New Clayton & Newstead Parking Lot Opened

The new employe parking lot, located just east-southeast of the Barnes Hospital complex, went into operation on February 28. The new facility, which has a fully-equipped shelter to protect employees from inclement weather, replaces the former location at the Municipal Opera parking lot in Forest Park.

The paved, well-lighted lot is located on a 6.6 acre tract at the corner of Clayton and Newstead Avenues. The land was donated to Barnes Hospital and the Washington University School of Medicine last November by Anheuser-Busch, Inc.

Ultimately, 960 parking spaces will be available there, one half for Barnes employes and the other half for medical school personnel. Currently some 500 spaces are divided equally between Barnes and the school of medicine. Spaces reserved for Barnes employes are marked with white lines; those with yellow lines are for medical school use.

As with the former area at the old Muny lot, a shuttle bus runs continuously between the lot and the McMillan Hospital entrance from 5:30 a.m. to 9:10 a.m. and from 2:40 p.m. to 7:00 p.m., Monday through Friday. The bus also stops at the Duncan-Taylor lot.

From 11:00 p.m. until midnight the Safety and Security department's station wagon operates continuously between the entrance to the Wohl Clinics Building and the new lot. In addition, a Washington University bus will leave the medical school for the new lot at 30-minute intervals during the Monday through Friday day shift hours when the Barnes shuttle bus is not in operation.

Passes are not required to ride any of the aforementioned vehicles. However, hospital employees must obtain a parking permit from the employment office. The permit will be issued free when the employee presents a Barnes identification card.

The lot is guarded around-the-clock by Barnes' Safety and Security department.

Painting the lines that delineate traffic lanes and parking spaces was one of the final projects necessary before opening the new employe parking lot. The job was done by Joseph Fensaye, left, and Robert Kaiser, employees of "Tiger Stripers."

College of Surgeons Convenes In St. Louis

Some 600 physicians from throughout the central U.S. attended a sectional meeting of the American College of Surgeons held in St. Louis February 14-16. More than two dozen Barnes doctors took an active part in the affair, held at the Chase-Park Plaza hotel. Each day of the three-day program was divided into general and surgical specialty sessions.

Following his welcoming remarks on the first day of the conference, Dr. Walter F. Ballinger, Barnes' Surgeon-in-Chief and co-chairman of the event, moderated a panel discussion on the initial care of injured patients. Dr. C. Ronald Stephen, Barnes' Anesthesiologist-in-Chief, was also a member of the panel.

That same morning Dr. Allen P. Klippel, assistant surgeon, chaired a discussion on the early care of the injured. Dr. John A. Collins, assistant surgeon, was among the panel members.

Neurosurgeon-in-Chief Dr. Henry C. Schwartz lead a discussion on head injuries, with Dr. Robert Drews, assistant ophthalmologist, also participating.

Later in the day Dr. Marshall B. Conrad, assistant surgeon, and Dr. Saul Boyarsky, associate surgeon, discussed acute spinal cord injury.

Gynecology was the subject of a two-session afternoon meeting which included: Dr. Harvey Butcher, associate surgeon; Dr. Samuel D. Soule, associate obstetrician-gynecologist; and Dr. H. Marvin Camel, assistant obstetrician-gynecologist.

Tuesday began with a discussion of nutrition by panelist Dr. Jessie L. Ternberg, assistant surgeon. (Continued on page 8)
7 Students Join Volunteers As Part of Senior Project

Seven St. Louis University High School students recently spent three weeks working as Barnes volunteers as part of the high school's senior class project. This is the second successive year that seniors have participated in projects outside the normal realm of high school activities.

This year some 250 seniors worked as draft counselors, tutored younger students, worked in hospitals and performed other socially meaningful tasks. At Barnes the seven volunteers worked at a variety of jobs throughout the hospital, including rehabilitation therapy, operating room orderly and dispatch runner.

Normal classes did not meet for the duration of the project, but each student was required to participate in some outside program. Although no formal credit was granted, students had to write a report describing the kind of work they did and what they learned from it. The reports are made available to next year's seniors to give them an idea of the advantages and disadvantages of various projects.

Dan Merten, who normally works for dispatch on weekends, volunteered to spend his three weeks as an operating room orderly. He helped move patients, carried specimens and took prescriptions to the pharmacy.

"I really think people learn a lot from this type of senior project. You help people first-hand and it is a real learning experience. Hopefully, it brings you out of the sheltered life of high school and you see that there is more to life than football games and so forth," Mr. Merten says.

More Parking Spaces Soon

Construction of a new 400-car parking garage at the corner of Audubon and Kingshighway is well underway, with portions of the new structure already above street level. Completion is scheduled for this summer.

Barnes Bulletin

Nursing Class Filled In Record Time

Openings in next August's freshman class at Barnes' School of Nursing were filled in record time this year, says Miss Joan Hrubetz, the school's director. Some 350 persons applied for admission to the fall class which could accommodate only about 100 persons.

Because admission is on a first come, first accepted basis, those whose applications were received after January 17 (when all openings were filled) could not be admitted. Anyone contemplating entering the class which will start in August, 1973, should apply at least one year in advance, says Mr. Leon Cecil, the school's director of admissions and recruiting.

A dramatic upsurge in the number of nursing school applicants began here more than a year ago. "Before that we were doing extensive recruiting. Our recruiting personnel previously attended high school career day programs as far as 300 miles away to attract prospective students," Miss Hrubetz says.

But the increase in the number of applicants in the past year-and-a-half has been accompanied by a change of emphasis in the recruiting approach. Recruiters now attend career days only in the immediate area, because the majority of the school's students come from the greater St. Louis area.

Those who live in more distant locales, such as out-state Illinois, are now recruited primarily with advertisements in select publications which reach potential nursing students, Mr. Cecil says.

Increasingly, the students applying to Barnes' nursing school are older and better educated than those who have gone before them. Housewives and young people who have completed one or two years of college or junior college are much more common than in the past, Miss Hrubetz says.

Men, too, particularly those who acquired medical experience in Vietnam, are more interested in nursing careers. The school's first male nurse graduated with the class of '71. In 1972 another man will receive his cap and in 1973 four men are expected to graduate. Eight men are enrolled in the current freshman class.

While the increase in applicants at Barnes' School of Nursing is greater than that experienced at many other schools, it is part of a nationwide trend, Miss Hrubetz believes. "It is difficult to say how long this trend will continue. In part it depends on the growth of the nation's health care facilities," she says. Recent increases in federal support for health care is also partially responsible for the upsurge, Miss Hrubetz feels.

Nursing school personnel also feel that the state of the economy is involved. Many people who were considering a teaching career have discovered that the market is saturated while the demand for nurses has not declined. And nursing salaries have become more competitive in the past few years.

"I think the status of nurses has improved, too. A lot of very capable people who could do well in college have decided to go into nursing instead," Mr. Cecil says. He also feels that more idealistic factors have played a part, with a greater number of young people expressing a desire to serve humanity.

"I really want to help people," or words to that effect appear on almost all of the applications we receive," Miss Hrubetz says. And many new students belonged to future nurses clubs in high school or helped out during the summer as Candy Strippers, she says.

Barnes' new two-year nursing program seems to be an important factor in the increase in applicants here. The school is now in a transition phase between the three-year and the two-year plan.

"The two-year plan is very definitely attracting more people. A far as I know outside of some junior colleges, we have the only 24-month program in the city," Miss Hrubetz says. In addition to attracting more students, the two-year plan is expected to reduce attrition.

A special loan plan is another attraction of Barnes' Nursing School. Loans of up to $600 a year for two years are available on the basis of need. And, if the student agrees to work at Barnes Hospital for two years following graduation, the debt is automatically cancelled.

"Nonetheless, the Barnes name is one of our biggest drawing cards. Everyone has heard of Barnes and they know our fine reputation," Mr. Cecil says.

Study, and lots of it, is no stranger to these Barnes School of Nursing students. From left, Diane Dowling, Carol Medookie and Sue Greco. The number of nursing school applicants has increased dramatically in the past two years.
Jimie Currier, 20, was selected messenger of the month for February. Although sports, particularly swimming, are among Jimie's interests, photography is his real hobby. In fact, he hopes to become a professional photographer. Jimie was chosen for his interest in the job, his courtesy and his friendly personality.

Anyone interested in the control of an often overlooked form of environmental pollution—noise—may wish to attend a three-day short course on planning industrial noise abatement programs. The course, sponsored by Washington University, will be held March 21-23.

Ronnie Edmondson, a graduate of Barnes Hospital's School of Anesthesia, was chosen president-elect of the Alabama Association of Nurse Anesthetists recently. Mr. Edmondson is an anesthetist with the Providence Hospital, Mobile, Alabama.

Three Barnes employes, Jay Purvis, assistant director; Gloria Metzger, associate director of nursing service's special services; and Joyce Brueggeman, associate director of nursing services; were thanked for their help in the recent United Fund campaign at the group's annual awards luncheon.

Dr. Irwin T. Craig, of Joplin, Missouri, a Dr. Craig said that with no more babies to deliver in the middle of the night he will be able to get some uninterrupted sleep and "that is a joy."

Dr. Hiromu Tsuchiya, Barnes parasitologist emeritus, died in early December following a long illness. Dr. Tsuchiya, internationally known for his study of parasites, retired 10 years ago after some 30 years of teaching at the Washington University School of Medicine.

A native of Japan, Dr. Tsuchiya came to the United States as a young man and began his studies at the University of Missouri. In 1930 he received his doctorate of science degree from Johns Hopkins University.

He is survived by a brother and a sister, both living in Japan.

Dr. William L. Stoops, a graduate of the Washington University School of Medicine and a former Barnes intern, died recently at a Salt Lake City, Utah, hospital. Dr. Stoops, a neurosurgeon, was 41.

More equipment means more work for New Medical Electronics Repair Shop

The hospital's busy electronic equipment repair shop moved into new quarters in the Barnes basement late last month. Previously, electronic repairs were performed in part of the main shop, which is located just down the hallway from the new facility.

The clean, spacious shop contains four workbenches crammed with electronic test gear like vacuum tube voltmeters, oscilloscopes, substitution boxes and VOMs.

Three full-time electronics technicians and one part-time helper man the shop, which is under the direction of Ray Adams, maintenance project engineer.

Mr. Adams, who holds a degree in engineering science with a major in electronics from Washington University, says the shop is busy and getting busier. "It just keeps multiplying, with more and more equipment and work every day. We now average eight major calls a day, five days a week," he says.

About half of the faulty equipment can be repaired on the floor where it is located.

The remainder must be brought into the shop, the technicians say. The repairmen realize that medical electronic equipment is essential and they make every effort to correct malfunctions as quickly as possible. Repairs are frequently made within 30 minutes or less.

Of course, if a repair part is not available, more time is required. For that reason the shop maintains a stockpile of the repair parts most likely to be needed. File drawers in the shop contain technical diagrams and information on virtually all of the electronic gear which the hospital has purchased, as well as a repair history for each piece of equipment.

"According to some articles I've read, in the future practically every hospital room will contain some kind of electronic monitoring equipment. Keeping that amount of equipment in top working order will require a large number of technicians with experience in repairing medical electronic equipment," Mr. Adams says.
Elaborate ice cream treats like this banana split are delicious, as Miss Beverly Nelson, a clerk-typist in the Nursing office, will admit. While Miss Nelson can enjoy such a treat occasionally, anyone with a weight problem should remember that 500 or more calories are the price you pay.

These two young ladies from the dietetics department are ready to eat lunches of about equal size. But Sue Kipecky’s (left) meal contains about 400 calories, while Joanie Tull’s contains nearly 1100 calories. The foods you select can be both filling and low in calories.

Interested In More Diet Data?

Are you a Barnes employee who is interested in more information about weight control? If so, please return this form to the Dietetics Department if you would be interested in attending a series of informal classes.

Name: ___________________________ Ext. ________

I would prefer to meet: Weekly  Bi-weekly  Monthly
You Are What You Eat

Have you been having trouble squeezing into that little party dress that used to look so nice? And you, sir, do the waistbands of your trousers seem to get smaller week by week? Well, don’t blame it on shrinking clothing. Chances are you are among the 80 million Americans who are overweight.

How can you decide if you weigh too much? One method is to compare your weight with that recommended in tables of ideal weight prepared from insurance company statistics. Also, doctors can perform certain tests to determine the fat content of the body. But by far the easiest method, says Dr. David M. Kipnis, Barnes associate physician, is simply to look at yourself in a mirror. It doesn’t lie.

Those flabby hips or that expanding pot belly may cause you more than embarrassment or discomfort, too. When people become 15 to 20 per cent or more above their ideal weight, excess fat begins to take its toll on health and longevity, life insurance underwriters say.

In fact, the greater the amount of overweight, the greater the incidence of all types of cardiovascular diseases, Dr. Kipnis says. Other health problems apparently are multiplied, too. Studies of doctors’ records have shown that obese people visit doctors more frequently than do their thinner peers.

Given, then, that being overweight is good neither for your figure nor your health, why do people get fat? To date, there has been no clear-cut medical evidence that fat people are fat because of a defect in their metabolism, Dr. Kipnis says. In all but the rarest cases the reason is simple. Over-eating.

“But the real question is why people who are fat eat in excess of their needs,” says Dr. Kipnis, who has been studying obesity and related subjects for several years. “I think the answer is a complex one, with several factors contributing to it.”

Many psychological factors are involved. “Eating is undoubtedly a satisfaction-producing thing for some people. They get a great hedonistic pleasure from it. Some eat as a response to stress, yet there are others who respond to stress by not eating,” Dr. Kipnis says.

“There is also data to suggest that signals regulating food intake are somehow defective in obese persons. Unfortunately, these signals are poorly defined. But once a fat person returns to the proper weight, the signals return to normal, indicating that the obesity creates the signal malfunctions rather than vice-versa,” he says.

Environmental influences are important, too. Fat parents tend to have fat children, but there again, most data indicates it is the environment—being raised by parents who eat too much—rather than genetic factors that make the children fat. And, if obesity is established before puberty, the chance that it will last into adulthood is over 80 per cent, Dr. Kipnis says.

Some physicians who have studied obesity from a historical perspective point out that many persons came to this country to escape famine and poverty. As a consequence, they say, food—and lots of it—became a symbol of success.

Kathleen McClusky, associate director of dietetics education, suggests that people who eat too fast may be the cause of some cases of obesity. Finishing his food first in a social situation, the fast eater may feel uncomfortable, so he takes seconds.

Another factor in obesity is our society’s high level of mechanization, which has decreased the average caloric demands of a typical adult over the last several decades. Labor-saving devices abound and more people earn their livelihoods sitting down.

These are some of the possible causes of obesity. Now, what of the cures? One still experimental method receiving much attention lately is the “short circuit” operation in which a portion of the small intestine is bypassed, reducing the amount of nutrients the body can absorb. These operations are performed only on the massively obese—those who weigh two or three times what they should—and require careful and continual medical follow-up, Dr. Kipnis cautions.

Few people with minor weight problems would seriously consider a surgical approach. Diet is the solution most often resorted to particularly the dozens of “fad” diets that have appeared in recent years. These include water diets, grapefruit diets, carbohydrate diets and even an all-butter diet. (The latter was based on the theory that after eating only plain butter you will get so sick of it you won’t want to eat anything.)

Most fad diets are intended to be attractive to the dieter, to quiet stomach contractions and to create a “full feeling” so you don’t want to eat as much, Mrs. McClusky says.

Claims that some diets “burn away” excess fat at a faster than normal rate just aren’t supported by the facts. “What you eat doesn’t change your metabolism rate. If it did, you could, in theory, eat enough grapefruit or whatever to disappear,” she says.

You can lose weight on any diet that provides a sufficient reduction of calorie intake. Unfortunately, much of the weight loss on crash diets is water, not fat, says Dr. Kipnis. Weight loss should be a gradual process, just as weight gain is gradual. “A slow loss approach is more rational because you can re-educate yourself to new, better eating habits,” he says.

Such long-term reductions of your calorie intake need not involve a Spartan diet, Mrs. McClusky says. It can and should include foods from all the major groups to provide sound, balanced nutrition. “Remember, foods that are raw or cooked in water are lower in calories than the same foods dressed-up with other ingredients. It is things like gravy and so forth that make foods fattening,” she says.

Dieters should also watch their intake of alcohol. “Many patients fail to realize that it is a big source of calories in the diet. One cocktail a day in excess of the calories you need will add about 12 pounds of fat a year,” Dr. Kipnis says.

Increasing your body’s expenditure of calories is another proven technique for gradual weight loss. In most studies doctors have found that moderate exercise, performed regularly, actually results in a slight decrease in the caloric intake of moderately overweight persons, Dr. Kipnis says.

Finally, some dieters may benefit from joining groups like Weight Watchers, or TOPS. These organizations provide support for dieters in much the same manner that Alcoholics Anonymous helps problem drinkers.
Be Alert, Eliminate Possible Fire Hazards

Barnes' Safety and Security director Ed Thurman would like to remind everyone to be constantly alert for fire hazards and to eliminate them whenever possible, not only in the hospital but at home as well.

Smoking is one of the most frequent causes of hospital blazes and one of the most difficult to control. Although smoking by our patients and visitors cannot be completely eliminated, every effort can be made to insure that smoking is done safely.

For example, all too often ash trays are emptied into waste baskets before we make certain all the fire is out. Simply pouring a little water into the ash tray is one of the most effective ways of preventing this type of fire from occurring.

Smoking in bed has resulted in tragedy countless times in the past, but people still persist in doing it. If such smoking is done, a close watch should be maintained, particularly with disoriented, sedated or senile patients, Mr. Thurman says.

Smoking (or any open flame) can be particularly dangerous in the vicinity of oxygen, whether bottled or piped-in. Everyone should be on the lookout for fire hazards of this type.

But perhaps more importantly, everyone should be prepared to act responsibly if a fire does occur. "Remember, fear is often one of the greatest dangers of a fire," Mr. Thurman says. "Should a fire start in the hospital, dial '0' and speak to the Barnes telephone operator. Do not call the St. Louis fire department. Calmly and clearly tell the Barnes operator the type of fire (a burning mattress, or an explosion, for example) and its exact location (including building, floor and room number)," he continued.

"Also, attempt to control the fire by closing nearby doors and windows and using a fire extinguisher. Class A extinguishers should be used on fires involving paper, wood and cloth. Do not use a Class A unit on a burning liquid as it will only serve to spread the flames. Class B and C extinguishers are intended for use on burning liquids and on electrical fires."

Administrative Residents Learn by Doing

Growth in the size and complexity of health care institutions has increased the need for an administrator who can successfully accommodate the oft-times contradictory demands of medicine and business. Barnes' administrative residency training, a program which began in 1946, is considered a first-rate training experience for such work by many neophyte administrators.

Currently Barnes has two administrative residents, Harvey Yorke, who came here in September for a 9-month residency, and Ben Richardson, who started his 12-month residency last December.

Both men have business backgrounds and both are seeking a master's degree in health care administration, Mr. Yorke from Washington University and Mr. Richardson from Trinity University, San Antonio, Texas.

The main purpose of a residency, Mr. Yorke says, is to help the student develop the administrative tools with which the academic sequence of his education has equipped him. It provides on-the-job experience with things he has previously only read about and discussed.

Barnes' administrative residency is organized on a rotational basis with each student normally spending part of his internship under each associate director, the deputy director and the director. Residents perform a variety of jobs through each phase of the rotation and are given increasing responsibility as they gain experience. They may take the initiative to identify problems on their own or they may be asked to suggest solutions to problems which already have been identified.

The movement from job to job gives residents exposure to many areas of administration and put them in touch with employees at all levels.

During his seven months here Mr. Yorke has developed a special application form for potential nursing, safety and security, and laundry employees. The form, which is filled out during the employment process, is designed to predict how long a person will remain at Barnes.

In addition, Mr. Yorke is working toward the establishment of a standard uniform policy. He has initiated an administrative staff seminar and has been involved in many other projects.

After three months, Mr. Richardson has made studies of the physician occupancy of Queeny Tower and gathered data for the annual report, among other jobs.

Both Mr. Richardson and Mr. Yorke have been busy recently with the bi-annual review conducted by the Joint Commission on Accreditation of Hospitals. In addition to seeing to it that the commission's questionnaires are filled out by the proper persons, the two also are analyzing the information gathered, hopefully to spot any potential areas of non-compliance which may have gone unnoticed.

"The most valuable thing I've learned here is the dynamics of the hospital's daily operation and its functional areas. And, I've had the opportunity to exchange ideas with health care professionals . . . the type of educational exposure only obtainable in a residency," says Mr. Yorke.

Mr. Richardson says, "The thing that has impressed me the most is the human judgements that are involved in making the decisions necessary to operate the hospital. Administrators, like other human beings, are fallible. The right answer, even if we assume such a thing exists, is not locked into a textbook."

Two Ward Clerks Retire After 17 Years Service

Two Barnes Hospital ward clerks, both veterans of 17 years of service here, retired recently. Jane Pritchett, left, came to Barnes on September 6, 1935, and retired on January 28. Ethye Blue, right, was employed on March 9, 1955, and retired on January 23. In a brief ceremony Barnes Director Robert E. Frank thanked the ladies for their loyal service and presented them with certificates of appreciation.
It's not glamorous, but it's necessary—
Trash Removal Is Hard Work

Henry McShane unloads a trash truck into the hydraulic compactor unit which crushes the debris and forces it into a metal container.

Keeping up with the vast amount of trash a hospital the size of Barnes generates every day is no easy job as Earle Sampson, housekeeping, can attest. Even with a shovel in one hand and a broom in the other, the job can be overwhelming.

Thousands of meals are served here every day, producing can upon can of garbage. Dennis Gordon works quickly, his hands almost a blur at times, removing trash from trays and dishes before they enter the dishwasher.

Garbage, junk, trash, ofal, waste—whatever you call it, Barnes must efficiently dispose of hundreds of pounds of it every day. It is not an easy task, requiring the unheralded efforts of dozens of people working around-the-clock.

Floors must be swept, dishes and trays scraped, waste baskets emptied, boxes and crates crushed and discarded. The work is routine, perhaps even boring at times. But it is work essential to the operation of the hospital for much the same reasons that carrying out the garbage at home is necessary.

But unlike taking out the garbage at home, trash removal at Barnes is well-planned and orderly. In some ways reminiscent of a military operation.

For example, most trash is collected in plastic bags, reducing handling problems as well as providing a more pleasant appearance. Trash disposal chutes are used on a pre-determined schedule that brings a torrent of bags and boxes cascading into basement receiving areas.

At such times housekeeping personnel work frantically, pitching and shoveling debris into wheeled steel bins. After the downpour is over, the men push the heavily-laden containers through subterranean corridors to the servicing area.

There a hydraulic compactor swallows the load, its mammoth steel mouth greatly reducing the volume of the trash before forcing it into a 35-foot-long steel container.

Another load of garbage has run its course. But the job is never over. Trash, like a river, just keeps on flowing from its inexhaustible source.
January Gifts to the Barnes Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund during the month of January, 1972.

In Memory Of

Mrs. Ann Hall
M. R. Chambers

Yetta Roman
Mrs. Ben Roman Jr.

Clarence Parker
National Vendors

Harold Mercer Cole
John L. Davidson Jr.

Mr. Pearlstein
Mr. and Mrs. John Friedman

Mrs. Joyce Sloan
Bill HUCK
Miss Lucy Jo Atkinson
William O. Carter
Marny Messorre
Gerald E. and Barbara L. Sloan
Mr. and Mrs. Byron F. Dormeyer
Linda O. Hedrick
Mrs. Helen Reinecke
Mary C. Gabris

John Sloan
Mr. and Mrs. P. J. Geyal
Mr. and Mrs. J. Randell
Wettie A. Hill
Mrs. Kenneth Doucette
Beverly A. Baidel
Mrs. Thomas Lane
Jerry Irvin
Rose B. Christian
Karl D. Bays
Frank A. Ehmann
Bert Z. Vonderheide
Mr. and Mrs. Karl Thurein
Roland and Georgia Ferguson
Elsa Boint
West County Welcome Wagon
Ruth Cashion Marlatt
Crusader's Class

In Honor Of

Kenneth E. Wischmeyer
McCarthy Bros. Construction Co.

Barnes Hospital Volunteers
Mrs. E. Fair Erwin

Surgeons Convention (Continued from page 1)

Dr. Schwartz, along with Dr. Joseph A. Kopta, assistant surgeon, also participated in an afternoon discussion of degenerative joint disease. A later session on otolaryngology included Dr. Paul M. Weeks, Plastic Surgeon-in-Chief.

Wednesday’s general session, moderated by Dr. C. Alan McAfee, assistant surgeon, featured presentations by: Dr. Eugene M. Bricker, associate surgeon; Dr. Harvey Butcher Jr., associate surgeon; and Dr. James M. Stokes, assistant surgeon. Dr. Paul M. Weeks, Plastic Surgeon-in-Chief, also took part in a pre-luncheon discussion of plastic surgery hand repair problems.

In the afternoon Dr. William E. Powers, associate radiologist, discussed radiotherapy evaluation in the management of advanced cancer.

The final two sessions concerned thoracic surgery. Cardiothoracic Surgeon-in-Chief Dr. Clarence S. Weldon was the moderator of a 1:30 p.m. exchange which included Dr. Arthur E. Baue, assistant surgeon. Dr. Weldon also attended the final session, discussing heart valve disfunctions.