Barnes among best managed hospitals

Barnes Hospital, the sixth largest voluntary secular hospital in the nation, is one of the best managed, according to data published in the May, 1977, issue of Modern Healthcare magazine. Only one other hospital of the six largest showed any surplus, while the remainder operated at deficits in the millions of dollars.

Barnes' success is attributed to efficiency of operation including a high occupancy rate (86%) for a large teaching hospital and an effective employee to patient ratio. Also mentioned was Barnes' ability to conduct its building program without having to resort to borrowing and the resultant cost of debt services.

According to the article, Presbyterian Hospital, New York City, with 1,482 beds, had a $1.9 million net deficit in 1976; New York Hospital (1,440 beds) showed a $3.4 million net deficit; Montefiore Hospital, Bronx, N.Y. (1,312 beds) had a $1 million net deficit in 1976 and is projecting a $3.8 million net deficit this year; Mount Sinai in New York (1,212 beds) suffered a $2.4 million deficit in 1976 and is projecting a $5.6 million net deficit for 1977. The hospitals cited spiraling costs as the main factor causing the deficits.

Besides Barnes, which showed a $1.2 million excess of income over expenses, only Harper-Grace Hospitals in Detroit, with 1,392 beds, showed a surplus and that was of $350,000. Of the ten next largest voluntary secular hospitals included in the survey, only four operated at a surplus.

Robert E. Frank, Barnes president, said the cooperation of everyone at the hospital in curbing waste and working efficiently has contributed to keeping costs under control here. Consequently, costs per patient day have risen less than at most other hospitals. Mr. Frank emphasized that every penny of the excess of revenue over expense generated at Barnes Hospital is kept in the hospital operation, mostly to purchase newer and better equipment and facilities to make the hospital even more efficient.

Whiteside is orthopedic surgeon-in-chief

Dr. Leo Whiteside has been named orthopedic surgeon-in-chief, succeeding Dr. Fred Reynolds, who had been serving as temporary chief during the past year.

Dr. Reynolds, who was previously orthopedic surgeon-in-chief from 1956 to 1972, will continue on staff.

Dr. Whiteside took his residency in general surgery and in orthopedic surgery at Barnes. In 1976 he was named the J. Albert Key Fellow in orthopedic surgery.

Contracts are let, ground broken for new West Pavilion

Contracts have been let, ground has been broken and construction will begin soon on the 17-story West Pavilion at Barnes Hospital.

Raymond E. Rowland, chairman of the hospital's board of directors, turns the first spadeful of dirt to break ground for the West Pavilion July 14. Also participating were Barnes administrators and representatives from McCarthy Brothers Co., general contractors, and Kenneth E. Wischmeyer and Partners, architects for the project. From left are Tim McCarthy; Tom Dollar, project manager; Francis McCarthy; Adolph Felder, project architect; Ed Wilhelms, of Wischmeyer; Mr. Rowland; Bill Haig, architect's project representative; Kenneth Wischmeyer; Barnes President Robert E. Frank; and Tom Winston, Barnes vice-president.

Because of the construction, the admitting entrance to the East Pavilion recently was relocated to the south side of the building and the west entrance was closed.

Included in the new structure will be operating rooms replacing older facilities in Rand-Johnson. Also included will be x-ray services provided by Mallinckrodt Institute of Radiology, several intensive care units, acute kidney dialysis and organ transplant units.

Hospital departments moving to the new building will be admitting, accounting and pharmacy. House staff quarters also will be located in the West Pavilion.

Mr. Frank said he was pleased with the bids received for the construction. "We could not have expected that the bids would have been as low as they were," Mr. Frank said. "I think this reflects the work and planning which the hospital has done in order to provide the type of facility which will meet our needs and the needs of our patients, and, at the same time, keep expenditures to a minimum."

McCarthy Brothers Co. submitted the low bid for the general construction. Subcontractors will perform specific projects such as plumbing and electrical installation.

The West Pavilion construction—including additions to the East Pavilion—will provide more than 450,000 square feet of new space and approximately 150,000 square feet more will be renovated.

(Continued on next page.)
West Pavilion
(Continued from page 1.)

The 31 new operating rooms will include 18 for general use, five for cystoscopy procedures and three outpatient surgery rooms. A new cardiothoracic intensive care unit will include five operating rooms.

Approximately 250 patient care beds will be available in the West Pavilion. Included in that number will be 82 acute care beds, 104 psychiatric beds, an 11-bed surgical intensive care unit, a 10-bed respiratory care unit, a 21-bed organ transplant unit, a 12-bed cardiothoracic intensive care unit, a four-bed orthopedic surgery intensive care unit and a six-bed burn unit.

Other features of the building will be a 110-seat amphitheater, new heart station facilities, a new chronic dialysis unit to be operated by the School of Medicine and space for surgical pathology.

Admitting facilities will include provisions for most admitting tests to be conducted in the admitting area. These include blood tests and chest x-rays. A large area will be provided for patients being discharged. Patients who must wait for transportation will be able to leave their rooms on time, making the rooms available for patients being admitted.

The first floor will house admitting, pharmacy and accounting in addition to some other administrative offices. The second floor will house cardiothoracic surgery, complete with operating rooms, recovery room, intensive care unit, rooms for pre- and postoperative patients and some special procedure rooms.

The third floor will be devoted to operating rooms. The fourth floor will house a new burn unit, sleeping quarters for approximately 50 house staff physicians, classrooms and closed-circuit television rooms. The fifth floor will accommodate kidney transplant surgery and an intensive care unit for general surgery.

Floors six through eight will house general and orthopedic surgery patients as well as those with severe lung problems. The ninth and tenth floors will provide Mallinckrodt Institute of Radiology X-ray services. The eleventh floor will be reserved as a shell for future expansion and the twelfth floor will contain mechanical equipment to control electrical power and air circulation systems.

New backup power equipment will further ensure that all sections of the new facility will have power in any power failure.

Psychiatric patients will be treated on the fourteenth and fifteenth floors which will provide extensive recreational and treatment facilities. Additional faculty offices will be on the sixteenth and seventeenth floors.

A walkway between the top floor of the West Pavilion building and the seventeenth floor of Queeny Tower where dining facilities are located is also included

Presents Burford lecture
Dr. John A. Waldhausen, chairman of the department of surgery at Pennsylvania State University School of Medicine, delivered the seventh annual Thomas H. Burford Lecture in Thoracic Surgery on June 30. His topic was "The Role of Surgery in Coronary Artery Disease."

The Burford Lecture was established in 1971 to honor Dr. Thomas H. Burford, a former Barnes cardiothoracic surgeon-in-chief who died in May.

Therapy for patients includes a variety of crafts, displayed here by Peggy Culpchen, assistant, and Francie Woods, registered clinical therapist.

Arts, crafts play big role in patients' recovery

The dark-haired, motherly woman sits quietly at the table. She is neatly, but not fashionably, dressed. She works studiously, half smiling, twisting and knotting the jute into what is unmistakably an owl. The final knot is pulled tight. She holds the owl at arm’s length, above her shoulders.

"Looks cute, doesn’t it." She beams. "Yes, it looks real cute," the therapist answers.

The therapist is part of the activity therapy department which offers macrame and other activities in an occupational therapy program for Renard Hospital patients. There are about 100 patients, most of them women, and each pays a $7 daily activity fee. In return, they receive supplies and supervision in such crafts as woodworking, ceramics, jewelry-making, weaving, sewing and leatherwork. The department is fully equipped, including a ceramic kiln and a copper enamel kiln.

"In occupational therapy, we use activities that are not necessarily directly related to employment," said Marion Warack, director of activity therapy. Mrs. Warack explained that the activities help the occupational therapy staff determine how ready the patient is to return to his or her everyday life.

For instance, the patient described above chose to do a macrame (knotted rope) wall hanging. While she worked on that project, the therapist observed her. By watching the patient, the therapist determined how well that patient followed instructions, what her work habits were, and how she viewed authority figures.

The therapists work closely with the psychiatric resident assigned to each patient. The therapists record their observations on patients' medical records and once a week the residents and therapists meet to discuss the course of therapy for individual patients.

Three registered clinical occupational therapists, including Mrs. Warack, and three assistants are assigned to the activity therapy department. The therapists have college degrees plus six months of field experience internship. The assistants have extensive in-service training. Mrs. Warack said she wants her staff members to be able to work with others, use good judgment and be observant.

"Sometimes a patient may try to hide behind an activity by becoming totally immersed in it," said Mrs. Warack. "The activity becomes an excuse for them not to communicate. The staff must be observant enough to see that the patient needs to develop social skills, needs to communicate. The therapist can then adapt the patient's activities accordingly.

"For instance, in ceramics we try not to let the patients use molds," she said. "We want them to use their own ideas in working with the clay."

The patients benefit directly from the therapy, too, besides going home with bags full of handmade crafts. "Most of our patients are depressed, so we try to select activities that will build their self-esteem and make them feel good about themselves," Mrs. Warack said. "The average patient stays only 25 to 28 days, but it doesn't take long to determine a patient's interests."

Mrs. Warack and her staff encourage the patients to be independent. Unlike recreational therapy, where the patients take tours and trips as a group, occupational therapy is individualized and goal oriented. The staff also tries to make sure the patients enjoy themselves.

"We take into consideration what the patient would like to do. If the patient isn't interested in a particular activity, it isn't going to serve any purpose," Mrs. Warack said. "But if a patient enjoys a certain craft, it can be of tremendous help."

For example, a female patient may be admitted for psychiatric care because of severe depression. Perhaps she is a housewife with several children and her day-to-day life gives her nothing to feel proud of herself. In occupational therapy the therapists discover that she wants to learn how to needlepoint.

By teaching that patient to needlepoint, the staff helps her learn an activity that gives her a feeling of worth, an opportunity to serve herself and a constructive way to use her leisure time.

"It's important to help patients develop leisure time interests. We try to find activities that are meaningful for them, not just filling time," Mrs. Warack commented. "If a patient isn't interested in traditional activities, we have a typewriter they can use, they can listen to music—or just talk."

Each day at least one therapist visits patients on the floors so patients who cannot come to the activity therapy department on the first floor can participate in some activity.

Elected to HFMA post
Robert E. McAuliffe, Barnes vice-president and controller, has been elected a director of the Greater St. Louis Chapter of the Hospital Financial Management Association for 1977-78.

Name is omitted
The name of Sandy Schwartz was inadvertently left out of last month's story about clinical specialists and nursing care advisors. Mrs. Schwartz is a nursing care advisor in otolaryngology.
Doris Canada retires after 19-year career here

What began as a high school project for Doris Canada resulted in a 19-year career at Barnes Hospital. Mrs. Canada retired July 27 as director of dietetics.

Mrs. Canada, a native St. Louisan, first became interested in dietetics when she was a student at Roosevelt High School. In a course called vocations, one of her projects was to interview someone in a career that interested her. Mrs. Canada's family included several physicians, and one of them encouraged her to investigate the field of dietetics.

"My father was an accountant and he wanted me to go into that field," said Mrs. Canada. "But I came over to Barnes and interviewed the chief dietitian here."

Mrs. Canada pursued dietetics, earning a bachelor's degree in nutrition and dietetics from the University of Illinois. She then returned to St. Louis and served her dietetic internship at Barnes Hospital. In 1935 she worked as a dietitian in the main kitchen before leaving to raise her family.

In 1958 Mrs. Canada returned to Barnes as a clinical dietitian in the medical wards. "In those days my office was out in the hall. I had two assistants and they worked in the hall, too," Mrs. Canada said.

"The whole operation was a lot smaller then," she added. "We had 'either/or' menus—private patients had a choice of just two entrees. The ward patients had no choice at all, except on Fridays. Then they could choose between a meat entree and a non-meat entree."

In 1961 Mrs. Canada was appointed director of dietetics and the dietetic internship, responsible for dietetics education and patient and personnel food service.

"Over the years, there have been many changes in our menus. Much has been learned about the dietetic treatment of disease. Now we try to provide food for patients on diet modifications which is as near to normal as possible," she said.

"Since Barnes is a teaching hospital, we have many very ill patients who have been referred here for the latest in medical care," she added. "Part of that care includes special diets. Thirty-five percent of our food trays are modified diets."

Although there are many variations in the trays delivered to patients, Mrs. Canada has always been careful that one thing remains constant, the quality of the food.

"As far as the hospital is concerned, preparing food from scratch is far more desirable than using convenience foods. We have excellent pastry chefs and cooks. We don't use any convenience foods such as frozen entrees and desserts that are warmed up and served," she said.

Mrs. Canada thinks good food is important in the home as well. "It's nice to prepare food at home and keep the family together for meals. Eating is something that should be done slowly and in the company of others." But I will also fish," she said, "and my favorite sport is swimming." She said she will have more time for visiting with her sons, too, one of whom lives in St. Louis and the other in Los Angeles.

"I know I'll miss Barnes Hospital," Mrs. Canada said. "I've enjoyed working with the many dedicated and talented people here."

Practice saves lives in the case of CPR

The heart stopped pumping; the lungs stopped breathing. But swift action by those nearby revived the victim. That action is cardiopulmonary resuscitation (CPR) and the technique is a lifesaver in emergency situations.

"CPR is a basic maneuver, but basics take time and practice," said Dr. Allan S. Jaffe, fellow in cardiology. For that reason, an ad hoc committee of the respiratory therapy advisory committee proposed a program to provide a refresher course in CPR to new Barnes interns and residents.

Dr. William D. Owens, medical director of respiratory therapy, and Dr. Jaffe planned the program and served as instructors in the CPR sessions. A session was held for each of the ten clinical departments.

"During the sessions we emphasized the basics: how to maintain respiration and how to maintain cardiac perfusion externally," said Dr. Owens, who is one of the few people in Missouri certified as an advanced instructor in CPR. Attendance at the hour-long sessions ranged from six to 30 house staff members.

The methodology of Code 7 (cardiac arrest) and the reasons for learning CPR were discussed at the hour-long sessions. CPR technique consists of establishing an airway for the victim by clearing away obstructions, mouth-to-mouth resuscitation, and, finally, rhythmic compression of the heart to provide blood flow.

There were one instructor and one Resuscianne for every six session participants. Each participant practiced CPR on the mannequin. Dr. Jaffe said that to remain competent at CPR, one should have a refresher at least every one to two months.

In addition to Dr. Owen and Dr. Jaffe, instructors were Dr. Kenneth Arnold, general surgery; Dr. Joseph Black, neurology; Dr. Leonard Fabian, anesthesiology; and Dr. Thomas Ferguson, cardiothoracic surgery. Respiratory therapy technical director Terry Houts and employees LaMonte Estes and Robert Karsch also assisted in the program.

The education and training department provides a continuing program of CPR instruction for Barnes employees. The Heart Association and the American Red Cross have CPR programs for the lay public.

Statistics show that 80 percent of the people who die from heart attacks die before they reach the hospital. "In an emergency, if you have an idea of how to do CPR, try it," said Dr. Owens, "because all is lost if you don't."

Queeney Tower switches all phones to Centrex

Ninety phones in Queeney Tower are scheduled for switchover to the Barnes Centrex system August 10. George Voyles, director of telecommunications, has announced. At the same time the Queeney Tower telephone number will be changed to 454-2900.

Most of Queeney Tower has been on Centrex since 1973. The 90 phones now affected by the switch-over are on floors 13 through 18.

"Now that all of Queeney Tower will be on Centrex it will be much easier to handle incoming calls," Mr. Voyles said. "Before, if someone called the Barnes switchboard and wanted to talk to a person in Queeney, we had to ask them to hang up and dial the Queeney number. Now we can transfer the call directly to the person in Queeney.

"Another reason for the switch to Centrex is to increase our efficiency," Mr. Voyles added. "All hospitals have to be concerned with eliminating duplication of services. We were operating two switchboards that were doing essentially the same thing. Now we have consolidated our switchboards and that will result in considerable savings."

(Earlier this year, Jewish Hospital converted to a Centrex system. However, that system is not connected to the Barnes Hospital/Washington University School of Medicine system and calls between the institutions must be dialed as outside calls.)
Sign Language

Signs: They rest on desks, cling to doors, decorate partitions, or adhere to walls. They hide inside locker doors or beneath glass desk shields. Some brazenly swing from mobiles or are tacked on bulletin boards.

Motivations for signs are as varied as the messages they carry. Signs can make it easy to say something one doesn’t have the courage to verbalize. They can be used to put visitors at ease or to expound one’s personal philosophy about any subject. Some are merely cute or catchy sayings that appeal to the person who posts them. Others are cryptic messages that mean something only to a few people in the know.

The signs range from witticisms like “Betty Crocker is stir-crazy” to those that use a humorous twist to painlessly emphasize a point like one in the emergency room: “Don’t lose your temper here—we don’t have time to help you find it.”

Others elicit a smile by turning around a familiar cliche: “They said it couldn’t be done, and, by golly, it couldn’t.” And “A closed mouth gathers no feet.” And from a pet lover: “Every litter hurts.”

Some are sincere sentiments touching on everyday life. Julie Scheel, dietetics, displays “Teamwork makes any job easier.” Karen Cizak, dietetics, believes “Happiness is made to be shared.” Of all her buttons, one of Rusti Moore’s favorites is “Be all you can be.” Other sentimental signs include “The sweetness of life lies in dispensing with formalities.” And “Have you hugged your children today?” The nursing station on 6400 reminds everyone “To love and be loved is the happiest thing on earth.”
Many people prefer signs whose primary purpose is to amuse, not philosophize. These include one in Paul Foeller’s office in plant engineering: “I finally got it all together, but I forgot where I put it.” John Keppel, patient accounts, has several, including “Warning, my disposition changes without notice.” And “I know you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant.”

Anyone who habitually works from a cluttered desk would find Sandy Lindquist’s “A clean desk is a sign of a sick mind” humorous. And who wouldn’t agree with anesthesia secretary Kara Seidell: “We spend approximately one-seventh of our lives on Monday”? Is there anyone who hasn’t cringed at “But we’ve always done it this way!”

Many signs are combined with illustrations that help get the point across, like the poster behind Carol Ezell’s desk in education and training. It shows a pack of lemmings heading toward the sea and suicide. But one has an inner tube around his middle. The caption is “Different drummer, my foot—He’s never done anything right in his whole life.”

Some of the favorites around Barnes appear to be characters from the “Peanuts” cartoon strip. “People always expect more of you when you have naturally curly hair” is one example.

Some have to be seen to be appreciated—and they sometimes show up when least expected. So “Look before you leap” and “Don’t believe everything you read.” but “Seeing is believing,” even if it’s “A horse of another color.”
Barnes shares knowledge with Illinois nurses

Health care for babies in southern Illinois begins well before birth, and two nurses here can take partial credit for that.

The nurses are Colette Chase and Mary Lou Williams, who represent Barnes and St. Louis Children’s Hospitals in the Illinois Perinatal Outreach Education Program. “Perinatal” is the time from conception to the infant’s 28th day of life.

The perinatal program is a project of the Illinois Department of Public Health that helps community hospitals care for high risk maternity patients and newborns.

Barnes and Children’s share designation as one of two perinatal referral centers for the one million residents of the Illinois region south of Vandalia. Illinois gives financial assistance to patients who qualify for high risk care at these centers. (High risk mothers include those with hypertension, pre-eclampsia or eclampsia, diabetes or any severe medical disorder. High risk infants may be very small or premature or have congenital anomalies.)

As a perinatal center, Barnes and Children’s provide up-to-date information directly to nurses and doctors in the region through the Outreach Education program.

Ms. Williams is the full-time coordinator for the nursing aspect of the program. Mrs. Chase, Barnes nursing care advisor for obstetrics, also devotes time to the program. Together they plan and present conferences at community hospitals in southern Illinois. They also direct a visiting nurse program at Barnes and Children’s.

The conferences are usually co-sponsored by the host hospital and the local chapter of March of Dimes. Thirty to 120 people attend the workshops, including hospital and public health nurses. Meetings cover such topics as identification of the high risk mother and neonate, nursing care of the pregnant diabetic, stabilization and transport of the high risk infant and parent-infant bonding in high risk situations.

Ms. Williams and Mrs. Chase visit the host hospital prior to a workshop so they will know the environment in which the participating nurses work and the equipment they have available to them. The program can then be geared to the specific interests of the participants.

“It’s great to get out and see what community hospitals are faced with,” said Ms. Williams. She and Mrs. Chase teach the conference participants what they can do for the high risk patient with the equipment they have and what equipment and skills are available at the perinatal center.

“We have nurse lecturers,” Mrs. Chase said, “because it was observed that nurses tend to listen differently to nurses. They feel freer to ask questions and can establish a better rapport, nurse to nurse.”

Each participant at the conference is invited to visit the Barnes-Children’s perinatal center. So far, more than 50 nurses have taken advantage of the two-day educational visits.

The first day of their visit, the nurses choose their area of emphasis: labor and delivery or nurseries. This is the longest clinical day, with nurses observing perinatal activities from 7:30 a.m. to 3:30 p.m.

In the labor and delivery suite, each visiting nurse is assigned to a Barnes nurse who is caring for a patient in labor. Because approximately 60 percent of Barnes deliveries are moderate to high risk, the visiting nurses have a good chance of seeing the actual problems they may have to deal with.

Nurses who choose the nursery emphasis for their first day observe the Barnes observation nursery (first six hours of life), the premie nursery and Children’s neonatal intensive care unit. They also learn gestational age examination and newborn physical examination.

The second day, the nurses visit the section they did not visit the first day. They also tour the postpartum area, the perinatal laboratory and the normal newborn nursery. Dr. James Jones, obstetrical anesthesiologist, reviews for the nurses management of the fetus during labor and infant resuscitation.

The nurses also observe the obstetrical complication clinic conference, where the course of therapy for undelivered patients with complications is discussed. They receive handouts throughout their tours that discuss in detail the tests, monitors and specialized care they see.

The visiting nurses’ local chapter of March of Dimes and their hospital usually give them funds for room and meals during their visit to Barnes. The nurses stay at Queeny Tower unless they are from a town very close to St. Louis.

Personnel here at the hospitals contribute their time and knowledge to the program. “We went to the head nurses of the areas which would be involved and asked them if their nursing personnel could participate in the visiting nurse program,” said Mrs. Chase. “The head nurses were very willing and the personnel seem to enjoy it.”

One of the visiting nurses commented, “All personnel are very willing to share information. I appreciated the time they took to help.”

“The program helps the visiting nurses ease their patient’s transition into the perinatal center,” Mrs. Chase said. “They know, and can prepare her for, the treatment she may be receiving. She can ask nurses who have visited the center feel freer to ask questions and call or write for information.

“What we are ultimately trying to do,” said Mrs. Williams, “is to provide better care for the high risk patients who are brought in. We hope the number of high risk patients will decrease because the nurse at the community hospital will know what to do prenatally.”

Volunteers needed for cancer information center

Volunteers are needed to staff a cancer information center which opened in the medical complex last month.

Katie Beyer, Barnes volunteer director, said hospital volunteers will staff the center during morning hours and will direct visitors to printed and audio-visual sources of information about malignant disease, its treatment and prevention.

The Cancer Information Center is sponsored by the division of radiation oncology of Mallinckrodt Institute of Radiology and is located on the first floor of Barnard Free Skin and Cancer Hospital along the Barnard corridor. It is open Monday through Friday from 9 a.m. to 4:30 p.m. Members of radiation oncology will staff the center during afternoon hours.

Ms. Beyer said that Mrs. Fred Hermann and Ms. Clara Clark, Barnes volunteers, in collaboration with Mary Jo Tillman, communications associate for radiation oncology, supplied the initial impetus for the center’s ultimate goal of providing answers to cancer-related questions. “Of course volunteers do not give medical advice, but they can direct the questioner to material in the center,” she said. The information comes both from in-hospital sources and from external sources including the American Cancer Society.

The center will serve the needs of both the public and medical professionals. Much of the resource material has been made available by radiation oncology and its director, Dr. Carlos Perez.

In addition to directing visitors to printed material and videotapes, the volunteer or librarian-attendant also will direct persons to hospital or outside sources of specialized assistance for counseling in social, psychological, economic or vocational areas or with other concerns. Referrals can be made by phone by calling 454-3460.

Future plans are for the center to offer more services including displays from the American Cancer Society. Instruction is expected to be offered on breast self-examination using a partial mannequin furnished by the society. Other plans are to establish a chapter of “Make Today Count,” a lecture-discussion series for patients with terminal disease.

Persons interested in volunteering in the center are asked to call Ms. Beyer at 454-3446.

Infection control coordinator retires

Mary E. Shannon, infection control coordinator, retired on June 25 after almost 23 years of service to Barnes Hospital.

Ms. Shannon said she wanted to have more time to devote to her mother, who is 92 years old and lives in Indiana. “I plan to travel quite a bit to visit my mother as well as my two sisters in Indiana, one of whom lives in New York,” she explained. However, she added, St. Louis will remain her home.

She was presented a Certificate of Appreciation on her retirement by hospital President Robert E. Frank in ceremonies attended by Walter Hanses, assistant director, and John Warmbrodt, executive vice-president.
Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from June 22 to July 25, 1977.

IN MEMORY OF:

Heston (Dixie) Trovillion
Norma Foster
Dorothy Lampe
Luna Burness
Alice Kelly
Howard Henner

Robert Otto
Dr. and Mrs. E. Lawrence Keyes
Mr. and Mrs. John C. Jansing

Dr. Thomas Burford
Dr. and Mrs. Henry G. Schwartz
Mr. and Mrs. Willoughby H. Johnson
Dr. and Mrs. Heinz Haffner
Mrs. Clemence L. Hein

Mrs. Robert Raskowitz
Dr. and Mrs. Henry G. Schwartz

Dr. Bennett Alvis
Dr. Fred C. Reynolds
Dr. and Mrs. H. R. Hildreth
Dr. Eugene M. Bricker

Malachy McAuliffe
Gerald Orbals

Mrs. James Nolan
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Dr. Robert H. Lund
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Dr. Richard V. Bradley
Dr. Lawrence W. O’Neal
Dr. Joseph Edwards
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Dr. and Mrs. Henry G. Schwartz
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Elizabeth Abbott
Alta Langford
Mr. and Mrs. Michael O'Neill

Dr. Edwin Gildea
Barnes Hospital Directors and Administration
Dr. and Mrs. H. Rommel Hildreth
Barnes Hospital Society

Lee S. McSpadden
Mrs. Wm. R. Holmes

IN CONTINUING MEMORY OF:

Dr. Glover H. Copher
Mrs. Wm. S. Bedal

IN HONOR OF:

James Singer’s Birthday
Millie and Dick Prager

Patient Care Fund

Judi Hall
Mr. and Mrs. Herman Walter
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Florence Hill
Augusta Gregory
Maurice McCoy
Mrs. A. J. Reynolds, Jr.
Mrs. Tolive Purifoy
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Elise Kaiser
Mary Joyce
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Morris Gibson
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Joan Schmidt
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Charles Swan
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Frieda Schatte
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Mrs. Ruie Cook
Mr. and Mrs. Willard Fitch
Mrs. Russell Reno
Ralph Sehrt
Margarette Westenholz
Nancy Sue Young
Mr. and Mrs. Dale Luchhead
Mrs. L. M. and Louise M.
Henry (in honor of Dr. Virgil Lob)
Mr. and Mrs. W. H. White- side
Louis Scatle
Thomas Hugel
Velma Bernice Sanders
Eda DeGonia
Alton Jarvis
Mrs. Glendon Keiser
Mrs. Hope Komrn
(in honor of grandson’s re- covery)
Clarine Hamilton
Clan Kaeper
Gilmore Helkamp
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Clara Lee
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Lucille Faulkner
Charlotte Moore
Eve Richter

Eleanor Harford
Mrs. William Benz
Elise Traufer
Eleanor Condle
Alfred Steiner

Annual Charitable Fund

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Mr. and Mrs. R. L. Burridge
Mr. and Mrs. Bert Machling
D. L. Beck
Mr. and Mrs. William
Wischmeyer
Lawrence Langsam

Dr. and Mrs. Louis Gilula
Mr. and Mrs. H. H. Vankirk,
Jr. (in memory of Robert Mathis)
Morgan Day
Lester Tober
Edna Ross

Memorial Endowment Fund

Birdie Brynda
Lenore Hilbert
Mr. and Mrs. Karl Hoffman
Esther Melman
Hilda Evans
Faith Ward

Lela Merrell
Dorothy Brodhead
Rebecca Plummer
James McCrory
Beneta Jelie
Fanny Furtine

Building Fund

Mrs. John S. Lehmann

Doctors notes

The following physicians are reported on staff effective July 1, 1977: Dr. Joseph G. Sandza, Jr., assistant cardiothoracic surgeon; Dr. Gregory A. Sicard, assistant surgeon; Dr. Jordan H. Ginsburg, assistant orthopedic surgeon; Drs. Yvonne C. Busmann, Kutay Taysi, Ingomar D. Mutz, James E. Carroll, Kathleen Schwarz, Arnold W. Strauss, Max H. Burgdorf, Susan B. Conley, David S. Olander, assistant pediatricians; Dr. Supoke Phipatanakul, assistant otolaryngologist; and Dr. Mohammad F. Bashi, assistant anesthesiologist. Also on staff are: Dr. Glen I. Reeves, assistant radiologist, effective January 1, 1976; and Dr. William J. Gallagher, Jr., effective June 2, 1977.

Dr. Charles Eckert has become the second person in the history of Albany Medical College to receive the appointment of Distinguished Professor. Dr. Eckert served his internship and residency at Barnes from 1939-1944 and was a Barnes associate surgeon at the time of his appointment as chairman of Albany’s department of surgery in 1956.

Dr. William M. Landau, Barnes neurologist-in-chief, has been elected president of the American Neurological Association.

Dr. Robert C. Drews, Barnes ophthalmologist, is 1977 secretary-treasurer of the Pan American Association of Ophthalmology.

Dr. Carlos A. Perez, director of radiation oncology, recently participated in a meeting of the American Radium Society in Las Vegas, where he moderated a symposium on “Current Management of Malignant Tumors of the Gastrointestinal Tract” and presented a paper on “Effects of Irradiation on Mixed Mesodermal Tumors of the Uterus.” He also participated in meetings of the American Society of Clinical Oncology, the Pan American Radium Society, and the American Society of Clinical Oncology. He was elected to a three-year term on the board of directors of the American College of Radiology.
Turnbough selected as maintenance man of year

Clyde Turnbough, a member of Barnes plant engineering and maintenance staff for 35 years, has been selected the outstanding member of the department for 1977.

Mr. Turnbough, a native of the Piedmont, Mo., area, is a general maintenance employe of Barnes. He received a plaque engraved with his name from Don Braeutigam and Fred Scheder, co-assistant directors of the plant engineering department. The presentation was made during the department’s annual appreciation day activities June 7.

Mr. Turnbough remembered that maintenance programs were difficult during World War II because of the lack of parts. “We had to just about make anything we needed because we could not order repair parts,” he said.

Thomas Winston, vice president of the hospital, addressed the group. He thanked them for their efforts, answered questions and reported on the plant engineering involvement in the West Pavilion construction and related renovation.

Petts retire as Barnes volunteers

Ernest and Margaret Pett “retired” as Barnes volunteers recently to move to Concord, Calif. Together they had contributed 20 years of service to the patients of Barnes Hospital.

Mrs. Pett, who was a Barnes volunteer for more than 14 years, recruited her husband after his retirement from business and he worked in admitting for more than six years. Mrs. Pett served the last four years in the screening clinic after having worked in dietary and admitting.

Both were honored with going-away parties by their fellow workers. They said they plan to enjoy the California sun and, of course, do volunteer work at a community hospital in Concord. “That’s a lucky hospital,” said Katie Beyer, director of volunteers. “We are going to miss them at Barnes. We need more volunteers like the Petts.”

Dr. Edwin Gildea dies; was psychiatrist-in-chief

Dr. Edwin F. Gildea, Barnes psychiatrist-in-chief from 1942 until his retirement in 1966, died at his summer home in Woods Hole, Mass., on July 19 after a long illness. Dr. Gildea was 79. He was emeritus psychiatrist-in-chief at the time of his death.

Dr. Gildea was a pioneer in the use of biochemical investigation of psychiatric disorders, including the use of drugs and the identification of body chemical changes that contribute to mental illness. He was best known for establishing the relationship between blood lipids and manic-depressive illness.

Survivors include his wife, Dr. Margaret C. L. Gildea, a Barnes associate psychiatrist emeritus.