Patient Care
For Special Gifts
Fund Initiated

Even a short hospital stay can place a heavy financial burden on the poor and a lengthy hospitalization or catastrophic illness can place financial strains on even those with financial resources or medical care insurance.

With this in mind, the Patient Care Fund, a gift fund designed to aid indigent patients and patients whose financial resources have been depleted, has been established by Barnes Hospital.

Robert E. Frank, hospital president, said the Patient Care Fund is an initial phase of a hospital development program the goal of which is to secure funds for continuing needs and for major projects.

Joseph Greco, Barnes director of development, said that it is hospital policy to accept all patients, with emergent critical illness, regardless of the patient's financial resources. "This means that Barnes provides more than $2 million annually in labor, equipment, drugs and supplies to cover the cost of such care," Mr. Greco said. "The Patient Care Fund, as a continuing source of financial assistance, will enable the hospital to continue this policy."

Mr. Greco said assistance will go to patients who are financially indigent, with little or no financial resources, and to (Continued on page 3)

Heart Month Issue

February is Heart Month and several articles and photographs in this issue focus on the heart and on heart disease.

Construction, Renovation Work Continues

Construction work on the 1,200-car sub-surface garage south of Barnes Hospital is slightly ahead of schedule and is expected to be completed by the end of the year.

Associate director Thomas Winston said that all excavation work is complete and that workmen have poured the top section of concrete on the west end of the garage. "We have been fortunate to have weather that has enabled construction to continue well into the winter period." Mr. Winston said.

Preliminary plans called for construction, which began in July, 1974, to take 18 months. The garage will be completely underground and will be connected to the hospital by passageways to the East Pavilion and to the proposed West Pavilion. Work on the underground passageways has been completed and traffic is no longer detoured on Barnes Hospital Plaza.

Mr. Winston also reported that work on the 1200 area renovation is progressing satisfactorily and that a plywood enclo-

(Continued on page 3)
Technology Aids Heart Surgery

An active program to utilize recent technological advances prior to, during, and after heart operations is reinforcing the reputation of Barnes Hospital and Washington University School of Medicine’s cardiothoracic services as among the best in the United States.

The cardiothoracic division, headed by Dr. Clarence S. Weldon, Barnes cardiothoracic surgeon-in-chief, performed more than 350 heart operations last year, including 305 open-heart procedures. Technological advances, resulting from the combined efforts of personnel from the hospital, medical school and university are improving the chances of successful recovery for many patients with heart defects.

Dr. Richard E. Clark, cardiothoracic surgeon, has been in charge of the division’s work to develop new and sophisticated equipment and monitoring services. “The progress we have seen has been the result of many different groups of people, working together,” Dr. Clark said.

Among the most recent projects has been the installation of new monitoring equipment in room two, one of the two operating rooms used for cardiothoracic surgery. The equipment utilizes color television receivers which translate data from monitoring equipment to color bands across the screens.

The new equipment permits surgeons, anesthesiologists and nursing personnel to more easily and rapidly see the patient’s data during surgery.

Designed by the division and the biomedical computer laboratory, the system includes measurements of arterial blood pressure, body temperature, central venous pressure and electrocardiogram readings. The system is the only one of its kind in existence and has been in use for approximately three months. Medical personnel from many parts of the United States have visited St. Louis to see the equipment.

Extensive monitoring equipment in the cardiothoracic intensive care unit (ICU) on the second floor of Rand Johnson is another example of how technology benefits the patient. The equipment allows a full range of conditions to be monitored and translated, by computer, to video screens for easy reading.

Monitors for the ICU also permit trend display. A physician is able to review 16 hours of patient data for up to the previous 32 hours. Advanced equipment to analyze respiratory conditions shortly will be added to the ICU.

The unit is recognized as an excellent example of the cooperation between the biomedical computer laboratory team, physicians, designers, nursing staff and maintenance personnel. All groups were involved in the project, almost from the inception of the idea.

Also in use at the hospital is a new membrane oxygenator for patients who are on a heart-lung machine for more than several hours. In the past, some patients had experienced side effects. The new oxygenator, utilizing a system of automatically controlled roller pumps, may reduce the number of complications experienced by patients after very long perfusions.

Barnes surgeons have recently begun to use an intraaortic balloon pump. The pump, placed in the aorta, assists the heart in pumping blood and helps support the circulation in tenuous patients. When the balloon is inflated, during the relaxation period of the heart, the patient’s blood flow is increased.

A microemboli detector has been developed by a Washington University research team headed by James Miller, associate director for biomedical physics, Dr. Clark and three graduate physics students. The device utilizes ultrasound to monitor particles in a patient’s blood during open heart surgery and measures particles as small as .004 of an inch.

Particles that size, too small to be seen by the human eye, are carried in blood at about two to three miles an hour. Although little is known about the particles, it is believed that they may be responsible for damage to the brain or kidneys of some patients who are on the heart-lung by-pass machines for long periods of time.

“As a result of the hard work of many people from different departments, we have been able to develop equipment which is beneficial to the patient,” Dr. Weldon said. “We expect that we will continue to be able to develop ways to take more of the risks out of heart surgery, but at the same time we are very cautious. We will never use equipment which has not been tested over and over again. We will not take chances when lives are concerned.”

Grisham Named Associate Director

Rich Grisham has been promoted from assistant to associate director of Barnes.

Mr. Grisham, a former administrative resident at Barnes, has primary responsibility for the departments of pharmacy, medical records, admitting and respiratory therapy.

He is a native of Ponca City, Okla., and holds the B.S. degree in pharmacy from the University of Oklahoma School of Pharmacy. He completed the graduate program in health care administration at Washington University School of Medicine. He served as an administrative resident at Barnes in 1972-1973.

Mr. Grisham is a registered pharmacist in Missouri and Oklahoma and from 1969 to 1971 was assistant chief pharmacist and director of intravenous services at St. John’s Hospital in Tulsa, Okla.

Dr. Richard Clark, left, and Dr. Clarence Weldon check operation of heart balloon pump in cardiothoracic intensive care unit.
**Doctor's Notes**

Dr. Jack Hartstein, Barnes ophthalmologist, has been appointed co-director of the Intraocular Lens Council of the Contact Lens Association of Ophthalmologists, Inc. Dr. Hartstein also serves as chief editor of the Contact Lens Medical Bulletin.

Dr. Leonard Jarett, director of laboratories at Barnes, has been elected to the board of directors of the St. Louis Association for Retarded Children.

Dr. Franklin E. Walton, surgeon emeritus at Barnes, was guest speaker in November for the St. Louis Medical Society's annual pilgrimage to the grave of Dr. William Beaumont at Bellefontaine Cemetery.

Dr. Saul Boyarsky, Barnes urologist, has been elected to membership in the American Spinal Injury Association. He also recently spoke at a workshop on urodynamics at Mayo Clinic and at a Ciba Geigy seminar in Summit, N.J.

Dr. Paul Lacy, Barnes pathologist-in-chief, was co-director of the American Diabetes Association's 12th Research Symposium, held this year in Minneapolis, Minn.

**Patient Care Fund...** (Continued from page 1)

medically indigent patients who have some income sources but whose long-term illness drastically reduces their ability to pay.

Contributions may be sent to and further information obtained from the hospital's development office. Names of contributors to the Patient Care Fund will be reported periodically in the Bulletin.

The following is a list of recent contributors to the Barnes Hospital Patient Care Fund:

- Mr. Ray Manley
- Mrs. Oletia Lane
- Mr. Raymond Hosken
- Mr. Hamblett C. Gregg
- Mr. James R. Eads
- Mr. Richard Allison
- Mrs. Grace M. Fox
- Mrs. Rosalie Williams
- Mr. Cleveland Albert
- Mr. Lile P. Amyx
- Mrs. Emma V. Agne
- Mrs. Kathryn R. Richardson
- Mr. John Bolliken, Jr.
- Mr. Larry W. Johnson
- Mr. William C. Urban
- Mr. Harvey F. Alberwether
- Mr. Wobus Whittaker
- Mr. Emanuel Shavitz
- Mr. Andrew Hess
- Mr. Steve Bade
- Mr. P. Jerry Adlersfluegel
- Mr. H. Reid Derrick
- Ms. Catherine Conley
- Mrs. Maggie L. Smith
- Mrs. Clay Hancock Schumacher
- Mr. Elmer Salzberg
- Mr. Burt G. Hecker
- Mr. Louis H. Dennis
- Mr. Henry Mandelstamm
- Col. George C. Darby, Jr.
- Mr. and Mrs. R. Zimmerly
- Mrs. Betty B. Schwartz
- Mrs. Lucille Barnes
- Mrs. Mary A. Flesher
- Mr. Roy A. Sohn
- Mr. Henry Kennington
- Mr. John Zickus, Sr.
- Mr. and Mrs. T. W. Gregson
- Mrs. L. K. Manning
- Mr. Oscar Schafale
- Mr. and Mrs. J. F. Guillot
- Mrs. Ozoneva Hite
- Miss Verna McCallister
- Mrs. Genevieve Krieshok
- Mr. and Mrs. Kenneth W. Koechig
- Mrs. LaVerne Chumney
- Mr. James Lochhead
- Mr. Arthur Goldstein
- Mrs. Faye C. Brooks
- Mr. Walter Jarrett
- Mrs. Francis Di Carlo

(Continued from page 1)

sure in the main corridor will remain in place as a dust and debris barrier until the renovation is complete.

During the renovation, the nursing office has been relocated to the south side of the corridor, in an area formerly occupied by the hospital director. The area will become the doctor's lounge when renovation is complete.

Mr. Winston also said that redecoration of the main east-west hospital corridor on the street level has been completed. New floor tile and wall coverings have been installed from Queeny Tower to the old number four building.

**Construction Continues...**

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**Barnes Sells Audubon Garage**

Ownership of the 427-car parking garage at the corner of Audubon and Kingshighway was officially transferred by Barnes to Children's Hospital Jan. 1, 1975.

The Barnes board of directors earlier had approved the sale because of the future increase in parking areas when the new 1,200-car underground garage south of the hospital is completed later this year.

Barnes President Robert E. Frank said the five-level garage was sold to Children's because of the new garage construction and because of the Audubon Street garage's proximity to Children's Hospital. The garage was opened in early 1973.

Barnes employees who now park in the Audubon Street garage will be able to retain the parking spaces. While under Barnes ownership, Children's Hospital employees enjoyed parking privileges and Mr. Frank said the same arrangement is now in effect for Barnes employees.

Pipefitter Mike Mulligan, left, and carpenter Greg Lauber check blueprints for renovation work now being done in the former 1200 ward area in Rand Johnson.
Heart disease is the number one killer in the United States today. According to the American Heart Association, more than 28 million persons have some form of heart and blood vessel disease. In 1972, approximately 53 per cent of all deaths were related to heart disease and one-fourth of all persons killed by heart disease were under 65 years old.

**Risko: The Heart Game**

“Risko” was created by the Michigan Heart Association to spotlight certain risk factors. A number of Barnes doctors were asked to comment on some risk factors.

**How To Play The Game**

“Risko” is played by circling numbers in the risk factor categories listed here. Risk factors are medical conditions and habits associated with an increased danger of heart attack.

Study each risk factor and find the number applicable for you. For example if you are 21-35 pounds overweight, circle number 3. After completing all of the risk categories, add up your score. This total is an estimate of your risk.

**Risk Factors**

**Heredity.** Dr. Robert Roberts, Barnes cardiologist and director of the cardiac care unit, said that heredity is definitely a risk factor although it is unknown just how big a part it plays. “We know that if people inherit a disorder in which they have an impaired transportation of fat in the blood, their circulatory system may clog up and they run a higher risk of having a heart attack,” Dr. Roberts said. He said that such problems indicate a risk if present in one parent and a higher risk if present in both parents.

Count parents, grandparents, brothers and sisters who have had heart attacks and/or strokes:

1—no known heart disease
2—one relative over 60 with cardiovascular disease
3—two relatives over 60 with cardiovascular disease
4—one relative under 60 with cardiovascular disease
5—two relatives under 60 with cardiovascular disease
6—three relatives under 60 with cardiovascular disease
7—three relatives over 60 with cardiovascular disease
8—one relative over 60 with cardiovascular disease

**Exercise.** Dr. Jon Cooksey, a cardiologist in the medical center’s Lipid Research Center, feels strongly that exercise is important to the strength of the heart. “We have evidence which shows that persons who exercise regularly have fewer heart attacks,” Dr. Cooksey said. “Also, of these regular exercisers who have heart attacks, fewer died because of an attack.” Dr. Cooksey advocates 30 minutes of exercise four times a week.

**Cholesterol.** Dr. Gustav Schonfeld, Barnes physician, directs the medical school’s Lipid Research Center which is carrying out a study of whether or not lowering the cholesterol level will decrease incidents of heart attacks. “Persons with high levels of cholesterol and triglycerides, another form of fat, have a higher likelihood of having a heart attack,” Dr. Schonfeld said. The center is providing free cholesterol and blood pressure checks. Call 454-3162 for an appointment.

If you don’t know your cholesterol level, estimate honestly the percentage of solid fats you eat. These fats are usually of animal origin—lard, cream, butter, and beef and lamb fat.

1—cholesterol below 180 mg., diet contains no animal or solid fats
2—181-205 mg., diet contains 10 per cent fats
3—206-230 mg., diet contains 20 per cent fats
4—231-255 mg., diet contains 30 per cent fats
5—256-280 mg., diet contains 40 per cent fats
6—281 mg. or more, diet contains 50 per cent or more fats

**Sex.** Traditionally men have been more prone to heart attacks than women. While this remains true, there has been an increase in the number of women having heart attacks and Dr. Edward Massie, a Barnes physician, attributes the increase, in part at least, to the changes in women’s role in society.

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1—cholesterol below 180 mg., diet contains no animal or solid fats
2—181-205 mg., diet contains ten percent fats
3—206-220 mg., diet contains 20 percent fats
4—221-255 mg., diet contains 30 percent fats
5—256-280 mg., diet contains 40 percent fats
6—281 mg. or more, diet contains 50 percent or more fats

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“Women have begun to depart from their usual stereotyped roles and have elected to join professions which up to now have been almost entirely relegated to men,” Dr. Massie said. “In so doing, women have taken on these positions of stress, coincident with their new responsibilities both from the emotional and physical points of view. Simultaneously, the increased use of tobacco and alcohol by the female sex has added to their risk factors for development of vascular complications.”

Age. Normally, the older a person is, the more susceptible he is to the development of cardiovascular disease.

1—age 10-20
2—21-30
3—31-40
4—41-50
5—51-60
6—61 and over

Special Notes. Other medical conditions also influence cardiovascular disease.

1—hypertension
2—diabetes
3—angina pectoris
4—valvular disease
5—malignant blood diseases
6—myocardial infarction
7—dialysis
8—end stage renal failure

Cardiologists urge people to contact a doctor immediately after experiencing chest pains or any other abnormal condition which may be a symptom of a heart attack. They note that 350,000 people die each year of heart attacks before they reach a hospital and that the average victim waits three hours before deciding to seek help.

The classic symptom is chest pain which may vary in intensity with different people. In most cases the pain radiates up to the neck and out toward the shoulders and arms.

But from 30 to 40 percent of heart attack victims will not have chest pains. Two recent heart attack victims treated at Barnes only complained of a toothache. Other indicators are a tight, gripping feeling in the chest, shortness of breath, a general discomfort in the chest, and nausea or vomiting. And there is the problem.

Many other conditions, not related to heart attacks, can produce some of the latter symptoms. Persons who experience the symptoms may be hesitant to call a physician for problems the person considers minor.

Weight. An individual’s weight also is considered important as a risk factor in cardiovascular disease.

0—more than five pounds below standard weight
1—minus or plus five pounds of standard weight
2—6-20 pounds over standard weight
3—21-35 pounds over standard weight
4—36-50 pounds over standard weight
5—51 or more pounds over standard weight

To Score

If you score:
6-11, your risk is well below average
12-17, risk below average
18-24, risk generally average
25-31, risk moderate
32-40, risk at dangerous level
41-62, risk urgent, person should contact doctor

What Are The Symptoms?

It’s all too common. A person feels chest pains and, unless the pains are severe, makes a mental note to see a doctor. Perhaps not too much later the person is dead. Heart attack.

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But from 30 to 40 percent of heart attack victims will not have chest pains. Two recent heart attack victims treated at Barnes only complained of a toothache. Other indicators are tight, gripping feeling in the chest, shortness of breath, usually of animal origin—lard, cream, butter, and beef and lamb fat.

Dr. Perry said that approximately 25 million Americans have elevated blood pressure and that even mild hypertension doubles the risk of myocardial infarction and stroke.

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Many other conditions, not related to heart attacks, can produce some of the latter symptoms. Persons who experience the symptoms may be hesitant to call a physician for problems the person considers minor.

But when a symptom of a pending heart attack exists, persons should immediately seek medical attention.

Barnes hospital, which has a 16-bed coronary care unit (CCU), has instituted a program in which persons coming to the emergency room are given an electrocardiogram and, if the heart reading is abnormal, are admitted to the CCU within 30 minutes. Although the person may not actually have a heart attack, the Barnes’ program minimizes the risk to the patient.
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Dec. 20 to Jan. 20, 1975.

In Memory Of:

Mr. Robert Morrow
Dr. and Mrs. Harold Roberts

Mrs. Kohn
Mr. and Mrs. Martin Krupin

Mr. Timothy Christopher
Mrs. Barbara Jean Drake

Mrs. Virginia Brown
MRS. May Brooks

Mrs. Bernice Laba
Mr. and Mrs. Ben Roman

Mr. Simon Packman
Mr. and Mrs. Elmer Mueller

Dan Menser
and Mrs. Charles A. Sherman

Mrs. Clara Jean Gooding
Mr. and Mrs. Harold H. Anderson

Mr. Angus S. Alston
Mr. and Mrs. M. R. Chambers

Mrs. Bennett Y. Alvis
Mr. and Mrs. Harold H. Anderson

Mr. Len B. Rhein
Harold Edelstein
Manasse-Block Tanning Co.

Mr. Frank S. Leslie
Shirley, Norman and Nat Greitzer

Laura Griffin
Edis and Joe Voorhes

Arlene Maher
Ms. Barbara Bode

Mr. C. T. “Sonny” Lynch
Mr. and Mrs. M. P. Mustaine

Marlene Sparks
Mr. and Mrs. Robert Erickson

Mr. Ronald “Bud” Briney
Mrs. Ronald Briney

Mr. and Mrs. Barry Martin and Family
Mr. and Mrs. Wayne Robinson and Family
E. Jane and Bill Rhea

Jeanne Rollins
Steve Allison and Family

LCDR and Mrs. K. J. Rhea and Family
Mr. and Mrs. Ober Livergood
Mr. Roy E. Smith

Mr. and Mrs. Robert Chapman
Mr. and Mrs. Wave Workman

Lloyd and Nita Wright
Glenn, Paul, Karla and Morse Robinson

Gwen and Jr. Younger
A. F. and Grace Baker
Robb and June Dixon

Mr. and Mrs. Clay Freeland

(Continued on page 8)

Three former directors of the Barnes social service department recently visited with current director Evelyn Bonander, right. From left are Mary Lewis, Indianapolis, Ind.; Mary Hemmey, Cleveland, Ohio; and Elizabeth McKinley, Trout Lake, Wash.

Barnes Doctors Study Heart Disease

Several Barnes doctors will have primary roles in a five-year, multi-faceted study on heart disease. The study is to be underway by February—National Heart Month.

The project will be funded by a $5 million grant to Washington University School of Medicine from the National Heart and Lung Institute. Dr. Burton E. Sobel, chief cardiologist at Barnes, will be the principal investigator. The research is part of a massive attack against heart disease, the nation’s number one killer. Six other centers in the United States will be involved in the primary research.

The grant provides funding to create a Specialized Center of Research (SCOR), and for more than 20 scientists working in five central areas in 11 individual but related areas of heart research. Investigators will include cardiologists, pathologists, radiologists, surgeons, pharmacologists, mathematicians, computer scientists and physicists.

Barnes doctors involved in the study are Dr. Sobel; Dr. Robert Roberts, physician from the cardiovascular division; Dr. Philip O. Alderson, Dr. Ralph E. Coleman and Dr. Barry A. Siegel, radiologists; Dr. Clarence S. Weldon, cardiothoracic surgeon-in-chief; Dr. Richard Clark, and Dr. John F. Connors, surgeons; Dr. Joseph R. Williamson, pathologist; and Dr. Alan N. Weiss, Dr. Philip D. Henry and Dr. Philip A. Ludbrook, physicians.

“The concept of the program,” Dr. Sobel said, “is to bring together specialists in different areas to focus on one problem—heart attacks.”

Approximately 100 patients are expected to take part in the study on a voluntary basis during the first year. Patients with heart damage will be carefully monitored in the hospital’s cardiac care unit. Data is expected to be obtained through the use of new techniques and equipment, such as ultrasound, which will be used to define anatomical structures of living tissue. “The overriding consideration for all patients in the cardiac unit is optimal care,” Dr. Sobel said. “Often, our studies increase the staff’s ability to serve individual patients effectively.”

Other projects include research on biochemical markers, blood circulation, defective heart rhythms, the use of drugs and procedures used to improve the balance of oxygen in the heart, factors in blood which contribute to heart damage and detection of reversible and irreversible heart injury with radioisotopic techniques.

Biochemical markers are released by the heart when damaged and indicate the severity of injury. Dr. Sobel and his colleagues are credited with finding that creatine phosphokinase (CPK), an enzyme in blood, can be used to predict how extensive heart damage from an attack is likely to be.

Other SCOR centers are at Massachusetts General Hospital, Boston; University of Alabama, Birmingham; Duke University, Durham, N.C.; University of Chicago; University of California at San Diego; and Johns Hopkins University, Baltimore.

“These specialized centers are dedicated to reducing the huge toll in death and disability,” Dr. Sobel said.
Surgeon Honored By Friends

Nine speakers and a crowded room of friends from the medical center gathered in the East Pavilion Auditorium in December to honor Dr. Eugene Bricker, Barnes surgeon who retired from the Barnes staff and his St. Louis practice Dec. 31.

Dr. Bricker has moved to Louisiana, Mo., where he has a farm and where he will join the staff of Pike County Memorial Hospital "to continue helping people."

Dr. Walter Ballinger, surgeon-in-charge, had arranged the surprise salute to Dr. Bricker, who admitted he would not have permitted it had he been consulted, adding, "But this was the perfect way to do it and it makes me feel very good."

(7) Bricker had been led to believe the East Pavilion meeting was for him to address the weekly surgical grand rounds conference on "Current Problems in Pelvic Cancer Surgery."

However, Dr. Ballinger changed it into "our friendly way of saying thanks" to Dr. Bricker.

Dr. William Danforth, chancellor of Washington University, told how Dr. Bricker, who also is a Washington University trustee, had given him and the school valuable advice and assistance over the years.

J. W. McAfee, a Barnes director, replaced Barnes board Chairman Raymond Rowland on the program, but declined to speak on the joys and perils of cattle-raising, the subject Mr. Rowland had planned to give pointers on. "I left the farm at age 16," Mr. McAfee said, "and found that there are lot easier ways of making a living than farming."

Dr. Alan McAfee, Barnes surgeon, recalled his long association with Dr. Bricker. He recounted the time he was doing an operation that was being televised to Kiel Auditorium. "Dr. Bricker was my anchor man, describing the procedure. At one point his enthusiasm carried him away and he declared, 'There should be a proctoscope in every home in the United States.'"

Dr. Axel Arneson, Barnes obstetrician-gynecologist, struck a serious note when he discussed Dr. Bricker’s role in the successful separation of the disciplines of surgery and gynecology after World War II, and credited Dr. Bricker with saving the lives of thousands of women with cervical cancer.

Dr. Joseph Sandza, chief resident in general surgery, spoke on behalf of the house staff, present and recent past, and described Dr. Bricker as "perfectly willing to help us with anything."

The house staff presented Dr. Bricker with a hardwood chair ("styled to discourage you from resting too long at a time") inscribed, "To Dr. Eugene Bricker, teacher, surgeon, and gentleman, from Washington University surgery house staff."

From Albuquerque, Dr. Robert Bricker, son of the honoree, came to discuss "the medical history of the Bricker family."

He told of learning medical lessons at— and across—his father’s knee.

When his turn came, Dr. Bricker said, "It has been a great professional life here, but when I look back I can see how I could have used my time more effectively and accomplished a lot more."

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Two Employes Retire

Two employees, with a combined total of more than 50 years of service to Barnes Hospital, have retired.

Millie Quick, with more than 23 years of service, took early retirement Dec. 20 and Mary Daniels retired Jan. 3 after more than 27 years as a Barnes employee.

Mrs. Quick, an aide in central service, was honored by her co-workers at a combination Christmas and retirement party and she and her husband celebrated their 30th wedding anniversary Christmas Day.

A native of Mississippi, Mrs. Quick has lived in St. Louis for 23 years and for 19 years was a nurse assistant in the clinics at Barnes. During her retirement she plans to visit relatives in Michigan, Chicago and California.

Mrs. Daniels was born in Meridian, Miss., and has lived in St. Louis since 1945. She said that work at Barnes has been a learning experience because of the constantly new and changing equipment and supplies in the chemistry laboratory.

Mrs. Daniels also plans to travel to visit relatives during her retirement and plans to spend time with her daughter, also a Barnes employee, four granddaughters, two great-granddaughters and great-grandson. She has been employed at the hospital as a supply and service room aide in Barnes laboratories.
Hospital Happenings

William E. Burkett, director of security, has been elected vice-chairman of the Hospital Safety and Security Directors of Greater St. Louis, the second highest office in the organization.

Spring and summer clothing is urgently needed by the Nearly New Shop operated by the Barnes Hospital Auxiliary. In addition, merchandise and articles of all types are welcome. Items should be brought to the volunteer office or call 454-3446 for a pickup.

Edwin R. Culver III, a member of the Barnes board of directors, has been named general manager of the St. Louis Municipal Theatre Association. He has been a member of the opera's board of directors for 20 years and served for two years as board president.

A chaplain search committee is in the process of selecting a person to succeed the Rev. Robert L. Davis, who has resigned as Barnes chaplain.

Tribute Fund

(Continued from page 6)

In Honor Of:
Dr. Harvey Butcher
Carolyn H. Cowan
Frank R. Bradley, M.D.
Mr. and Mrs. Ralph Lang
Mr. and Mrs. James W. Clark
Mr. and Mrs. Elliot Stein
Mr. and Mrs. Ivan T. Fisher
Donald and Edna Thomas
Barnes Hospital
Mr. L. L. Seeman
For Cancer Research:
Mr. C. D. DePew, Jr.

Employes Receive Raise

General wage increases, ranging from approximately five per cent to six and one-quarter per cent, have been received by Barnes Hospital employes.

In a Christmas letter to employes, Robert E. Frank, hospital president, announced that wage scales were being adjusted upward.

Mr. Frank said that pay grades above the minimum were being adjusted upwards on a diminishing percentage basis where higher pay grades would receive increases of approximately five per cent. The increases became effective with the pay period beginning Dec. 22.

“This approach, while providing increased rates of pay for all grades, puts more emphasis on the lower grades,” Mr. Frank said. He also said the majority of employes should realize an increase of about six per cent and that the raise was in addition to regular longevity or merit pay increases.

The wage increase was the third of 1974 for Barnes employes. Three per cent increases were voted by the hospital’s board of directors in January and in October. The hospital began, also in October, to pay the total life insurance premium for all full-time permanent employees.

Second Set Of Triplets Born At Barnes

After an 11-year period during which no triplets were born at Barnes Hospital, a second set of triplets has been born within four months.

Mr. and Mrs. William Jackson of St. Louis are the parents of three boys born shortly before Christmas. The triplets were kept in the hospital until they had gained additional weight and are in good health.

Weights at birth for Tremayne, Troyd and Taron were 4-pounds, 7-ounces; 3-pounds, 15-ounces; and 3-pounds, 13-ounces; respectively. They join four children, ages 9, 6, 2, and 11 months, at home.

What's Inside?

BARNES HOSPITAL BULLETIN

Barnes Hospital
Barnes Hospital Plaza
St. Louis, Missouri 63110

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