people are telling us may help to determine who has patients in the patient care and in the various hospital services. Sometimes these outside 'consultants' can tell us of a better way to do things which can be relayed to hospital administration for action."

October 9, 4:30 p.m.
Patient rep visited Lucy in L555. Compliment/concern: L555 had been converted from semi-private to private room. Privacy curtains around the beds had been removed during the day. Lucy said that if door was even slightly ajar, persons in the hall or at the nursing station could see in. Asked if privacy curtains could be reinstalled for patient. Recommendation: Privacy curtains should be reinstalled in other such rooms on this division.

How important are individual concerns brought to patient reps? Since the inception of the program in 1980, changes have come to Barnes as a direct result of comments made by patients and their families — many of these changes were aided during their proposal by documentation made by patient representatives. The installation of direct line telephones and the addition of handrails in the garage tunnel, the addition of dietary personnel to speed food service to patient floors, the designation of a special room where families can have time alone with a deceased relative, "a little public relations work for the man upstairs."

After graduation Mr. Gray said he would most enjoy working as a hospital chaplain since most of his professional experience has been obtained in hospital surroundings. As a long-term goal he would like to set up a support group for families of oncology patients. He would like to return to Barnes if at all possible, he says, especially since he and Barnes are basically in the same business — helping people.

Mike Felling receives promotion

Mike Felling has been named assistant director II of nursing for uncovered medicine divisions, coronary care unit, medical intensive care unit, respiratory intensive care unit, acute dialysis and 8100. Mr. Felling was formerly an assistant director I of nursing.

An August 1973 graduate of Barnes Hospital School of Nursing, Mr. Felling holds a bachelor of science degree in nursing from St. Louis University and has pursued graduate studies in Hospital and Health Care Administration from St. Louis University.

Mr. Felling has served as a staff nurse and head nurse at St. Louis City Hospital and as a head nurse and nursing supervisor at Central Medical Center. Before joining Barnes in November, 1981, Mr. Felling was an instructor at the Institute of Health Management in St. Louis.

Mr. Felling fills a vacancy created when Sherlyn Hailstone was promoted to associate director of nursing for medicine.

Hospital notes

Dr. Paul E. Lacy, Barnes/WU pathologist, recently received a $100,000 increase in research funds from the tobacco industry to conduct transplantation immunology work. Dr. Lacy will work with six other WU scientists studying the cellular and molecular basis of cancer in related independent projects. The research is aimed at leading to improve therapy and prevention of cancer.

Deborah Lord Bobinette, volunteer director of Barnes, has been elected president of the Council of Community Organizations for a second year.

Dr. Michael M. Ter-Pogossian, director of Malinckrodt Institute of Radiology's radiation sciences division has received a five-year grant of $4,700,000 from the National Heart, Lung and Blood Institute. The grant provides support for continuing research efforts in labeling compounds of importance in biology and medicine with cyclotron-produced isotopes. The research will also include the study of the major metabolic pathways which sustain the function of vital organs. The investigative program is composed of projects headed by Dr. Marcus E. Raichle, Barnes/WU neurologist, Dr. Burton E. Sobel, Barnes/WU cardiologist, and Michael J. Welch, radiation sciences.

Dr. Jack Harstein, Barnes/WU ophthalmologist, who serves as vice-president of the American Society of Contemporary Ophthalmology, recently conducted tutorial courses in ultrasound, intraocular lenses and extended wear contact lenses. The courses were offered at the society's annual meeting held in Orlando, Florida, on March 34 through 20. He was also a guest speaker at the 22nd annual instructional course in contact lens fitting sponsored by the Rudolph Ellender Foundation in New Orleans, Louisiana, on April 1 through 4.

Barnes chaplain intern David Gray takes time out to consult with 7200 nurse Kathy Schaefer.

Former employee returns as chaplain intern

When chaplain intern David Gray is at Barnes, he says he feels at home. As both a former Barnes employee and patient, Mr. Gray can easily relate to the situations and concerns of patients, their families, medical staff and employees as he goes about his rounds at the hospital. Few people have such a diverse background as does Mr. Gray, but his wide range of experience has proved exceptionally beneficial in a calling where the needs of people are demanding and ever-changing.

Mr. Gray says he has always had a calling to go into the ministry, but financial resources kept him from entering the seminary until recently. He is now a student at Eden Seminary in Webster Groves and will graduate next year. He believes that Barnes is an appropriate place to spend his internship since he worked in the blood bank here from 1974 to 1979. In February of 1980 he was diagnosed by Barnes doctors as having leukemia, but his disease has been in remission since 1980.

"Barnes is a first-class medical center, and I trusted my life to the people here," explained Mr. Gray. "I know there's expert care here but we can't afford to have low morale — that's where the chaplain's office comes in. We're here to provide support for patients, their families and staff too. It doesn't always have to be religious support that someone needs. Sometimes they just need someone to talk to.

"People seem surprised when I walk down the hallways and know a lot of people on a first-name basis," said Mr. Gray. "But I work in all areas of the hospital — the emergency room, intensive care units, surgery waiting rooms, and general floors looking for people in distress. We provide counseling and also provide liaison between patients and the medical staff in some cases. We work in crisis situations all the time — anytime you enter the hospital as a patient it's a crisis because you're removed from your usual environment. We help 'rehumanize' the surroundings so people can feel comfortable in a system that seems foreign," he said.

"David puts people at-ease rapidly, and the more challenging the situation, the more willing he is to go into it," explained Barnes chaplain supervisor David Wyatt. "When he worked in the blood bank he learned how to set priorities, and he carries that ability into his work as a chaplain intern."

Mr. Gray said a good sense of humor never hurts in his line of work. He mused that his chaplain internship duties also occasionally include doing
Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period March 9 to April 9 to the funds at Barnes Hospital. Because Barnes is a private hos- pital 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.

Tribute Fund

IN MEMORY OF:
Dr. David Rothman
Ben & Sylvia Roman
Jerome J. Spector
Ben & Sylvia Roman

Betha Schwartz
Sue Brown
Sue Filach
Howard Vaughan
Laverne Vassel
Rosemary Gottlieb
June Norden
John Keppel
Ron Trulove
Denise Zwick
Barbara Downey
Richard Schellhase
Bob Rechtien
Vicki Hensler
Helen Foster
Chele Zwick
Fred Trost
Bob McAuliffe

Stanley Wolbach
M/M Philip Moss

Mrs. Richard Walkie
Barnes Hospital Auxiliary

Mrs. Irvin Lang
Barnes Hospital Auxiliary

Scott Jablonow Endowment Fund

IN MEMORY OF:
M/M Robert Greenberg’s Father
Louis Jablonow

IN MEMORY OF:
M/M Leonard Growe’s Mother
Louis Jablonow

IN HONOR OF:
The Speedy Recovery of M/M Melvin Mednikow’s Father
Louis Jablonow

Patient Care Fund

Marie Burton
Charles M. Goodwin
Veneta L. Hicks
Audrey M. Johnson
Kemper Kleber
Lucille Lewis
Eugene Q. Pfautsch
Mrs. Connor B. Shanley
June I. Stromdahl
C. G. Tanner
C. Denton Ventrout
Patricia A. Bell
Cary Kerr
Emil Biher
Alios A. Kanz
Cynthia J. Lehman

William P. Ostermeyer
Harry C. Schnick
M/H J. Strenkofsky
Virginia Way
Mary Biscomini
M/M Samuel E.
Fleischmann
Ronald Ricker
Theresa Russell
Junichiro Wachi
John B. Wible
Garrett M. Yates
Severn S. Barnes
Mrs. Martin Brand
Vincent Feldmann

M/M Fred R. Hampton
Elsie M. Weidner
Lois Z. Wilson
Richard C. Young
Barbara Allen
Delphine Armburtzer
Eleanor L. Begley
Erma B. & Frank J. Cherry
David A. Gutman, Jr.
R. W. Havener
Vera E. Jones
J. Wade Kincaid
Mrs. John N. Max
Estella W. Naumann
M/M Raymond
O’Mohundro
John W. Rogers
M/M William Paul Rogers
M/M Leon R. Smith
Howard K. Zimmerman

IN MEMORY OF:
Patrick Hays
Data Processing Employees

Susan Crow
Jane C. Bucy
Sharon Crump
Rose Dunn
Cecilia Johnson
Bruce Linders
John McCallum
Robert Urbani
Carmen Peirick
Mary Conboy
Susan Dugger
Eva G. Jiminez
Alan Stratmann
Denise Zwick
Rose Daly
Cheryl Lee
Thomas P. Long
Marie Lyons
D/M Jay McDonald
Marcia Tenenbaum
Georganne Tijman
Hematology Laboratory
Washington University
Division of Laboratory Medicine

IN MEMORY OF:

Annead

Annual Fund

(To be continued next month)

Leona Schatleben
George W. Quinn
Mrs. Martin Laskowski
Herman & Lola Mae
Lehwald
Robert T. McDonald
Aronia Powell
George W. Quinn
Mrs. Albert Reinhardt
Irene Rodgers
Lutwin C. Rotter
Leona Schalteben
A. M. Schlehuber
Jane Seier
 Lester Smoossman

Robert L. Standridge
Charles P. Swan
Betty D. Turk
Donsereta Underwood
Rose L. Walters
George Wiehe, Jr.
Phoebe Williams
Joseph Anselmo
Raymond K. Barham
Frieda Falcetti
M/M Charles Fay
Mrs. George Hankness, III
William C. Kull
Luada Lothander
Sylvia M. Rajchone
Charles E. Reynolds
Dorothy O. Reynolds
M/M Robert T. Ringhoff
M/M Delmore Russell
Mrs. Maryweitz
Ernest & Virginia Simms
James L. Sommers
R. Soosnowski
Vivian K. Barber
Albert Bauer
Edward H. Brandt
Elizabeth Brunning
Raymond P. Budo, Sr.
Mrs. Carmon Burnett
Iva E. Bye

M/MM Wallace Kolbrenner’s Mother
Louis Jablonow

M/MM Leonard Growe’s Mother
Louis Jablonow

M/MM Robert Greenberg’s Father
Louis Jablonow

M/MM William J. Tearney

Planned Gift Fund

Gordon E. Jenkins

Brian A. Ziemer Memorial Burn Fund

M/MM William J. Tearney

Barnes Hospital Endowment Fund

Emerson Charitable Fund

Memorial Endowment Fund

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

Renal Fund

IN MEMORY OF:
LaFrones Cockrell
Carol West
Rita Keady
4409 Nursery
M/MM Robert E. Frank

Cancer Fund

IN MEMORY OF:
Edna Rosenthal’s Speedy Recovery
M/MM Benjamin Shapiro

Heart Fund

IN MEMORY OF:
Gordon O’MacConnell
Mrs. Lisa Resnick
Mrs. Yvette Schuerer

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IN MEMO
Doctors' Day, March 30, was a festive occasion for Barnes doctors who were served coffee and doughnuts and pinned with red carnations by hospital Auxiliary members.