This Fred Weber helicopter brought the mock patient to the new heliport, located on the Busch parking lot. The heliport is marked with a bright red cross with a white H in the center.

Heliport Dedicated

A simulated trauma patient’s arrival by helicopter was the dramatic finale to the June 7 dedication of a heliport which will serve all of the Washington University Medical Center (WUMC) institutions, including Barnes.

While television cameras whirred and both daily newspaper’s staff photographers recorded the occasion, sirens announced the arrival of the new WUMC ambulance, driven by an especially trained member of the Barnes safety and security department staff.

Then the helicopter appeared in the sunny sky and made an expert landing on the corise cross which marks the heliport pad. The Barnes emergency room team of a doctor and two nurses met the Bell Ranger helicopter. (In an actual patient transfer, the team would come from the hospital that is the patient’s destination.)

The facility, located on the Busch parking lot, Clayton and Newstead Avenues, will be used to bring accident victims, critically ill referrals and other patients in need of emergency treatment to WUMC hospitals, including Barnes.

Raymond E. Rowland, chairman of both Barnes’ board and the WUMC board, opened the ceremonies with a brief speech. Mr. Rowland reminded the dedication audience that it is the citizens of the bistate region who stand to gain the most from the existence of the new heliport through the availability of rapid emergency care. Mr. Rowland also expressed his delight with the growing cooperation among WUMC institutions that has made such ventures as the heliport possible.

Dr. Samuel B. Guze, WUMC president, also addressed those gathered for the dedication. Drawing on classical Greek mythology, Dr. Guze likened the helicopters bearing the sick and injured to a place of care to Hermes, “messenger of the gods.” As did Mr. Rowland, he also emphasized the importance of reaching care rapidly in the event of an emergency.

Following Dr. Guze’s remarks, a demonstration was given of how the heliport might be used in an actual emergency. The first step taken after receiving notification that a helicopter was on its way with a simulated accident victim was to summon the new WUMC ambulance. The van type vehicle is dispatched by Barnes’ safety and security department and driven by the department’s officers.

The ambulance was purchased with WUMC funds for use primarily in transporting patients from the heliport to WUMC hospital emergency rooms. It is equipped with the most modern emergency care equipment available, including cardiac monitors, defibrillators and cardio-pulmonary resuscitators. For purposes of the demonstration it was staffed by Barnes Hospital medical personnel. In actual operation, it would be staffed by medical personnel from the WUMC hospital which would be receiving the patient.

Annual Report

“Even as the East Pavilion project comes to fruition, our thoughts must be turning to the future. Now being planned is the West Pavilion, the second phase of the building program which began with the erection of the East Pavilion.”

Thus begins the report of Chairman of the Board Raymond E. Rowland and Director Robert E. Frank in the 1972 Barnes Hospital Annual report, now on its way to friends of Barnes Hospital including all employees, medical staff, volunteers, and many others.

In addition to a joint report from Mr. Rowland and Mr. Frank, the annual report contains the audited financial statement, a complete list of medical staff, pertinent operating statistics, a discussion of the function of Barnes as a teaching hospital and a section on the New East Pavilion. The cover of the report is a full color photograph of the East Pavilion.

Tentative plans for the West Pavilion, including its exterior, are included in the report of the chairman and director, which explains that a covered walkway will stretch across the entire length of Barnes Hospital Plaza to Queeny Tower. At the end of the West Pavilion nearest Kingshighway, a courtyard will be built between the new Pavilion and Queeny Tower. Part of the Rand Johnson building will be incorporated into the West Pavilion.

In addition to planning for the new building, renovation of the Barnes emergency room, modernization of Wohl hospital patient rooms, and renovation of the sixth and seventh floors of the Rand Johnson building are scheduled for 1973, the report says.

The report points out that 1972 brought more patients than ever before to (Continued on page 8)
After being removed from the helicopter and placed on a stretcher, the patient was rushed to the awaiting WUMC ambulance, which transported him to Barnes’ emergency room.

**New WUMC Heliport**  
(Continued from page 1)

Shortly after the ambulance arrived at the heliport, siren wailing, the helicopter, owned by the Fred Weber Construction Company, touched down on the landing pad. It was met by ambulance personnel who carefully removed the bandaged victim, placed him on a stretcher, and began administering emergency treatment. In seconds the patient was inside the ambulance and on his way to the Barnes emergency room.

Construction of the new heliport, while a joint venture of WUMC institutions, was supervised by Barnes Hospital.

Barnes was also responsible for acquiring the necessary licenses to allow helicopters to land there. In addition, the hospital is responsible for maintaining the heliport.

While Missouri has yet to receive funding for a state-wide helicopter-ambulance system, WUMC officials believe that the existence of the new heliport and others like it will help speed the development of such plans. Even without such a program, there are already many helicopters in use by law enforcement agencies, private firms and the nearby Illinois trauma system that could land at the heliport.

Left—Dr. Stephen F. Brint, general surgical intern, checks the patient’s heartbeat while RN Mary Hustedde, emergency room charge nurse, stands by to help. Right—Mr. Raymond E. Rowland, chairman of Barnes’ board of directors, addressed the heliport dedication audience.

**Employment Anniversaries**

Employment anniversaries for the following persons occurred between April 1 and June 30, 1973. The employee’s title appears immediately below each name and the department to the right.

35 Years
Alice Marshall  President’s Office
Executive Secretary 1

25 Years
Fannie Davis  Nursing Service
Senior Nurse Assistant

Ivee Anderson  Housekeeping
Pest Control Man

20 Years
Loual Green  Dietary
Cook

Lessie Jones  Nursing Service
Senior Nurse Assistant

Nora Sunderman  Dietary
Cashier-Checker

Marion Warack  Activity Therapy
Coordinator

Joseph Greco  Administration
Associate Director

Inez Wilson  Housekeeping
Custodian I

Rosie Faulkner  Housekeeping
Custodian I

Katherine Boien  Nursing Service
Ward Clerk

Alice Jessie  Housekeeping
Custodian I

Emma Visor  Nursing Service
Senior Nurse Assistant

Naomi Hampton  Nursing Service
Licensed Practical Nurse

15 Years
Mary Garner  Laundry
Press Operator

Willie Knox  Nursing Service
Service Clerk

Janice Randall  Nursing Service
Senior Nurse Assistant

Ethel Jimerson  Housekeeping
Custodian I

Esther Larson  Housekeeping
Secretary

LaVerne Chalmers  Housekeeping
Custodian I

Gloria Dehn  Inhalation Therapy
Secretary

Ruth Hall  Laundry
Marker-Sorter

(Continued on page 7)
Barnes Hospital has recently begun a new pharmacy prescription policy for most employees. Under the new plan, prescriptions will be filled at invoice cost plus a 50¢ service charge. For all except very small prescriptions, this will represent a considerable savings over the previous one-third off retail price discount policy.

Karen Sheehan has been selected as July’s Messenger of the Month by the Dispatch department. Miss Sheehan, 18, a Barnes employee for three months, is an escort messenger on the day shift. Swimming and fishing are her major summertime pastimes. She was selected on the basis of her outstanding courtesy and dependability.

More than two dozen first-time blood donors who participated in the Red Cross bloodmobile’s recent visit here helped raise to 422 the number of productive donors from Barnes Hospital thus far this year.

Of the 87 persons who volunteered to give blood here on May 30, 9 were deferred until a later date, leaving a total of 78 productive donors. In addition, 9 persons gave blood at the Red Cross office, 4901 Washington Ave., producing a total of 87 units of blood.

Despite the excellent response, more blood is needed if Barnes is to meet its yearly goal of 677 productive donors.

Alice Eddins, a senior nursing assistant on the sixth floor of Rand Johnson, died on May 31. Mrs. Eddins had been a Barnes Hospital employee since 1958.

Barnes Hospital’s second annual Safety Fair, sponsored by the nursing service safety committee, was held in the employe cafeteria sun room on May 22. Nearly two dozen displays dealing with various aspects of patient safety, the fair’s theme, were located around the periphery of the room.

The exhibits dealt with a number of subjects including cardiopulmonary resuscitation, infection control, radiation hazards, patient identification, alcoholism, infant care and development, electrical safety, syringe disposal, fire safety and tracheostomy care.

The three exhibits selected as most outstanding by those who attend the fair were entered by the 8400 nursing division, the safety and security department and the 3418 nursing division.

An emergency airlift of a rare type of blood from a Washington D.C. Red Cross blood bank to Barnes Hospital may have saved the life of a Barnes patient last month.

The woman, mother of two small children, was transferred here from another institution with a severe sickle cell anemia crisis. Analysis of the patient’s blood by Barnes’ hematology department revealed that blood with a rare combination of antibodies was needed. No such blood was available in St. Louis, so a call was made at 7 p.m. to the Red Cross rare blood registry in Washington D.C, where frozen supplies of blood are stored.

One unit of the proper type was found and rushed to St. Louis via air, where it was picked up by a Red Cross volunteer. The blood was taken to the Red Cross laboratory where it was thawed and processed before being sent to Barnes. By 1 a.m. it was being administered to the patient, only six hours after the request was made.

Meanwhile, requests for additional units of the blood were sent to other Red Cross blood centers in San Jose, California, St. Paul, Minnesota and Rochester, New York. Units of blood were flown to St. Louis from each of these cities for use later.

During last month’s graduation exercises for the Barnes Hospital School of Nursing Class of ’71, the graduates themselves provided the music, instead of the traditional choir. Carol McCoy (left) and several other students accompanied their fellow graduates on guitar.
In the past decade intensive care units (ICU) have become quite common, even at the small community hospital level. Barnes has had a number of such units for over a decade. But a sophisticated new cardiothoracic intensive care unit which went into operation here recently has already made possible improved patient care, while also heralding future advances in ICU technology.

A joint effort of Barnes Hospital, the division of cardiothoracic surgery and the Washington University Medical School’s BioMedical Computer Laboratory, the new ICU contains present, state-of-the-art computerized monitoring equipment that keeps a virtually constant watch on the vital signs of each patient. And, to an extent not possible previously, the new system converts such physiological data into meaningful, easily understood forms, as well as stores it for later use.

First conceived six years ago, serious work on the cardiothoracic ICU (located on the 2nd floor of Rand-Johnson) began three years ago. Major research funding was provided by the National Institutes of Health, by Barnes Hospital and by Washington University.

“The purpose of creating a new cardiothoracic ICU was to utilize the computer as part of an integrated plan of caring for critically ill patients. We wanted a facility that would provide privacy, dignity, and quiet for the patient, as well as improvements such as better lighting and filtered air,” says Dr. Richard Clark, Barnes assistant surgeon. “We have accomplished all of these goals with the new unit,” he says.

The sliding glass partitions that help provide privacy also make moving patients easier for medical personnel. Monitors at the bedside of each patient make it possible for nurses to monitor not only the patient that they are working with, but, at the touch of a button, any other patient in the unit. Monitors for all four patients are grouped at the nursing station, so it is possible for the major portion of patient charting to be done from one location.

A special physician’s station is located in a small room adjacent to the ICU. The computer itself is here, as well as monitors and a keyboard that makes it possible for physicians to obtain specialized data not needed in the normal course of care.

Hardly obvious to doctors, nurses or patients, but essential to the successful functioning of the ICU, is the electrical grounding system which was installed by Barnes’ maintenance department.

“This system creates an ‘equipotential ground environment’ which protects patients from electrical shock. Even a very small current can be fatal under certain conditions, so such precautions are essential, says Dr. Lewis Thomas, Barnes assistant anesthesiologist and director of the ICU computer program.

But the unit’s real heart is the computerized patient monitoring system. Conventional, non-computerized systems can monitor a wide variety of bodily functions, but they usually present the data in an analogue manner—for example, as a wavy line on a monitoring scope. And, such systems only reveal what is happening at one particular moment—they have no memory capability.

On the other hand, the computerized system monitors more functions than are handled by conventional systems, and can also convert the data into other forms. In addition, the computer is able to derive other indicators from them. These include: heart rate; mean temperature; mean respiratory rate; tidal volume; peak inspired airway pressure; total (lungs plus chest) dynamic compliance; systolic, diastolic and mean arterial pressures; as well as central venous and left arterial pressures.

And, the new system has a memory. It can store vital signs data for periods of up to eight hours and recall it instantly while continuing to perform its monitoring functions. Medical personnel can view on the monitors computer-generated trend reports (graphs) of vital signs that cover periods of 30 minutes, 2 hours or 8 hours, if they wish.

Trend reports are one of the most important products of the computer. By studying these trend reports physicians can spot small changes in vital signs that previously went unnoticed because of the limitations of conventional monitoring equipment.

Another benefit provided by the computer is a variable alarm provision.

Using a simple control panel, nursing personnel may set high and low vital sign value limits for each patient into the computer’s memory. If a vital sign exceeds the upper parameter limit or falls below the lower limit, an alarm notice is flashed on every monitor screen in the unit.

The computer that performs all these functions was designed at the Washington University BioMedical Computer Laboratory. The hardware also has been made for the computer system to communicate with other computers in the medical center.

It also is hoped that the computer will be of help in the development and refinement of abnormal-process indicators in acutely ill patients. Such indicators could help clinicians recognize specific pathophysiologic events that may be developing. Trend indicators could conceivably be developed that would show, for example, exactly when a transfusion or respiratory assistance would be needed, or a certain drug administered.

Certainly, the computerized system offers many advantages over conventional monitoring methods. But at what cost? “Commercially available conventional systems capable of doing many of the things done by the computer, but not all, would cost about the same as our installation; but this equipment can do much more with the data than the best of the conventionally available equipment,” says Dr. Clark.

One of the long-term benefits of this ICU program is the development of a more cost-effective method of monitoring patients which might be applicable to small hospitals. But, even if the computerized approach offered no economic advantages over the conventional monitoring techniques, the medical advantages of the system would still make it worthwhile.
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Certainly, the computerized system offers many advantages over conventional monitoring methods. But at what cost? "Commercially available conventional systems capable of doing many of the things done by the computer, but not all, will cost about the same as our installation, but this equipment can do much more with the data than the best of the conventionally available equipment," says Dr. Clark.

One of the long-term benefits of this ICU program is the development of a more cost-effective method of monitoring patients which might be applicable to small hospitals. But, even if the computerized approach offered no economic advantages over the conventional monitoring techniques, the medical advantages of the system would still make it worthwhile.

“We can’t really say anything about the mortality rate. There are too many variables and the unit hasn’t been in operation long enough. However, our clinical impression is that patients are doing better in the new ICU,” says Dr. Clark.

“It is our impression that with the computer we are picking things up sooner than before,” says Dr. Clark, “but we still believe that the best monitoring system is the highly skilled, trained nurse. Regardless of the sophistication of your computer, the nurse remains the primary decision maker in minute to minute patient care.

And, we believe that ours are the best there are.’’

Above—The new ICU provides greater privacy for the patient and more pleasant surroundings, in addition to computer monitoring.

Above, left—Dr. Thomas works with the computer in the doctor’s station, located in a small room adjacent to the ICU.

Far left—Monitors like this one are at the bedside of every patient. At the press of a button, medical personnel may monitor any patient from any location.

Left—This minicomputer is the heart of the cardiothoracic ICU system. It makes possible the conversion of patient data into other forms, as well as providing a "memory."
Two New Laboratory Directors Named

The appointment of two new laboratory directors has been announced by Dr. Leonard Jarett, head of Barnes' laboratories. Dr. J. Joseph Marr became the new director of the microbiology lab on May 1; Dr. Laurence A. Sherman was named director of the blood bank on May 21.

Dr. Marr received his M.D. from Johns Hopkins University School of Medicine in 1964. He served two years in South America with the U.S. Army Special Forces group, first as preventive medicine officer and instructor of preventive medicine in the Canal Zone and later as advisor/instructor to the Bolivian Army's medical corps.

From 1967-69 he was an American Cancer Society postdoctoral fellow in the department of microbiology at St. Louis University's medical school. He was a resident in the ward medical service at Barnes from 1969-70 and has been an assistant physician here since 1970. In that year he was also appointed assistant professor in the department of internal medicine of the Washington University medical school. In 1971 he was appointed assistant professor in the school's department of microbiology; in 1973, assistant professor in the department of pathology.

The microbiology laboratory's primary function is to recover and identify microorganisms from patient specimens in order to determine the cause of an infection or disease. Normally the lab's staff of some 30 people analyze 5,000 specimens a month. The laboratory also tests microorganisms for susceptibility to various antibiotic agents. At present this is done manually and results are usually available in 24 hours. Dr. Marr says he hopes to soon reduce that time to 4-10 hours with the introduction of special automated equipment developed by the biomedical engineering section of the division of laboratory medicine.

The microbiology laboratory also intends to acquire equipment to culture anaerobic bacteria. These microorganisms, which grow best in oxygen-free environments, are responsible for many types of abdominal infections. When the anaerobic facility is completed, Barnes will be one of the few hospitals in the nation capable of routinely culturing such microbes, Dr. Marr says.

A gas chromatograph will also be added which will greatly reduce the amount of time needed to identify the anaerobic organism. Reporting times for all microbiology test results will be reduced when the lab is interconnected with the main laboratory computer, Dr. Marr adds.

Dr. Marr is a member of Phi Beta Kappa, Alpha Omega Alpha, the American Society of Microbiology and the New York Academy of Sciences. He is certified by the American Board of Internal Medicine.

Dr. Marr, his wife and four children live in Clayton.

Blood bank director Dr. Laurence A. Sherman received his M.D. from Albany Medical College, Albany, New York, in 1964. He came to St. Louis in 1966 as a fellow in the enzymology (coagulation) division of the Washington University medical school. He was a resident in Barnes' ward medical service from 1968-69, at the end of which time he became an instructor in medicine and pathology for the University.

In 1969 he joined Jewish Hospital as director of the coagulation lab and attending physician. He was named acting director of the blood bank there in 1970, as well as chief of the vascular division. In that same year he was appointed assistant professor of medicine at Washington University.

In 1971 Dr. Sherman was selected to serve as associate director of the National Institutes of Health's specialized center for research in thrombosis at Washington University. He became associate director of Jewish Hospital's blood bank in 1972 and also an attending physician on the Barnes staff. Dr. Sherman currently is associate professor of laboratory medicine in pathology and medicine at the medical school.

The blood bank, Dr. Sherman says, unlike most of the laboratories at Barnes, is concerned more with therapeutics than with diagnostics. Blood, and blood components are viewed as drug products and must be treated as such.

For example, blood and blood components, such as red blood cells or platelets, must be carefully matched with the blood of each patient, or irreparable harm could be done. The blood bank laboratory therefore must study the blood of the recipient patient and select a compatible blood or blood component. With 2,000 to 3,000 blood components used here every month, it is a big job for the lab's staff of some three dozen persons, further complicated by the many difficult referral cases seen at Barnes.

Taking blood from donors is another facet of the blood bank's operation. About 20 percent of the blood used at Barnes comes from this source. (The remainder is furnished by the Red Cross.)

Dr. Sherman says he hopes to improve the blood bank's utilization of blood components. While Barnes has facilities for a limited amount of blood component production and storage, Dr. Sherman would like to see this expanded.

Dr. Sherman is a member of Alpha Omega Alpha, the American Society of Hematology, the Council on Thrombosis of the American Heart Association, the American Association of Blood Banks and a fellow in the American College of Physicians. He is certified by both the American Board of Internal Medicine and the American Board of Pathology.

Dr. Sherman, his wife and two children live in Creve Coeur.
New Medical Staff Additions, Changes

Changes in status of Barnes Hospital medical staff members, effective July 1, are as follows; Dr. David Alpers, from assistant to associate physician; Dr. Bernard Garfinkel, from assistant to associate physician; Dr. Thomas Staple, from assistant to associate radiologist; Dr. George Wulff, from assistant to associate obstetrician-gynecologist; Dr. Norman Muschany, from assistant to associate obstetrician-gynecologist; Dr. Walter Bauer, associate surgical pathologist to Surgical Pathologist-in-Chief.

Barnes' administrative office also reports the following additions to the staff, effective July 1. Drs. Paul M. Packman, James H. Allison and Claude R. Cloninger, assistant psychiatrists; Dr. Joel Sugar, assistant ophthalmologist; Drs. Ralph M. Colburn, Louis A. Gilula, Gerald L. Palagallo, Barry Siegel and Charles L. Abramson, assistant radiologists; Drs. Paul S. Simons and Laura S. Hillman, assistant pediatricians; Drs. Joseph M. Davie, Richard G. Lynch, Frederic B. Askin and Juan Rosai, assistant pathologists; Drs. John M. Kelhum Jr., Phillip George, John P. Connors, Walter P. Dembisky, George O. Sertl, Bernard Sunshine, John B. Buettner, David P. Krajovic, Larry B. Newman, Darryl R. Francis and Morris Pulliam, assistant surgeons.

Other additions include: Dr. Laurence A. Sherman, assistant pathologist, effective May 21; Dr. Daniel Rosenblum, assistant physician, effective May 15; Drs. Ralph M. Colburn, Louis A. Gilula, Gerald L. Palagallo, Barry Siegel and Charles L. Abramson, assistant radiologists; Drs. Paul S. Simons and Laura S. Hillman, assistant pediatricians; Drs. Joseph M. Davie, Richard G. Lynch, Frederic B. Askin and Juan Rosai, assistant pathologists; Drs. John M. Kelhum Jr., Phillip George, John P. Connors, Walter P. Dembisky, George O. Sertl, Bernard Sunshine, John B. Buettner, David P. Krajovic, Larry B. Newman, Darryl R. Francis and Morris Pulliam, assistant surgeons.

In appreciation:

For a great Hospital
Becky G. and Ivan T. Fischer

For Robert S. Weinstein Jr.
Memorial Fund
Mrs. Robert S. Weinstein

For Obstetrical Research
Robert Srenco

Beauty Queen

Pamela Ann Basler, a June graduate of the Barnes Hospital School of Nursing, will be competing in the Miss Missouri contest this month. Miss Basler, now employed by Children's Hospital, was named Miss Jefferson County earlier this year.

Anniversaries

(Continued from page 2)

Mable Gander
Telephones
Telephone Operator

Lillian Taylor
Dietary
Cook

Luenette Bradford
Housekeeping
Custodian I

Louvenia Henderson
Dietary
Food Service Worker I

Geraldine Chamberlain
Nursing Service
Senior Nurse Assistant

Loretta Smith
Nursing Service
Senior Nurse Assistant

Charlotte Wagner
Mail Secretary

Sarah McManus
Medical Records
Dictaphone Operator

Mary Giedlinghagen
Laboratories
Chief Technician

Palmer Fulton
Housekeeping
Supervisor

Roy Andrews
Methods Director

Mary Harris
Nursing Service
Senior Nurse Assistant

Elsie Lewis
Medical Records
Clerk Typist

Aye Corder
Maintenance Man “C”

Joseph Sprenke
Maintenance Man “A”

Rosie Mays
Housekeeping
Custodian I

Mattie Ellis
Nursing Service
Service Clerk

Daisy Wagner
Housekeeping
Custodian I

May Gifts To The Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund during May, 1973.

In Memory of:

Dr. C. O. Vermillion
Dr. and Mrs. Joseph C. Edwards
Dr. and Mrs. Harold Joseph

L. D. Thompson, M.D.
Dr. and Mrs. Joseph C. Edwards

Mrs. Harry Wallace
Mr. and Mrs. Charles E. Claggett
Mrs. Francis Disbrow

Mr. Harold Hirsch
Mr. Norfleet H. Rand

Mr. Otto A. Schmidt
Mr. and Mrs. James E. Kirchner
August W. Aydt

Dr. Charles W. Duden
Dr. and Mrs. James F. Nickel

Mrs. Mary Mason
Mrs. John B. Hill
Helen Ezell

Mr. Isadore Dolnick
Armand and Rita Diaz

Dr. Cyril MacBryde
Dr. and Mrs. John E. Hobbs

Grace Jeannette Roderick
Mrs. Alice Cronbach Uchitelle

Mr. Earl J. Hall
Mr. and Mrs. James S. Sheppard
Mr. and Mrs. James S. Sheppard and Family
Mr. and Mrs. Harry Sheppard and Family

Mr. Blasdel Shapleigh
Dr. and Mrs. Robert W. Bartlett
Katherine W. Bland

Miss Adaline Manta
Mrs. Julia Runge King

Mr. A Travaglini
Mr. and Mrs. Michael F. Fuller

Mr. George M. Hagee
Herm and Ralph Brandenburger

Ferdinand J. Tentschert Sr.
Ralph, Martha and Theresa Burkhart

Mr. Howard P. Miller
Mrs. Julia Runge King

In Honor of:

Audrey Kolker, President of Barnes Hospital Auxiliary
Mr. and Mrs. Darwin Portman
Mrs. Terrye Balin

Graduation of Dr. Rosalyn H. Ball
Dr. and Mrs. Alan Kolker

In Appreciation:

For a great Hospital
Rebecca G. and Ivan T. Fischer

For Robert S. Weinstein Jr.
Memorial Fund
Mrs. Robert S. Weinstein

For Obstetrical Research
Robert Srenco

Other additions include: Dr. Laurence A. Sherman, assistant pathologist, effective May 21; Dr. Daniel Rosenblum, assistant physician, effective May 15; Dr. James A. Sullivan, assistant surgeon, effective Jan. 1, 1974 and Dr. Jerald J. Bratberg, assistant surgeon, effective Jan. 1, 1974.
Doctor's Notes

Drs. Harvey Butcher and Eugene Bricker, Barnes associate surgeons, and Dr. John Spratt, a Columbia, Mo., surgeon, are the co-authors of a recently released book, "Exenterative Surgery of the Pelvis." The book is the only work dealing exclusively with advanced cancers of the pelvis which can be controlled only by extensive surgical procedures.

Dr. Robert E. Shank, Barnes associate physician, recently addressed the 114th annual session of the Kansas Medical Society in Wichita, Kansas.

Dr. Oliver Lowry, special department pharmacologist, speaking at a recent forum on food additives sponsored by the National Academy of Science, urged the formation of independent advisory panels of scientists to study new drug and food additive applications. The forum was held in Washington, D.C.

Dr. H. Mitchell Perry Jr., Barnes associate physician, has been selected chairman-director of a new Veterans Administration study of young persons in the earliest detectable stages of uncomplicated mild hypertension. The purpose of the study is to determine if it is possible to reduce the incidence of myocardial infarction by 50 per cent.

Dr. Eugene Bricker, Barnes associate surgeon, received the Washington University Medical School's William Greenleaf Eliot Society award for his distinguished service to the University.

New Annual Report Available

(Continued from page 1)

Barnes. Each day last year there was an average of 22 more patients here than during the preceding 12 months. With an 86.23 percent occupancy rate (85 percent is considered to be optimum in highly specialized teaching hospitals such as Barnes), the cost per patient was somewhat lower than might have been expected. This savings was passed on to the patient via a reduced rate of cost increase on several laboratory tests.

This favorable financial situation benefited the community too, in the delivery of free or partially subsidized care to persons unable to meet their medical expenses. Last year Barnes provided $2,615,000 in free care to citizens who had no financial resources to cover their health needs.

The plans for a subsurface garage in the area immediately south of the hospital and east of Kingshighway are also outlined in the report. The trustees have requested that the St. Louis board of aldermen give permission for Barnes to build a three-level, 1200-space subsurface garage and park on the strip of land owned by the city and cut off from Forest Park a decade ago.

It is hoped that the aldermanic body will give this consent, which not only should result in more and better parking, but also will enhance the beauty of this strip of land," the report says.

A description of the East Pavilion, and the dedication ceremonies held last December, are featured in a separate section. "Nineteen Seventy-Two was the year of the East Pavilion. First, this building was a dream; then, a plan; last year it became a functioning part of Barnes Hospital. Many people—trustees, medical staff, administrators, architects—worked to see that it would meet the hospital's varied needs."

Another section discusses the teaching function of Barnes Hospital. "Barnes is a teaching hospital, a place where residents and interns who will be tomorrow's physicians receive advanced medical education. Salaries of these young doctors, paid by the hospital, rose from $1,560 per annum in 1958 to $3,000 ten years ago. Today interns receive $9,500 a year, enough for a comfortable living while they receive their advanced medical education."

BARNES HOSPITAL BULLETIN

Barnes Hospital
Barnes Hospital Plaza
St. Louis, Missouri 63110