Inhalation Therapy Students To Train Here

A new group of students will be seen around Barnes beginning Aug. 29. They are members of the freshman class at Forest Park Community College who are enrolled in the new inhalation therapy program there. Barnes is one of four area hospitals where these students will receive their clinical training.

The inhalation therapy program at Forest Park is a two year sequence which includes the summer between the freshman and sophomore years. Upon graduation, the student receives an associate degree from the college, then after a year of clinical experience in a medically supervised department of inhalation therapy, the graduate is eligible to take the examinations of the American Registry of Inhalation Therapists.

Edward Summers, Barnes' chief inhalation therapist, and Donald Stumpe, associate chief, will supervise the clinical activities of the students while they are here. Both men will also teach courses at the college.

Dr. Oliver Duggins, Ph.D., chairman of the life science department at Forest Park, will head the faculty for the program.

The thirty students in this year's class will rotate through the four hospitals cooperating in the program. (In addition to Barnes, they are St. Louis Children's, Cardinal Glennon, and St. Mary's Health Center.) This semester, seven students will be at Barnes every Thursday for eight hours. Each month there will be four different groups of students, so that the same students return for one day each month.

Prior to this time, St. Mary's Health Center sponsored the inhalation therapy program with academic courses provided by the college. This fall, Forest Park has added the program to its own curriculum and the other three hospitals will share with St. Mary's in providing clinical experience for the students.

New Computer Here Has Increased Laboratory Accuracy & Efficiency

Barnes' new laboratory computer system, which became operational only a few weeks ago, has already resulted in increased test accuracy and laboratory efficiency, according to Dr. Leonard Jarett, director of laboratories. The improvements offer direct benefits to the patient, as well as to physicians and other hospital personnel.

The system, one of the largest laboratory computer installations in the country, performs a host of functions previously done by hand. Among other tasks it stores patient information and test requests, generates blood drawing lists and lab worksheets, monitors analysis equipment, and handles all billing matters.

The computerization of these procedures has made it possible for the diagnostic laboratories to keep pace with an unprecedented surge in test requests. In the first seven months of this year the number of tests in chemistry have increased by 30 per cent over last year's figure, while clinical immunology tests have increased by 40 per cent.

The unexpected jump is due to three factors, Dr. Jarett feels. First, the patient population has become composed of the more acutely ill because more difficult cases are being referred here. Second, physicians are growing more aware of the value of lab tests as diagnostic aids. Lastly, a greater variety of services are available now.

Because of the jump in lab volume, the computer is handling more work than had been anticipated when the system was designed. It is already operating at more than 3/4s of its capacity, according to Dr. John Lewis, laboratory computer supervisor.

"Thanks to the computer, and other pieces of automated equipment, we have been able to absorb the increased work load with a smaller percentage increase in staff than would have otherwise been required," Dr. Jarett points out. Not only does the computer perform much of the routine paper work, but it does it better than any human could.

For example, the computer-issued blood drawing lists are more complete, accurate and up-to-the-minute than before. Blood drawers know exactly where to go and when.

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Candy Stripers Honored For Service

Complimentary tickets to a St. Louis Cardinal baseball game, plus free hot dogs and soda pop, topped off a summer of work for Barnes’ Candy Stripers late last month. The game was preceded by ceremonies in the nearby Pet Milk building at which some 230 youthful volunteers received awards for their service.

The award presentation and the evening of baseball have become traditional methods of honoring the Candy Stripers for their help during the hospital’s busy summer months. This year Candy Stripers provided 17,491 hours of service, according to Mrs. H. Ward Sneed, chairman of the Candy Stripers program.

The awards presentation was made by Mrs. Sneed, who pointed out that this summer more than 200 Candy Stripers completed 100 or more hours of service, and four persons reached or exceeded their 500 hour goals.

Mrs. Stuart Lochead and Mrs. Robert Erickson, co-chairmen of the program, pinned service bars on the young men and women. A total of 149 first year bars, 53 second year bars, and 12 third year bars were presented.

Candy Stripers and their guests then moved to nearby Busch Stadium where reserved seats were awaiting them, courtesy of August A. Busch Jr., Robert R. Hermann and the St. Louis Cardinal baseball club. Free hot dogs, cokes and other refreshments were provided by the Auxiliary.

Eight Candy Stripers, representing various areas of the hospital, described their activities to the audience. Those who spoke included: Maria Hemzo, admitting; Ellen Murphy, nurse volunteer; Dale Tabin, recovery room; Helen Lindsey, dietary; Mickey Bogonia-vich, hospitality; Bill Bonsack, dispatch; Ronnie Burcham, central services and Mary Klasek, Wishing Well.

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$54,725 Grant To Eye Researchers

The National Eye Institute has awarded a $54,725 grant to a team of researchers headed by Dr. Bernard Becker, Barnes Ophthalmologist-in-Chief, for the research and treatment of diabetic eye problems. The grant is for the first two years of a planned 10-year study which will involve more than 18,000 patients throughout the United States, Dr. Becker says.

The grant will be used to evaluate new methods of treating diabetic retinopathy, a progressive disorder of the blood vessels in the eye’s retina. The disease is a leading cause of blindness.

Other members of the research team include: Drs. Edward Okun, Isaac Boniuk, Glen P. Johnston, and Neva P. Arribas, assistant ophthalmologists, and Dr. Marvin E. Levin, assistant physician.

Dr. Halikas Named To New NIH Post

A Barnes assistant psychiatrist, Dr. James A. Halikas, has been appointed the country’s first “Career Teacher in Narcotic and Drug Abuse” by the National Institute of Mental Health, of the National Institutes of Health.

The appointment includes a three-year stipend totalling $101,832.

Dr. Halikas, the author of several publications on marijuana, narcotics and drug abuse, will develop programs in medical education on such subjects. He will also participate in treatment efforts throughout the United States.

Attempts to understand and eliminate drug abuse problems in the St. Louis area have already benefited from Dr. Halikas’ expertise. He is president of the Drug and Substance Abuse Council of Metropolitan St. Louis and a member of the Region 5 Law Enforcement Assistance Council’s drug abuse control grant advisory committee.

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Dr. Carl V. Moore Dies Suddenly of Heart Attack

Physician-in-Chief Dr. Carl V. Moore, who began his association with Barnes Hospital in 1932 as a house officer, died of a heart attack on August 13 in a Manistee, Michigan, hospital. Dr. Moore had been vacationing at his summer home near Irons, Michigan, since August 1.

Born in St. Louis in 1908, Dr. Moore attended public grade and high schools here, then entered Elmhurst College, Elmhurst, Illinois, in 1924. After three years he transferred to Washington University, where he received an A.B. degree one year later.

In 1928 he entered Washington University's medical school, where he received his M.D. (cum laude) in 1932. Prior to graduation, from July through December, 1931, he was house officer in medicine at Barnes. He interned here from 1932-33 and was a resident from 1933-34.

From 1934-35 he was a National Research Council fellow in medicine at Ohio State University. He became an instructor in medical research there in 1935 and served as assistant professor of medicine from 1936-38.

He returned to Washington University in 1938 as an assistant professor of medicine. In 1941 he was promoted to associate professor; and, in 1946, to professor of medicine. He served as dean of the medical school from 1953-55, when he was named Busch Professor of Medicine and department head; positions he held until his death. He has been Barnes' Physician-in-Chief since 1964.

An internationally recognized hematologist, Dr. Moore maintained more than a dozen professional affiliations. He served as president of the International Society of Hematology, 1966-68; American Society of Hematology, 1959-60; Association of American Physicians, 1963-64; Central Society for Clinical Research, 1946-47; and, American Society for Clinical Investigation, 1953-54.

Some 150 papers on iron metabolism and nutrition, pathophysiology of anemias, pathophysiology of thrombocytopenic purpura and other subjects were authored by Dr. Moore. During his career he also served as editor of the Journal of Laboratory and Clinical Medicine, associate editor of Blood, the Journal of Hematology, assistant editor of Nutrition Reviews, co-editor of Progress in Hematology and as a member of the editorial boards of many other medical publications.

Due to his eminence in the field, Dr. Moore was the recipient of dozens of awards during his lifetime. In 1957, he received the Joseph Goldberger award in clinical nutrition; in 1964, the Stratton Medal of the International Society of Hematology; in 1970, the John Phillips Memorial award of the American College of Physicians; and, in 1971, the Abraham Flexner award, the highest honor of the Association of American Medical Colleges.

Dr. Moore is survived by his wife, Dorothy Adams Moore; a daughter, Mrs. James Frisbee; his mother, Mrs. Mary Moore; and a sister, Mrs. Alberta Borgstedt.

Employe Retires After 51½ Years . . . Returns As A Volunteer

Emma Math is a new member of the Barnes Auxiliary. She works one day a week as an aide in the clinic pharmacy. Volunteering is new to her, but the work is not because Miss Math is a veteran of more than 51 years as a Barnes employe—and she spent all but five of those years as a pharmacy aide.

Miss Math, who came to Barnes on January 2, 1921, and has been here ever since, has more service than anyone on the hospital payroll. She retired July 19 of this year. "I never did dream that I'd work here so long. When I took a job at Barnes I thought it would just be temporarily," Miss Math says.

She spent her first five years working in the record room. During lunch hours she would often fill in for the pharmacy aide. "When she left, they asked me to take the job. I said I didn't want it, but they asked me to give it a try, so I did. After I knew what I was doing, I liked it a lot," she recalls.

When she began working in the pharmacy, the number of drugs available was rather limited. Aspirin, sodium tri-bromide and phenobarbital, she says, were commonly prescribed. Ointments and lotions were also in heavy demand. Of course, penicillin hadn't been discovered. "I couldn't even guess how many more drugs we have today than when I started working in the pharmacy. I just learned about each new drug as they came along. I think if you have an interest in your job and like to do it, it's easy to keep up," she says.

Ten years ago, when she reached 65, the normal retirement age, Miss Math decided to stay on, working part-time until her retirement this year. Then she decided to volunteer.

"They all tell me I need my head examined," she says when asked why she chose to stay on. "I'm just trying to wean myself away from here. I stopped working full-time ten years ago and now I'm just working 9 to 3—although it's usually till 4—one day a week."

And the rest of the time? "I go out a lot. I have groups of friends and we go out and have fun," the new volunteer says.

If all of this isn't impressive enough perhaps this final fact is: In Miss Math has walked one mile to and from work nearly every day since she came here. "I have to walk five blocks to catch a bus, so I just keep going," she smiles.

The late Dr. Carl V. Moore in one of his favorite roles, instructing doctors of the future how to care for patients.
NEW VOTERS: WHAT

Lois Race, 19, secretary, Barnes doctors office—

Did you register? "Yes, and most people that I know did." Have you decided who to vote for? "I'm a volunteer for McGovern. I like his stand on the issues." How do you think most young people will vote? "Most of those I know will vote for McGovern, but I know that there are a lot of young people who are going to vote for Nixon, too."

Jean Zimmerman, 20, Barnes nursing student—

As voters, how will 18-20 year olds compare with older voters? "I think most young voters will be as good as older people. Most people vote mainly on a public appeal basis anyway, they aren't that well informed." Have the parties changed? "I believe that both parties have changed in order to accommodate the new voters, but I don't think the parties' basic policies are any different."

Turner Jamison, 19, dispatch messenger—

Are you registered? "I haven't registered yet because honestly, I just haven't thought of it... and I don't know where to register. I intend to though." Have you decided how you are going to vote? "Not yet. I'll have to give it a lot of thought, because I very seldom think about politics or how it affects my daily life."

Rand Sommers, 18, dispatch messenger—

What do you think of other young voters? "It is a generalization, but I feel they are very idealistic, naive and emotional voters. Of course, a lot of young voters are very serious, too, studying all the candidates and issues." Did you register? "Yes, and so did a lot of my friends when we had the opportunity at school." What about parental influence? "Sure, young people are influenced by their parents; but pressure from their peers will be even greater." Have you decided who you are voting for? "I'll probably vote for Nixon."

Linda Hagan, 20, Barnes nursing student—

How are you deciding who to vote for? "For really important offices, like the presidency, I plan to vote for the man. But there are so many smaller offices, I will probably vote those by party. You really have to get awfully involved to know about every office-seeker." Will youths affect the election? "I think the younger voters will influence the outcome. Voting is a new thing and that will be a stimulus to make a lot of them vote."
As an American citizen you have the right and responsibility to vote. But you cannot vote unless you are registered. It's as simple as that. So take a few minutes to register. It costs you nothing, but it is worth the effort. Registration information is available by calling or visiting the offices listed below.

City of St. Louis
Election Commissioners
208 South 12th Street Phone: 453-4201
Hours: 9 to 5, Monday thru Friday;
9 to 12 on Saturday

St. Louis County
Election Commissioners
7900 Forsyth, Clayton Phone: 889-2246
Hours: 9 to 5, Monday thru Friday;
9 to 12 on Saturday

This fall’s election will be like no other in the history of the nation. For the first time, Americans 18 through 20 years of age will be able to vote. In Missouri alone this change, made possible by an amendment to the U.S. Constitution, will make some 258,000 young persons eligible to help determine who will fill elective offices from the President on down.

Across the nation nearly 12 million young persons will be eligible to participate in the electoral process. Should all of these newly enfranchised citizens register, it would mean an increase of nearly 20 percent in the number of registered voters. (Fifty-eight million persons were registered to vote in the last presidential contest.)

At press time public opinion pollsters, and Nevada oddsmaker Jimmy the Greek, predicted incumbent President Richard M. Nixon would be the winner in the November election. However, contests at the state and local level are still anybody's guess, at least in Missouri.

The Bulletin made an informal survey of political stickers on cars in the hospital area. It seems that, overall, the names of state and local candidates are cluttering up more bumpers this year than those of either national candidate, perhaps indicating more interest in local issues.

Several eligible young voters here voiced their feelings about the upcoming elections as well as their opinions of other young voters, or potential voters. Those interviewed included pro-Nixon, pro-McGovern and undecided individuals. Their comments accompany their photos.
Auxiliary’s Nearly New Shop Offers Everyday and Exotic Merchandise

Are you in the market for a 14-karat gold-plated set of hot and cold water faucets? Or what about a pair of authentic high button shoes? Perhaps an antique silver pocket flask? These are just a few of the more unusual items on sale in the Nearly New shop, located in Wohl Hospital near the entrance to Wohl clinic.

Operated by the Barnes Hospital Auxiliary, the shop really doesn’t specialize in unusual objects. In fact, the bulk of the shop’s income is from the sale of clothing (for men, women and children), jewelry, small kitchen appliances, knick-knacks, and furniture, says Mrs. Betty Fehlig, shop chairman. The Nearly New, which sells some new items, too, is open from 9 a.m. to 4 p.m. on Mondays and Fridays.

Waiting on customers is only one part of the effort involved, Mrs. Fehlig says. A great deal of work is required to get things ready for sale, such as sizing, sorting and pricing items. Other items have to be cleaned up before they are put on display, so the some dozen workers are kept busy.

The shop’s customers are a varied lot, including many Barnes employees, patients, visitors and even some persons who have heard about the shop from friends and decide to investigate the bargains for themselves, Mrs. Fehlig says. Although the Nearly New doesn’t offer time payment plans, customers can, if they wish, take advantage of a two-week layaway plan.

The Nearly New depends entirely on donated goods for its stock of merchandise. “The shop does very well when we have things to sell, but we desperately need more merchandise,” Mrs. Fehlig says, adding “We will take anything short of the kitchen sink.”

Any person or business that has something they wish to donate may call the Auxiliary office here and pick-up will be arranged. (Large appliances, like stoves and refrigerators, are about the only items the shop cannot accept.) Or, if you wish, items may be dropped off at the Nearly New or the Auxiliary office. “If you bring it to the hospital, we will even go out and help you unload it,” Mrs. Fehlig says.

“We appreciate any donation anytime someone thinks of us. The money we raise helps the hospital and it also helps the customers who take advantage of our bargains,” Mrs. Fehlig says.

Above, Mrs. Ada/ene Boyd, ophthalmology, often visits the Nearly New on her lunch hour. Many hospital employees find shopping there an interesting change of pace—and it isn’t fattening.

Below, Preparing items for sale in the shop is a time-consuming process. Here Auxiliary Mrs. Irma Fiebelman sizes an unmarked item. Goods must be sorted and priced, too.

There was no place to go but up or down for the escaped monkey (see arrow) perched on a 4th floor window ledge as Humane Society officers closed in for the capture with a long snare.

Monkey Makes Like Miniature King Kong

Remember King Kong, the giant horror movie ape who climbed to the top of the Empire State building after escaping from his keepers? Well, early last month a small rhesus monkey decided to re-enact the famous scene here.

The diminutive King Kong, belonging to Washington University’s ophthalmology department, escaped from his quarters on the 10th floor of McMillan Hospital via an open window. It was the beginning of a chase which lasted several hours.

Somehow the little fellow managed to reach a window ledge on the 4th floor of Maternity Hospital, where he decided to rest in the shade of an air-conditioning unit.

But the monkey was the only one who rested. Washington University personnel, members of Barnes’ Safety & Security force and Humane Society officers were busy trying to figure out how to reach the elusive escapee on his precarious perch. Dozens of other hospital employees, patients and visitors watched the proceedings from nearby windows and doorways.

First, Humane Society officers placed a large board on the ledge leading to a nearby roof. Bits of food were tossed on the board, but the monkey apparently wasn’t hungry and wouldn’t climb the board to reach the snacks.

After nearly an hour of such friendly persuasion the officers, standing on the adjoining roof, used a long pole with a special loop on the end to snare the monkey, who was then returned to his quarters, his adventure ended.
This allows technicians to make corrections to alter test results,” Dr. Jarett says.

Analyzing and transferring test results from various analysis machines into each patient’s record has also been taken over by the computer system. Again, paper work and errors have been reduced. Nationwide, it is generally recognized that hand transcription usually produces an error factor of 1-3 per cent. Dr. Jarett is convinced the computer has completely eliminated this.

Test accuracy has been improved in other ways. “The computer has definitely improved our quality control by picking up flaws too small to be noticed even by technicians who operate the lab instruments. It detects problems before they become serious enough to alter test results,” Dr. Jarett says.

“When the computer notices a potential problem, it automatically notifies the technician operating the equipment,” Dr. Lewis says. This allows technicians to make corrections before the equipment fails or produces further erroneous results. In the past, many tests had to be re-run to insure their accuracy after equipment problems were discovered. Now, the ever-watchful computer has helped reduce such retesting, a savings for the lab and the patient.

Test results are all available from a central source now, rather than from several lab departments. This saves time for physicians, who only have to call one number for all the information. It saves time for lab personnel too, who have fewer calls to handle regarding each patient. The system’s centralization also makes it possible for emergency room lab results to be in the patient’s chart the next morning, a service which previously was unavailable.

Up-to-date test results are also printed by the computer four times a day. Three interim reports are posted to keep medical personnel current and the fourth report, a cumulative record of all tests performed on all the patients in the hospital, is entered into patient records. Because the report is contained on one set of paper, it is easier for ward clerks to file than the old, multi-sheet reports.

All of these improvements mean better service for Barnes patients. Not only are results more accurate than ever before, but few tests are delayed or otherwise “lost in the shuffle.” This can mean a substantial savings for the patient. Previously, when a requested test was not performed, it would often take one or two days before it was recognized and corrective action could be taken, thus increasing the patient’s length of stay and costs.

But the computer never forgets. Every morning it generates a master log of incomplete work for review by Dr. Jarett or other senior staff members. If a test has not been performed, they find out why and make sure it is done as soon as possible. Supervisors of various lab departments go over records of their incomplete work in a similar manner. “Most lab departments request such information at least once or twice a day. It is an important organizational aid for them,” Dr. Lewis says.

The computer’s command of vast stores of information has had other benefits. “In only a few weeks it has pointed out many problem areas that we couldn’t recognize without the day-to-day data it makes available,” Dr. Jarett emphasizes. One of the computers early revelations was that 80 per cent of the urinalysis requests came at night, when the lab was not geared to handle such a large volume. As a result, corrective steps were taken and now the majority of routine urinalysis tests are requested during the day.

In the future the computer could be used for statistical studies to discover the so-called normal values of Barnes’ patient population, Dr. Lewis says. Other development could be directed toward establishing relationships between specific diseases and test results, paving the way for computer-aided diagnostic systems. “There has been limited but successful use of computers for such functions at other medical centers,” says Dr. Lewis, who cautions that with all of their abilities computers are still only a tool, not a panacea.
Dr. Joseph Ogura Named To National Cancer Board

Dr. Joseph H. Ogura, Barnes Otolaryngologist-in-Chief, was named to the National Cancer Advisory Board by President Nixon on July 19. Dr. Ogura is the only otolaryngologist on the board, established this year to advise and assist the director of the National Cancer Institute in carrying out the new National Cancer program. The board replaces the National Advisory Cancer Council.

During his medical career, Dr. Ogura has provided distinguished service to many national and state government agencies. This year he completed a term on the National Advisory Council, National Institute of Neurological Diseases and Stroke, National Institutes of Health. He directs a large training program for teacher investigators, and research as well as clinical training in the Washington University medical school's department of otolaryngology, which he heads.

Dr. Ogura has received numerous national and international awards for his achievements in surgery and medical research, particularly in relation to the larynx and pharynx. He is also chief editor of Laryngoscope and has held leadership positions in several national professional societies, including vice president of the American Academy of Ophthalmology and Otolaryngology, and president of the American Society for Head and Neck Surgery.

July Gifts To The Barnes Tribute Fund

Following is a list of honorees (names in bold-face) and contributors to the Barnes Hospital Tribute Fund during July, 1972.

In Memory Of:

Hon. John M. Dalton
Dr. and Mrs. Wm. D. Perry
Mrs. Julia King
Glover Copher, M.D.
Mrs. William S. Bedal
Mrs. Hazel O'Bryan
Lucia Jones Levey
Mrs. Clarie Cohn Losos
R. Rowland and Co.
Shari Croupen
Mr. and Mrs. Paul Kolker
Dr. and Mrs. A. E. Kolker
Mrs. Harold E. Thayer
Dr. and Mrs. Wm. D. Perry
Mr. and Mrs. Charles H. Sommer
Dr. and Mrs. Henry G. Schwartz
Mr. Lon H. Harlow
Mrs. Kate K. Curtis
Miss Martha Noland
Mrs. Julia Runge King
In Appreciation:

Dr. Morris Abrams
Dr. Harry Knoph
Elaine Gollub
Anonymous
In Honor of:

Mr. Durwood Walker's Recovery
I. C. Myers

Three Barnes Hospital Employes Retire

Three Barnes employes, with a combined total of more than 50 years service here, retired during the past summer. They include: Mrs. Willie Mae Copher, chief technician in central services, who came here on April 6, 1956, and retired on June 12. Mrs. Copher plans to relax now, but still hopes to visit friends here regularly.

Mr. Charles Sherman, a wall-window washer in housekeeping, retired on July 15. Mr. Sherman came to Barnes on April 29, 1962. He plans to devote much of his free time to fishing, he says.

Miss Margaret Weber, staff nurse, retired on July 17. She began work here on November 11, 1946.