Groundbreaking held, ER construction begins

Groundbreaking ceremonies on August 17 marked the beginning of construction for Barnes new emergency facilities. Harold E. Thayer, chairman of Barnes’ board of directors, addressed those attending the ceremonies. “We are on the threshold of a whole new world of emergency care at Barnes,” he said. “For example, severely injured accident victims will soon be cared for in one of three rooms specially designed to treat patients brought to a Level I trauma center like Barnes Hospital.”

The $9.9 million project should be completed by early 1985. When completed, the trauma center will be 21,000 gross square feet—over three times its former size. A spacious triage/reception area and 18 treatment rooms: three major trauma rooms, five medical rooms, four surgical rooms and special rooms for psychiatry, ophthalmology, obstetrics/gynecology and otolaryngology will make the trauma center second to none.

In addition to the specially designed treatment rooms, private waiting rooms and “quiet” rooms will be provided for families of emergency patients. “Barnes new emergency department will be one of the finest in the nation,” said Robert E. Frank, hospital president. “It will promote excellence in care, and privacy for both the patient and the family.”

The first phase of the three phase project, including the erection of a driveway connecting Wohl and Renard bridges, a covered ambulance shelter and a pedestrian sky-walk between the Wohl Hospital building and Washington University’s new clinical sciences building, is scheduled for completion in March of 1984.

Funding for the project is a joint venture of Barnes Hospital and Washington University. Barnes Hospital’s Auxiliary has already raised nearly $700,000 toward a $1 million pledge to help finance the hospital’s share.

Economic grand rounds
1st for area doctors

Barnes Hospital’s medical staff has become the first in St. Louis to participate in a new nationwide program designed to promote health care cost containment. Called economic grand rounds, the program is modeled after standard clinical grand rounds—formal, educational conferences on patient care and recovery.

On a monthly basis, Barnes doctors gather in the East Pavilion auditorium to hear case-by-case examples of cost-containment in such areas as anesthesiology, admitting and laboratory tests, radiology and others. The program is headed by a 15-member, institution-wide committee comprised of doctors from each department and hospital administration.

As part of the economic grand rounds, doctors analyze their patient care activities and develop methods to improve each area’s cost-effectiveness. After review and approval by the committee, the changes are then implemented by doctors and support staff within individual departments. Less than 3 months old, Barnes’ economic grand rounds have already resulted in changes in the requirements for general anesthesia and in the ordering of some routine radiology tests.

Medical records staff to attend conference

Members of Barnes medical records department will be attending various portions of a two-day conference sponsored by the Illinois and Missouri Medical Record Associations (IMRA/MMRA) at the Sheraton Hotel Convention Plaza in downtown St. Louis. The September 14-16 meeting is designed to “heighten members’ awareness of the increased use of health care data and the related importance of its quality and confidentiality.”

Rose Dunn, a Barnes vice-president, and Dick Spencer, director of the hospital’s medical records department, served on the planning committee for the bi-state convention. In addition, Mrs. Dunn serves as chairman of the MMRA’s nominating committee, while Mr. Spencer heads the statewide organization’s budget and finance committee. Both are also active at the group’s local level.

Other Barnes staff members who are active in the MMRA include Judy Herron, medical records assistant director and president of the MMRA’s local chapter, and Jane Karpel, medical records supervisor and chairman of the association’s local nominating committee.

Operation to correct cardiac arrhythmia is 1st for Barnes, St. Louis

The first operation in the St. Louis area to surgically correct cardiac arrhythmia (irregular heartbeat) was performed by a team of Barnes cardiothoracic surgeons and cardiologists on a 17-year-old Belgian girl August 5.

The patient, Christel Wertelaers, her parents and an older sister arrived August 3 at St. Louis’ Lambert International Airport, where they were met by the assistant head nurse of the cardiothoracic surgery nursing division and other Barnes personnel.

Christel was diagnosed as having Wolff-Parkinson-White (WPW) syndrome, the most common heart arrhythmia, at the age of seven. As a result of the condition, she experienced sudden episodes of rapid heartbeat where her pulse would race to 240 beats a minute. These episodes, which required heavy medication for relief, occurred about five or six times a year and prevented Christel from participating in sports and other activities that many young people take for granted.

WPW is a disorder of atrioventricular conduction that is characterized by accessory (extra) electrical pathways between the upper and lower chambers of the heart. The accessory pathway causes an electrical “short circuit” that produces bouts of recurrent fast heart rhythm of up to 300 beats per minute—a potentially life-threatening condition.

Prior to surgery, testing is done under local anesthesia in the electrophysiology lab to confirm that the accessory pathway is causing the abnormal heart rhythm and to discover the region of the heart in which the “short circuit” is occurring. This advance testing greatly reduces the time needed to pinpoint the abnormality in the operating room.

During surgery, which is performed while the patient is under general anesthesia, electrodes (continued on page 2)
After electrodes are sewn onto the heart, Barnes cardiothoracic surgeon-in-chief Dr. James L. Cox uses a probe connected to the electrophysiology terminal to localize the "short-circuit" that is causing the arrhythmia.
junior volunteer Johnnie Mae Moore accepts her 500-hour pin from Deborah Bobinette, volunteer director, as Mary Ann Fritschle, Auxiliary president, looks on.

JVs honored, treated to Cardinal game

Barnes' junior volunteers and their parents were treated to a Cardinal baseball game on August 16 immediately following award ceremonies honoring the JVs for their service to the hospital. From August of 1982 through July of 1983, 97 junior volunteers gave 10,696 hours of service to Barnes. At the special ceremonies, which were held at the Centerre Bank Building downtown, Deborah Bobinette, director of volunteers, and Mary Ann Fritschle, president of the Barnes Hospital Auxiliary, presented the awards to the JVs. Mrs. Fritschle also addressed the attendees, and thanked each of the volunteers for all of the time and effort they had put forth in helping to make Barnes patients comfortable and at ease during their hospital stays.

Each of the young volunteers was awarded a bar for service this summer. The 41 JVs who had volunteered 100 hours of service were also presented with pins. Seven junior volunteers: Charlotte Batey, Jackie Daniels, Elaine Hathaway, Patricia Patton, Julie Reynolds, Milocka Spain and Janet Taylor, received red caps, similar to nursing caps, for 300 hours of service. The top honorees, Johnnie Mae Moore and Felisa Torrence, received pins for completing 500 hours of service at Barnes.

The volunteers adjourned to enjoy hot dogs before the 7:30 p.m. start of the baseball game. Tickets for the game were provided courtesy of Robert Hermann (a member of Barnes board of directors, who acts as the liaison between the Auxiliary and the board) and the St. Louis baseball Cardinals.

Catherine McDowell feted by former boss

Catherine McDowell, administrative assistant to the head of the Washington University School of Medicine's department of medicine (Barnes' physician-in-chief) for 37 years, was feted by her latest boss, Dr. David M. Kipnis, at a retirement dinner held in her honor July 27 at the University Club in Richmond Heights. 125 doctors, all full-time and part-time faculty members of the department of medicine, and their guests, attended. In addition, over 100 friends and co-workers attended a luncheon honoring Miss McDowell June 28 at the Olin Penthouse, a part of the medical school. Miss McDowell had also been secretary to former chiefs Dr. Carl Moore and Dr. Barry Wood.
Recent advances in plastic surgery

Under the microscope

It was almost “quitting’ time” when 45-year-old Troey McDonnold of Sikeston, Missouri, noticed some rust spots forming on the buffing machine he’d been earning his living with for the last six years. As he was adjusting the sanding belts, one slipped, pulling him into the machine’s whirling gears and wrapping his left arm around the drive shaft. Miraculously, the machine jammed, freeing what was left of his arm: it had been severed below the elbow and was hanging on by only a few strands of connective tissue.

Larry Williams, a 31-year-old father of two young sons from O’Fallon, Missouri, was working on his camper-trailer on a crisp December afternoon when he fell, injuring his right arm. Severe swelling developed almost immediately, cutting off the flow of blood to the area.

Karen Gardner, 19, from Washington, Missouri, was cruising around town on a teenager’s typical Friday night out when the pick-up truck she was riding in fell, injuring her right hand. Severe swelling developed of impact, Karen saved her life, but lost her hand.

Ten years ago, doctors would have offered Troey, Larry and Karen little hope. But today, through the use of the operating microscope, microsurgical instruments and nearly invisible sutures, Barnes microsurgeons are repairing delicate structures, reattaching amputated limbs and restoring function to arms and hands deadened by accidents and disease.

A leader in replantation and in treating upper extremity dysfunction, Barnes plastic surgery team saw 2,692 new patients in 1982. Of that number, more than 1,000 required microsurgery, making Barnes a referral center for doctors, hospitals and emergency rooms throughout the midwest.

Barnes plastic surgeons also have the distinction of being the first to publish an operation involving the transplantation of a joint from a toe to the hand of a child to replace the valuable function of a lost thumb. The toe joint, transplanted with all its blood vessels intact, then grew successfully with the child.

“When I saw my arm, I wouldn’t have given a nickel for it,” said Troey McDonnold. “I thought it was gone.” Alert and not yet feeling the excruciating “phantom” pain that was to come, Troey simply picked up his bleeding arm and walked outside the factory’s doors. Not wanting to wait for an ambulance, Troey’s co-workers rushed him to the nearest hospital.

The prognosis at this point did not look promising, according to Reba, Troey’s wife. “They didn’t give us much hope for saving his arm,” she said. “But, they told us that if anyone could do it, the plastic surgery team at Barnes could.”

Less than two hours after the accident occurred, Troey arrived by air ambulance at the Barnes heliport where hospital personnel stood waiting to whisk him into surgery.

After reattaching the bones with plates, Barnes surgeons used one of two $25,000 microscopes to perform the intricate repair work needed to restore life to Troey’s blood vessels, tendons, ligaments and nerves. The entire replantation required about 6 hours of surgery.

Although the concept of reattaching an amputated limb sounds simple, the actual procedure is not. According to Dr. Paul M. Weeks, Barnes plastic surgeon-in-chief and head of the division of plastic surgery for the Washington University School of Medicine, “Special care has to be taken to insure that the tendons and joints will glide properly, allowing for as much movement as possible after surgery.” Skin grafts are often required following the replant to cover exposed tissues.

Three days after the initial surgery, as his wife gently wiped his fingers with a damp cloth, Troey discovered that “feeling” had returned to his hand. On August 6, one month after the accident occurred, Troey returned home to Sikeston with his wife and daughter to join waiting family and friends. At this time, he could fully flex and extend his elbow and shoulder.

“I’m excited about the way things turned out,” said Troey. “When the accident first happened, I just thought that was it: I’d never have my arm back. Now, with all the rest I got in the hospital, I feel better than I have in years. I haven’t had any complications, and even the doctors say its amazing that I’m healing so quickly.”

Larry Williams was trying to get his camper-trailer into good working condition when he slipped, jamming and scratching his right arm. “It swelled up so fast that it cut off the blood supply to all three of the nerves going to my hand,” said Larry, a supervisor for Monsanto Company.

Nearly two months later, after decompression and skin grafts failed, Larry was referred to...
Barnes. The next day, he was in the operating room, where Barnes plastic surgeons removed the dead and infected muscle.

A difficult five-month waiting period ensued, filled with physical and occupational therapy sessions, while Larry’s arm healed sufficiently to allow a second operation, one that would restore function to his hand.

The evening before surgery, Larry was scared, and yet filled with anticipation. “For the type of work I do, I have to have the use of my hand,” he said. “I’d almost given up hope. I’d go through anything, do anything, to be able to use my hand again.”

In a 7-hour operation, Dr. Weeks and Dr. Leroy V. Young, Barnes/WU plastic surgeon, transplanted a muscle flap taken from Larry’s back to his right arm. Divided into three major areas, the painstaking surgery consisted of preparing his arm to receive the muscle, taking a section of the latissimus dorsi (the muscle that runs under the shoulder blade, across the back, down the backbone and to the hip) and transferring the muscle to the flexor side of the forearm. Called a “free-flap,” the muscle is transplanted with its skin, arteries, veins, nerves, tendons and ligaments intact.

Most of the intricate procedure is performed under the microscope. “The microscope enables us to repair and reattach small blood vessels with sutures so fine that they do not interfere with blood flow,” said Dr. Weeks. “The blood vessels have to remain open.” The microscope is also used to attach the transplanted nerve, tendons and ligaments to the receiving ends already present in the arm.

“The most important factor in a successful muscle transplantation is the presence of an undamaged nerve,” said Dr. Weeks, whose plastic surgery team has performed eight of these highly unusual procedures in the last two years. “As the nerve grows back into the muscle, movement will return,” he said. “Since the transplanted nerve is already prepared to receive signals from the brain, it simply needs time to grow into the new site.”

Time and intensive occupational and physical therapy are all that stand between Larry and the return of the gripping function in his hand. The prognosis at this point is bright: three weeks after surgery, the transplanted tissue is pink and healthy. A third operation may be performed in the future to restore function to his thumb.

“Thank God they’re here,” said Larry, shortly before his discharge. “The operation gave me a choice, a chance to get the use of my hand back. Having that opportunity makes it all worthwhile.”

Karen Gardner stretched out the fingers on her right hand during a recent physical therapy session at the Milliken Hand Rehabilitation Center, a part of the plastic surgery service on the seventeenth floor of the East Pavilion, and reflected on the events of the last two years. (In November of 1981, shortly before her nineteenth birthday, Barnes plastic surgeons reattached Karen’s severed hand in a 16-hour operation.)

“When the accident happened, I didn’t feel any pain. All I could think was, ‘My hand is gone!’” she said. “Now, almost two years later, I’m back at work as a secretary and life is pretty much back to normal. I’m not the same person I was when the accident happened, though. I’ve grown, and my family and I have gotten much closer. At the time, it was enough simply being alive. And now, I’ve got the use of my hand, too!”
Media spotlight

Highlights of the media’s coverage of Barnes Hospital during the last month are as follows. Readers desiring a photocopy of newspaper or magazine articles about Barnes should contact the public relations department at (314) 362-5290.

Television

KSDK, KMOX, KTVI, and KPLR all attended a Barnes news conference held August 10 to announce the successful outcome of the first open-heart operation in the St. Louis area to surgically correct an irregular heartbeat. Performed on a 17-year-old Belgian girl on August 5, the surgery eliminates the irregular heart beat (arrhythmia) permanently. The surgery team, headed by Dr. James L. Cox, Barnes cardiothoracic surgeon-in-chief and head of the division of cardiothoracic surgery for the Washington University School of Medicine, and the patient, Christel Werteelaar, participated in the conference. All four stations aired the story on their 5, 6 and 10 p.m. newscasts.

Allergies and the current ragweed season were the subjects of an August 3 segment by KSDK’s John Roedel. Mr. Roedel interviewed Dr. Ross B. Sommer, Barnes/WU allergist, and patients accounts employee Bev Stout, an allergy sufferer, in Barnes allergy clinic.

Harold and Lorraine Herrings’ three newborn daughters were the subjects of a July 26 story by KMOX medical and science editor Al Wiman. The triplets, born July 22, were the first such birth this year at Barnes, a regional high-risk pregnancy center that specializes in multiple births.

Radio

The KMOX “Doctor to Doctor” talk show August 1 featured Dr. Jeffrey L. Marsh, Barnes/WU plastic surgeon. Dr. Marsh answered questions concerning new advances in cosmetic surgery.

Print

The new surgical procedure to correct cardiac arrhythmia was the subject of an August 12 column entry by Jerry Berger of the St. Louis Globe-Democrat.

The “Medicine” section of the St. Louis Globe-Democrat August 10 featured articles by Art Kaufman on new advances in organ transplant surgery and the difficulties of obtaining organs and on the surgery performed here on the 17-year-old Belgian girl to correct cardiac arrhythmia. Dr. Charles B. Anderson, Barnes/WU general surgeon, discussed the success of a relatively new procedure involving the use of blood transfusions from donor to recipient prior to kidney transplantation. The transfusion helps reduce the rate of organ rejection and brings the success rate of non-identical living donor transplants close to those of identical-match transplants. Dr. Stephen R. Waltman, Barnes/WU ophthalmologist was also interviewed about corneal transplants.

The August 6-7 weekend edition of the St. Louis Globe-Democrat ran a story about the landmark cardiac arrhythmia surgery performed by Barnes’ new cardiothoracic surgeon-in-chief, Dr. James L. Cox, and the open-heart surgery team. Dr. Cox developed the procedure while at Duke University in Durham, North Carolina.

Dr. Ronald G. Evans, Barnes radiologist-in-chief and director of the Mallinckrodt Institute of Radiology, was interviewed for an August 3 feature titled “How They Stay Fit” in the “Living” section of the St. Louis Globe-Democrat. Dr. Evans is an avid runner.

The August issue of Hospitals magazine interviewed housekeeping department director Ernest Launsby for a story on providing quality patient services at a cost-effective rate. Mr. Launsby was also featured in an accompanying photo.

The July 31 cover story by Candace O’Connor for the St. Louis Post-Dispatch’s PD magazine took an in-depth look at the use of microsurgery in ophthalmology and highlighted new procedures made available in other areas. Several Barnes/WU staff members were interviewed, including: Dr. Joseph R. Olk, ophthalmologist; Dr. Paul M. Weeks, Barnes plastic surgeon-in-chief and head of the WUMS division of plastic surgery; Dr. John M. Fredrickson, Barnes otorhinolaryngologist-in-chief and head of the WUMS department of otolaryngology; Dr. Ronald M. Burde, neuro-ophthalmologist, and Dr. Sidney Goldring, Barnes neuorosurgeon-in-chief and head of the WUMS department of neuroscience. Dr. Gregory J. Minney, a fellow in ophthalmology, was also interviewed.

The July 31 edition of the St. Louis Post-Dispatch carried an article on the triplets born at Barnes July 22 to Harold and Lorraine Herrington of Washington Park, Illinois.

A July 22 article in the St. Louis Post-Dispatch discussed the recent heat wave and heat-related illnesses. Dr. Robert Stine, director of Barnes emergency department, was interviewed for the story.

Barnes’ valet parking service, a first for St. Louis area hospitals that was started in March, was highlighted in an article in the July issue of St. Louis magazine.

Eye care: protection, prevention and detection

Most eye injuries happen when they are least expected. Aerosol bug repellents, flash fires from burning leaves and racquetballs moving through the air at 60 miles per hour are just a few of the many causes of eye injuries. September is recognized throughout the United States as National Sight-Saving Month. This year, St. Louisans have the opportunity to learn more about the prevention of eye injuries, as well as the detection of eye disease, through these simple tips provided by the Barnes eye clinic.

“Many people suffer from eye diseases, but are simply unaware of their problem,” said Dr. Lawrence Gans, chief resident in ophthalmology at Barnes Hospital. “Eye problems often go undetected for a long time because they progress slowly, without pain. By the time they are diagnosed, eye problems often have made it to advanced stages.”

The main goal of the eye clinic doctors and nurses is to increase the public’s awareness of the precautions necessary to prevent eye injuries. In addition, they hope to provide “at home” tests people can perform to help them determine if they should seek professional eye care.

Prevention of eye injuries is simple. Protective eye wear is essential when working with chemical materials or tools such as power saws. Eye-glasses, sunglasses and safety glasses are the best sources of eye protection. In very dangerous situations, such as laboratories where chemicals are openly handled, specially designed goggles and eye shields should be worn to protect the eyes.

Unfortunately, eye injuries do occur. When they do, it is important to follow the correct steps to assure that no further damage is done. Chemical burns can, without the proper attention, cause severe damage to the eyes. If one has experienced a chemical burn, it is important to flood the eyes with water immediately, continuously and gently. This may be done by placing the head under a water faucet or by pouring water from a clean container into the eyes. Chemically burned eyes should never be bandaged, as this may cause further damage. It is also important to keep the eyes open as much as possible, so that tears may form and rinse away as much of the chemical as possible.

Specs of dust and small bits of metal and wood often fall into eyes when they are not properly protected. To rid the eyes of these particles, it is important to: lift the upper lid outward and over the lower eyelid; to let tears wash out the specks or particles; keep the eye closed if the particle will not wash out, and bandage it lightly until reaching a doctor. (Contact lenses should be removed immediately.)

Blows to the eyes, whether from a fist or a soft-ball, may cause blackening, which may in turn signify internal eye damage. To treat a blow, it is best to apply a cold compress immediately following the injury, and then continuously for 15 minutes every hour. The cold compresses will help to reduce swelling and pain. It is important to see a doctor to determine if the retina is damaged.

Cuts and punctures to the eyes or the eyelids should be immediately bandaged and then seen by a doctor. It is important to bandage the wound lightly, but not to wash it with water or try to remove the stuck object.

Diseases, totally independent of injury, may be another cause of sight loss. Two at-home tests to check for deteriorating eyesight follow. First, cover one eye and then focus on a fixed object. Repeat the test with the other eye. If one eye seems to focus more clearly than the other, chances are that the “fuzzy” eye’s sight may be deteriorating.

The second at-home test involves the reading of fixed letters from a distance of 10 feet. Placing this Barnes Bulletin on a table or shelf, with the backside showing, a person with perfect (20/20) vision should be able to read the letters in “Barnes Hospital” clearly with both eyes. If one needs to move closer to the Bulletin to distinguish the letters, then their visual acuity is not at the perfect 20/20 level. For example, if the letters can only be recognized at 6 feet, then the vision in the open eye is 20/70—the lowest visual acuity allowed for daytime driving in the state of Missouri.
Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period July 10 to August 9 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.

**Auxiliary Tribute Fund**

**IN MEMORIAL OF:**
Fred Brueggenhagen
Alma and Bob Dahlin
Mr. and Mrs. Buchman
Joseph Anselmo
Barnes Annual Fund

**IN MEMORY OF:**
Bob and Shirley Uhls
M/M William C. Urban
M/M Robert J. Schatz
Margaret R. Turner
Victor Dollar
Fred Ulva
M/M Charles R. Jenkins
Gordon E. Jenkins
Raymond S. Davis, Jr.

**IN HONOR OF:**
J. Wade Kincaid
M/M Charles W. Good
M/M Leo H. Johnstone
M/M John M. Edwards
M/M Leo T. M. Estes

**IN HONOR OF:**
M/M Larry Brown
M/M Robert J. Schatz
M/M Milton Sachs
M/M J. Pretsky
M/M J. Pretsky

**IN HONOR OF:**
J. Wade Kincaid
M/M Robert J. Schatz
M/M Robert J. Schatz
M/M William C. Urban

**IN MEMORY OF:**
Mary Louise Hoevel
M/M Albert W. McMahan
M/M Robert J. Schatz
M/M Robert J. Schatz

**IN MEMORY OF:**
M/M Charles R. Jenkins
M/M J. Pretsky
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Lists
(continued from page 7)

Scott Jablonow Endowment Fund

IN MEMORY OF:
Son of Mr. & Mrs. Milton Zorensky
M/M S. Louis Jablonow
IN HONOR OF:
Birthday of Carrie Rabushka
M/M S. Louis Jablonow
Nettie Jablonow

IN MEMORY OF:
Mr. & Mrs. Sidney Frager
M/M S. Louis Jablonow
Nettie Jablonow

Ziemer Memorial Burn Fund

IN MEMORY OF:
Herby A. Jones
Juana Nowin

Patient Care Fund

Mrs. Frank H. Bowles
Elnora C. Brassfield
Esther C. Crane
Gordon Failoni
Virginia R. Freeman
Tom Griffin
William E. Hill
Besilah P. Hughes
Gordon Kemp
Clara Nixon Livingstone
Adaline Susan Moore
Peter Santagato
M/M Russell F. Scheufele
Joseph B. Silverman
Ron & Phyllis Updegrave
V. L. Walton
Sally Wilson
Anna Winkeler
James A. Woods

IN APPRECIATION OF:
Care on 6500
Anonymous

Shepherd to deliver Wendell Scott lecture

John C. Shepherd, a member of the Barnes board of directors and president-elect of the American Bar Association, will deliver the twelfth annual Wendell Scott Lecture at 5:30 p.m., September 12, at the Mallinckrodt Institute of Radiology's Scarphelino Auditorium.

A nationally recognized trial attorney, Mr. Shepherd will speak on "Modern Medicine, Modern Law, and Lasting Values." Mallinckrodt's Wendell G. Scott Lecture was established by friends and colleagues of the late Dr. Scott as a living memorial to his excellence and leadership in radiology and medicine. Mallinckrodt is part of the Washington University Medical Center.

Important phone numbers

Main switchboard ................. 362-5000
Emergency department .......... 362-2604
Barnes physician referral service
St. Louis area ..................... 362-2255
Outstate Missouri .............. 1-800-362-0936
Surrounding states ............. 1-800-325-0737
Childbirth classes, maternity tours 362-5244
Memorial funds, development .... 362-5106
Speakers bureau .............. 362-5290
Executive physicals program ..... 362-2255
Volunteers .................. 362-5326
Bulletin comments, ideas .... 362-5280

Barnes Bulletin

Barnes Hospital
Barnes Hospital Plaza
St. Louis, Mo. 63110

September, 1983 37/9
Barnes Hospital, St. Louis, Mo.