New pension plan means added benefits for Barnes employes

A broad-based retirement and pension plan for Barnes Hospital employes, expanding the number of employes who qualify and also making the plan non-contributory, has been put into effect.

Major features of the program are (1) employes no longer are required to contribute to the plan; (2) minimum age for membership has been lowered from 30 years of age to 25; (3) the minimum amount of consecutive employment needed has been reduced from three years to one; and (4) employes will, in general, become "vested" members when continuous service to the hospital reaches ten years. The term "vested" means that the employe is eligible to receive, at retirement age, money which the hospital has contributed to the plan, whether or not he or she is still an employe.

Walter Hanses, director of personnel, said the plan went into effect Jan. 1 and that a booklet will soon be distributed to employes explaining technical details and how they relate to individual employes.

The plan is a result of administrative efforts to develop a pension program which will continue to meet the needs of retired employes in a changing economy. "Some adjustments in our old pension plan were required by the Employee Retirement Income Security Act (ERISA) adopted by Congress in 1974," Mr. Hanses said. "We have developed a comprehensive program which we think will be very beneficial to our employes."

The new act also covers part-time employes (those working at least 1,000 hours each year) who meet conditions of age and length of service; includes provisions for early retirement (at age 55); provides benefits for a surviving spouse; and includes disability retirement benefits.

Retiring employes will receive Social Security benefits plus Barnes pension plan benefits to represent a major source of retirement income. Career employes (those who have had at least 33 and one-third years of membership in the plan) will receive total benefits from Social Security and the pension plan totaling approximately 74 percent of their final average salary.

The final average salary is computed on the highest five consecutive years of earnings in the last ten years of employment.

An employe retiring in the future, earning a final average of $12,000 per year, and having had at least 33 and one-third years of plan membership, would have a combined income from Social Security and pension plan benefits of approximately $743 per month, 74 percent of final salary.

The percentage of final average salary received as retirement benefits would be reduced as years of service in the plan decreases so that, for example, an employe with 20 and one-half years in the plan would receive approximately 64 percent of final average salary.

Taking an employe retiring after 20 and one-half years service in the plan with a final average salary of $12,000, Social Security and pension plan benefits would amount to approximately $644.06 per month.

Employes who were not eligible or who had not elected to be members of the former pension plan will be notified soon concerning enrollment in the new retirement program.

Members of the former pension plan automatically are members of the new programs and their contributions have been eliminated. Membership in the former plan will count toward benefits at the time of retirement; however, money contributed under the old plan will not, in most cases, increase benefits at the time of retirement. (In some individual and rare cases, employes enrolled in the former plan will have additional benefits and the employe is always entitled to his or her full benefits.)

Retirement after ten years will result in some benefit payments which could start as early as age 55. However, more benefits will be paid as the length of membership increases. Effective Jan. 1, 1976, the ten years of service, required for employes to become vested, is counted only after age 22.

Benefits due to employes at the time of retirement are figured with actuarial and statistical tables, taking into account Social Security taxes paid on behalf of the employe equally by the employe and by Barnes Hospital.

More complete details of the plan will be presented in the handbook for employes Mr. Hanses said. "We realize that each employe's pension benefits may be slightly different and that is why we go over each individually at the time of retirement. Of course our office is open to anyone who wishes to discuss their particular situation in more detail." He emphasized that members in the old pension program will receive full benefits through the new plan.

Doctors' lounge dedicated to memory of Dr. Vermillion

Mrs. Crofford Vermillion and her daughter Jan were guests of honor on February 10 when the new attending doctors' lounge was dedicated to the memory of the late Crofford Vermillion, M.D., former Barnes associate director.

Dr. Vermillion died in 1973 after having been a member of the Barnes staff since 1948. As associate director, he was responsible for several hospital services including anesthesia, inhalation therapy, social services and medical records.

He also was coordinator of laboratories and the pharmacy, as well as the hospital's operating room and infection control committees. He was a member of the class of 1947 at Washington University School of Medicine and served as assistant professor of health care administration there.

The lounge is located on the main floor of the Rand Johnson building, in an area long-occupied by the hospital director's office. The floor was completely renovated in 1975.

Barnes president Robert E. Frank explained that many monetary tributes to the memory of Dr. Vermillion came to the hospital after his death. "We felt that his duties as liaison with the medical staff were a very important part of his life, so it was determined that the most fitting tribute we could pay was to use these contributions to construct, decorate and furnish the new doctors' lounge."

Mrs. Crofford Vermillion was guest of honor during dedication ceremonies of the new doctors' lounge.

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A major part of the “Life Line” program will be that of the nurse-clinician whose responsibility will be to investigate the current medical status and potential suitability as an organ donor of persons in the hospital.

Dr. Samuel B. Guze, vice chancellor for medical affairs of Washington University and Barnes psychiatrist-in-chief, is chairman of the “Life Line” program. Members of the advisory committee are Dr. Walter Ballinger, Barnes surgeon-in-chief; Dr. Charles Anderson, Dr. Edward Etheredge, surgery; Dr. Geoffrey Herzig, medicine; Dr. Simon Finkelstein; Dr. Leonard Jarrett, director of Barnes diagnostic laboratories; Dr. Paul Lacy, pathologist-in-chief; Dr. Herbert Lubowitz, medicine; and Mrs. Morton May, “Life Line” advisor.

Dr. William Miller, director of the Missouri-Illinois Regional Red Cross Blood Bank; Dr. Alan Robson, pediatrics; Dr. Eduardo Slatopolsky, medicine; Dr. Stephen Waltman, ophthalmology; Dr. Robert C. Wray, plastic surgery; and Ralph Hansen of KTVI-TV. Jane Streeter, with offices in the department of surgery, is executive director.

A “Life Line” community advisory committee is composed of representatives of the Kidney Foundation, Red Cross, Fire Fighters Association, Diabetes Association and the Lions Club of Greater St. Louis.

“Life Line” will utilize the Clinical Unit for the Recently Expired (CURE) established in September, 1974. The unit, the only such facility in the country, is being used to obtain organs and tissues for transplantation purposes. A complete operating room is available in the unit which has facilities for the storing of organs until transplantation. “The computer will assist us in the matching of donor and recipient,” Dr. Anderson said.

Mrs. Morton D. May, “Life Line” advisor, is the first person to have information entered in the program’s computer system.

Employees of Barnes, Barnard Hospital, Children’s Hospital, the Jewish Hospital of St. Louis and the School of Medicine will be informed of the program and of the opportunity they have to indicate that they wish to donate all or specific organs and tissues at the time of death. Moreover, they may volunteer to be living blood donors for special needs in the medical center.

Enrollment will be accomplished by filling out a registration card. The information will be computerized so that a complete listing will be available on short notice. The program eventually will be local, regional or national in scope.

Dr. Anderson, a transplant surgeon, said that many different organs and tissues are needed for transplantation and medical research. Approximately 400 persons in the St. Louis area need kidney transplants. Cornea transplants also are very much needed. Skin can be used to treat burn victims, and tissue from the pancreas is needed for medical research in the medical center to prove a premise of finding treatments for diabetes. Blood is needed for transfusion of matched blood components and for obtaining white blood cells and platelets, special needs of a major hospital with many acutely ill patients.

“We are becoming more successful in developing immunology to the point where we can cut down on the rate of rejection of transplanted organs,” Dr. Anderson said. “We are close to many new developments in the field of transplants and other medical research and we are trying to plan for today and for five, ten and 20 years from now.” He noted the faster an organ can be transplanted, the better the chance of success.

Search for causes of birth defects

Several researchers affiliated with Barnes Hospital and Washington University School of Medicine have received grants during the past year from the March of Dimes—Birth Defects Foundation.

Dr. W. Edwin Dodson, pediatrician-neurologist, is studying the effects of drugs prescribed for pregnant women on the unborn baby. He is particularly interested in finding whether tranquilizers, sleeping pills, anesthetics and anti-convulsants taken by the mother enter the baby’s bloodstream. He hopes his findings can provide guidelines for preventing adverse reactions in the newborn or suggest safer types of drugs for the mother.

Dr. Carl H. Smith, pediatrician-pathologist, is conducting research into how amino acids are transported from the mother to the unborn baby.

Dr. Jack Lichtenstein, pediatrician, is studying the basic biochemical defects in osteogenesis imperfecta, a condition in which the bones are so fragile they can cause early death or life-long disability. Dr. Richard Marshall, neonatologist, is studying how and why enzymes act in relation to normal and abnormal development of the fetus.

Funds collected during the annual March of Dimes drive are used for grants to researchers across the country who are trying to find reasons for and prevent birth defects. Much of that research is going on in St. Louis.
Patients benefit from blood bank technology

A father from outstate Illinois lies on a couch in the Barnes blood bank, blood flowing through tubes from his right arm, through a machine, and back into his left arm. He is donating blood platelets that will be transfused shortly to his 14-year-old son who is suffering from leukemia.

The father is able to provide all of the platelets which his son needs to fight the disease. Until recently, however, the technology did not exist to enable the son to receive the blood component exclusively from his father; the cells had to come from many donors.

New procedures, made possible by special equipment and highly-skilled personnel, has enabled the Barnes blood bank to collect and transfuse large amounts of concentrated blood components, such as platelets or white blood cells, from donors to patients. The procedures are called plateletpheresis and leukopheresis, respectively, and represent a major coordinated effort between the Red Cross and Barnes Hospital, meeting the needs of many persons in and around the St. Louis area.

The procedures are made possible by a Haemonetics blood processor, for white cells and platelets, and a Fenwal white cell separator according to Dr. Laurence Sherman, director of the blood bank. The machines remove components and return the blood to the donor. The process normally takes two hours and the donor can be plateletheresed two or three times a week, or daily for leukopheresis. Components obtained are nearly equal to those contained in six to ten pints of whole blood collected in the conventional manner.

Patients suffering from leukemia, aplastic anemia and certain other blood-related diseases, require large amounts of transfused blood components. In many instances, a disease impairs the patient's own bone marrow production of these components. In other cases, the drugs used to treat the illness may temporarily suppress bone marrow production of platelets and white blood cells. Marked decreases in circulating platelets can result in serious bleeding. Similarly, low levels of white blood cells may lead to life-threatening infections.

"The value of our procedures and these machines," Dr. Sherman said, "is that we are able to take platelets or white blood cells from one individual on a regular basis. Thus, we can select a donor, in many cases a close relative, whose blood is a close match to that of the patient.

"The fact that we can get blood components from a tissue-matched donor means that the patient will experience less rejection of blood products," Dr. Sherman said. "This rejection can sometimes occur when patients have received many transfusions from a number of donors. As an example, patients who have received many platelet concentrates may become resistant to random donor platelets, and yet have a satisfactory response to matched single donor platelets drawn on a machine."

The two machines work on different principles. The Haemonetics unit separates platelets or white cells, utilizing a centrifuge system, and the Fenwal separates white blood cells by allowing the blood to flow through nylon fibers. Dr. Geoffrey Herzig, assistant director of the blood bank and a member of the hematology division, has been instrumental in setting up the white cell procedure based on his experience at the National Cancer Institute.

Barnes Hospital has added these blood bank procedures because of the large number of patients hospitalized here for severe blood-related diseases. Since blood components are an increasingly vital part of treatment procedures, the utilization of components is expected to increase markedly.

Plans are underway to alternate with the St. Louis chapter of the American Red Cross in providing weekend and evening coverage of the single donor machine pheresis for the entire Bi-State area. This means that Barnes will be providing services to patients outside of the medical center.

Barnes participation with the Red Cross is based on the fact that nearly one-half of the machine pheresis platelets and white cells used in the area are transfused at Barnes because of the large number of seriously ill patients referred here.

"This heavy demand has resulted in development of this large special pheresis section, which is unique among hospitals in this region," Dr. Sherman said.

Barnes also is the largest blood transfuser in the state, using approximately 40,000 units of blood and blood components annually. Barnes uses about one-eighth of the blood donated in the Bi-State area of St. Louis and Illinois, extending from Columbia, Mo., to Indiana.

Courses offered here by Stephens College

Many people graduate from high school with intentions of going to college. However, many encounter difficulties—some are married, others find jobs they feel they could not leave, some start families.

Whatever the reason, many persons feel they have not really "completed" their education or that they may not be able to accomplish all they wish because they have lacked the "college experience."

Now some Barnes employes are working toward college degrees on weekends by attending the "University Without Walls" program offered at Barnes by Stephens College in Columbia, Mo.

Contacted by members of the staff of the School of Nurse Anesthesia, Stephens has implemented a program in which Barnes employes and others in the St. Louis community are able to take college classes in a classroom on the fourth floor of the Rand Johnson building.

Those enrolled in the courses first take a required seminar on liberal arts. The seminar, to be offered next in June, is the basis for the 'Steps program and is the first step toward a bachelor of arts degree.

Features of the degree program include college credit for work experience and curriculum flexibility. Students are evaluated and credit granted for previous work experience. The program is flexible, offering independent study courses in a variety of areas related to the student's interest.

Stephens was contacted initially so that faculty members of the School of Nurse Anesthesia could work toward college credits required by new Health, Education and Welfare (HEW) guidelines. "Stephens expressed an interest in our needs and was willing to send instructors to us, instead of our going to them," said Helen Ogle, director of the school.

She said that staff members could not take time from work to attend college. "I imagine this is a problem that a lot of people face," Miss Ogle said. "With this program we meet on weekends, we study when we have time during off-hours, and, in the independent study courses, we can pursue areas of special interest."

Doctors' notes

Dr. Robert Deitchman, Barnes psychiatrist, has been installed as president of the St. Louis County Medical Society for 1976.

Dr. Jack Hartstein, Barnes ophthalmologist, recently spoke in Seattle, Wash., on intraocular lens implantation. He also was recently elected vice president of the Contact Lens Association of Ophthalmologists, Inc.
America's

Perk-Me-Up

Coffee is a major part of the daily routine for millions of Americans.

The alarm clock breaks the bad news: time to get up, face another day. Thank God for that cup of coffee, I just couldn't make it without it.

Ever since Ethiopian goatherders discovered their flocks stayed awake all night after feeding on coffee leaves and berries, man has been using some form of coffee to ward off drowsiness. Today the coffee break is an integral part of many persons' daily routine, at home, at play and at work. Americans drink 500 million cups each day.

Each morning and afternoon, millions of the nation's workers pause for a few minutes of relaxation over a cup of coffee. The coffee break is an employee benefit often discussed with prospective job seekers and is a fact of life for employers and employees alike.

Coffee has been taken as a food, a wine and a medicine before coming into its own as a brewed beverage about 700 years ago. Coffee contains caffeine, a drug that acts as a stimulant to mental and physical energy and which is still used today to stimulate the heart and nervous system in certain disorders. It is also used as a remedy for poisoning by alcohol, opium and other drugs that depress the nervous system. (Partygoers are advised to make that "one for the road" a cup of coffee.)

Coffee has become so much a part of the American way of life—how about iced coffee for a summer quencher—that the non-drinker is a rarity and sometimes feels out of place in social situations at home and at work. This minority usually substitutes tea or cola drinks, both of which contain caffeine. "I've never developed a taste for coffee," said one Barnes employee who regularly starts off the morning with a can of soda. "The best thing I can say about coffee is that I love the aroma of it being ground from whole beans at the grocery store."

Way down among Brazilians
Coffee beans grow by the millions
So they've got to find extra cups to fill
They've got an awful lot of coffee in Brazil

Most Americans, however, don't wake up until that first cup of coffee. Studies have shown that caffeine does allay drowsiness and fatigue and facilitates clearer thinking. Although reaction time is appreciably diminished, motor activity is increased and typists, for instance, work faster and make fewer errors after a few cups.

Coffee intake has been routinely restricted for persons with certain health problems, such as ulcers or heart disease. It is not necessarily true, however, that coffee worsens ulcers. "When we withdraw coffee from a person with an ulcer," Dr. David Alpers, a gastroenterologist, said, "normally it is not because the coffee itself is bad for the person, but that the coffee will cause pain."

Dr. Alpers said that he drinks coffee, in moderation, "because it tastes good." He recommends that coffee be drip-brewed instead of perked to cut down on the amount of caffeine.

Kathy McClusky, director of education for clinical dietetics, says she considers coffee drinking an addiction, "I drink a lot myself even now. But as a student I drank more than 20 cups a day. It made me very hyper and I had no trouble going without sleep for long periods. I don't think that's good for you though, and I've cut down."

No tea . . . or tomato juice
You'll see . . . no potato juice
'Cause the planters down in Santos
All say No, No, No!

Many parents feel coffee is an adult beverage and do not allow their children to drink it. One old wives' tale is that coffee "stunts' growth." Dr. Laurence Jacobs, an endocrinologist, doesn't believe that there is anything to that assertion.

"There is no real basis for the notion that children shouldn't drink coffee. It is just the way we are brought up. Children in France, for example, grow up drinking wine every day and that doesn't seem to hurt them. American children get a lot of caffeine from soda pop and chocolate bars."
Some research has indicated that large amounts of caffeine might be harmful to unborn babies. Dr. Ernst Freidrich, obstetrician, said he does not limit his patients to a certain amount of coffee during pregnancy unless they complain about symptoms. “We encourage fluids and I presume many patients use coffee as part of their fluid intake. Caffeine does have some pharmacologic effects on the uterus.”

Dr. John Olney suggests caution. “If it is true that very large amounts of coffee can cause brain damage in an unborn baby, a prudent pregnant woman should limit coffee drinking to only one or two cups a day to be on the safe side.”

A politican’s daughter
Was accused of drinking water
And was fined a great big 50 dollar bill
They’re get an awful lot of coffee in Brazil

Decaffeinated coffee is sometimes recommended for patients with heart disease or others who cannot tolerate caffeine. However, recent studies have indicated that the gastric stimulant in coffee may be something other than caffeine. For some people, only two or three cups of coffee can cause nausea, dizziness or irritability.

Heavy coffee drinking combined with a lot of tea, cola and chocolate can sometimes cause symptoms severe enough to suggest anxiety neurosis. Doctors and nutritionists agree that moderation is the key. “If one drinks a good deal of coffee and has any unpleasant symptoms, cutting down on coffee for a few days may alleviate some of them,” one doctor suggested.

For the great majority, however, facing the day without Brazil’s gift to North America is unthinkable. And even though coffee prices have risen sharply, there is every reason to believe that it will continue to be as much a part of the American scene as Mrs. Olson.

Preparing coffee for patient trays are dietetics employees Marietta Owens, left, and Linda Campbell who drinks only one cup of coffee a day. “I just need one to get me going in the morning,” she said.

Ruth Campbell, dietetic intern, fills a coffee cup in the employe cafeteria. “I like coffee black,” she said.

Maintenance worker John Griscom said he has been drinking coffee since he was 18 years of age. “My parents would not let me drink coffee when I was young.”

Larry McCallister, Barnes security officer, prepares coffee in the security office. Many departments at the hospital have their own coffee pots.

“I’ve always preferred coffee to tea,” said Herb Ford of maintenance. “Drinking coffee is mainly a habit with me.”

“that’s the only way to drink it.”
Governor proclaims housekeeping day

Flowers, refreshments and a “thank you” were the order of the day Feb. 13 as Barnes Hospital joined in statewide observances of Missouri Hospital, Housekeeping Employees Recognition Day.

Governor Christopher S. Bond signed a proclamation in Jefferson City saying the state recognizes the importance of the contributions, through personal performance and pride, of the housekeeping employee to the overall health in the state. Barnes executive housekeeper Ernest Launsby attended the state ceremonies.

Corsages and boutonnieres were presented to the approximately 285 housekeeping employees at Barnes. Tom Winston, vice president of Barnes, told employees that the hospital realizes the key role which the department plays and that he was honored to be asked to participate in the observance. Also speaking were Dillon Trulove, assistant director of the hospital, and Mr. Launsby.

Refreshments were served during the day, and the Governor’s proclamation was on display in housekeeping offices. Kenneth Bell, a housekeeper in Wohl Clinics and the department’s “resident poet,” read a poem written for the day.

New intern class begins

Ten students have begun the dietetic internship program offered by the dietetics department at Barnes Hospital. They are Ann Ortbal, Royal Oak, Mich.; Ruth Campbell, Moscow, Idaho; Janet McVey, Missoula, Mont.; Sue Beard, Sabina, Ohio; Peggy Starr, Avila Beach, Calif.; Shirley Kelley, Kalispell, Mont.; Catherine Nara, Mountain View, Calif.; Susan Stern, Valley Stream, N.Y.; Sharon Sass, Plainview, Neb.; and Alane Kalert, Caseyville, Ill.

Staff changes

The President’s Office reports the following physicians have joined the staff, Dr. Arnoldo Kuczer, assistant otolaryngologist, and Dr. Bharath A. K. Kuman, assistant radiologist. Both appointments were effective Jan. 1.

United Way story wins in feature competition

A story profiling the United Way giver has been awarded first place in the feature story category in the 1975 United Way Editors Competition, co-sponsored by the United Way and the International Association of Business Communicators/St. Louis (IABC).

“United Way: A Profile,” received the first place award during an IABC/St. Louis meeting Feb. 24. The story was the center story in the October, 1975, issue of Barnes Bulletin. Competition also was held in news stories, graphic design and photography.

Members of the Barnes public relations department wrote the story which cited a United Way survey of contributors. The story also quoted many Barnes employees on why they support the United Way.

Food Fair scheduled for early March

The annual Barnes food fair, to be known this year as “The Great Bicentennial Nutrition Exposition,” is scheduled for March 10 on the ground level of the East Pavilion.

Kathy McClusky, director of clinical dietetics and education, said the fair will feature booths dealing with weight control, nutrition, outside influences on what we eat, and vegetarian foods. The Lipid Research Center and the Food and Drug Administration will also have booths.

A feature of the fair will be initial weigh-ins of a weight control program for medical center employees. “We will have a three-month program, ending June 10, during which we are going to encourage persons to control or reduce their weight,” Mrs. McClusky said.

Marian Cavaness and Mrs. McClusky are coordinating the program which is sponsored by the education division of the nursing service and by the dietetics department. Weekly weigh-ins are scheduled and a system is being devised to identify participants by number for the purposes of posting results.

Participants who obtain a doctor’s permission to participate in the program will be eligible for a certificate upon completion of the program. Preliminary plans are for participants to weight themselves and for programs during the three-month period featuring medical personnel talking about nutrition and weight control.

“At the booth we will have information about what a person should weigh, based on height and skeletal type,” Mrs. McClusky said. “We are not telling people they are overweight, we are simply saying that if a person is bothered by their weight, perhaps they should reduce.”

The food fair will be part of National Nutrition Week and Barnes dietetic personnel will participate in nutrition programs throughout the metropolitan area.

A moose story

The President’s Office reports the following physicians have joined the staff, Dr. Arnoldo Kuczer, assistant otolaryngologist, and Dr. Bharath A. K. Kuman, assistant radiologist. Both appointments were effective Jan. 1.
Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Jan. 23, to Feb. 23, 1976.

IN MEMORY OF:

Minnie Fleischer
Martin and Lillian Krupin
Dr. and Mrs. Allan Kolker
Dr. John R. Smith
Antionette Bryan
Dr. Harold K. Roberts
General L. J. Sverdrup
Dr. and Mrs. Henry G. Schwartz
Ray E. Becherer
Louise Ann McCann
Mrs. Bertha Becherer
Mr. Robert Decker
Jan L. Meyer
Nathan Cowensky
Mrs. Ida Cowensky
Frank Chambless Rand, Jr.
Dr. and Mrs. Clarence S. Weldon
Harry Holmes
Harold and Margot Hastings
Edward Vigus
Harold and Margot Hastings
Mrs. Schantz
Audrey and Stanley Kolker
Mr. and Mrs. O. A. Erickson
Mr. and Mrs. Erickson
Eula C. Hackworth
Caroline Metz
Mr. and Mrs. E. C. Pilasterer
Mr. and Mrs. Robert Burgess
W. Frank Stickle, Jr.
Audrey A. Ross
Lurline Holland
Mrs. W. E. (Mae) Martin
Lois H. Vahe
Jean Graham
David L. Brooks
Mr. and Mrs. Darwin Portman
Edwin H. Twiehaus
M. R. Chambers
David Ehrlich
Radine Ehrlich

IN HONOR OF:

Arthritis Recovery
Jim and Shirl Scheffel

Heart Research
1975 Walk for West County
(Lafayette Service Council)

Patient Care Fund

Dolores Woerheide
Mrs. Joseph E. West
Norman J. Sutter
James A. Maritz
Ann Oglander
Bryan Moser, Jr.
Norman O’Connor
William A. Stern
May P. Stern
Ruth B. Mauk
Helen Williams
Louise Olin Walker
Francis A. Stamper
Ronald E. Anderson
Jennie C. Golding
Tolise Purfloy
Effie B. Curd
Granita M. Fugger
Peter K. Bottchen
Marcella Busenhaert
Toby Goldstein
Ela Mueller
Bert Neugarten
Julia McCormick
Pandeli Sotir
Arthur A. Zimmerman
James Wallace
Mathilde Westin
William H. Deal
Amy E. Webster
Raymond Hosken
Eldon C. Weder
Phillip Light
Mr. and Mrs. Arthur Smith
Thomas Stipcak
Mr. and Mrs. Meyer Levy
Mr. and Mrs. Philip L. Moss
Mrs. Argie Belt
Carla Miramonti
J. J. Mikulin
Mr. and Mrs. John Pomatto, Jr.
M. R. Chambers
Caroline T. Gardiner
W. W. Duckworth
Harry Gleditsch
John Bohlen
John Bollero
Margaret Case
Louise B. Croft
Leona Gollaher
Alberta Huber
Mrs. Bertha L. Jenner
Milton Kuskin
R. T. Miller
Frances Ann Parrish
Don L. Proctor
Lenora Riffle
Eli C. Seigel
Viola M. Sharp
L. E. Smith
Basil F. Starkey
Walter Steinmeyer
Philip N. Hirsch
Mrs. Alfred Seele
Thomas N. Dillard
Mr. and Mrs. Warren Friedlander
Mr. and Mrs. Roscoe Lee
Mr. and Mrs. Austin Magraw
Helen M. Bullmer
Iva E. Bye
Mary E. Drumm
Anna Kussman
Dolores E. Rose
Wilson J. Scharr
Mr. and Mrs. Robert J. Schatz
Jim and Shirl Scheffel
Mr. and Mrs. Raymond A. Zimmerly
Willis Wilson
Margaret Jones

Going up

A new landmark in the medical center is this 250 feet smokestack being constructed across Euclid from the McMillan building. An older, and shorter smokestack is at left.
Nancy Olson receives diploma as a graduate of the dietetic intern program at Barnes. Presenting the diplomas were Doris Canada, right, director of dietetics, and Joseph Greco, associate director of Barnes. Miss Olson is now employed in the nutrition clinic.

Doctors’ notes
Dr. Thomas Ferguson, Barnes surgeon, was recently installed as president of the 1,500 member Society of Thoracic Surgeons at a meeting in Washington, D.C. He recently delivered lectures at Michigan State University, Cleveland (Ohio) Clinic and the University of California at Irvine.

Dr. Lawrence Kahn, Barnes pediatrician, has been re-elected president of the St. Louis Regional Maternal and Child Health Council. He has served as president since 1974 when the council was founded to improve maternal and child health services.