Dr. Krogstad named head of microbiology

Dr. Donald Krogstad has been named director of Barnes microbiology lab and will work closely with Drs. George Kobayashi and Patrick Murray, associate directors. Dr. Krogstad’s special interests are in nosocomial infections and the role of plasmids in antibiotic resistances.

Dr. Krogstad pointed out that nosocomial infections are a major problem in any hospital, from both a medical and an economical point of view. “When a patient contracts an infection while in the hospital, his length of stay is prolonged, running up his hospital bill and decreasing the number of beds available for new admissions. If the infection cannot be cleared up quickly, the problem is compounded.”

Most infections can be easily overcome with antibiotics, but some are antibiotic-resistant and these are the ones that have captured Dr. Krogstad’s attention. “Genetic information (DNA) is normally carried by the chromosomes, but some bacteria also have genetic material outside of the chromosomes. These bits of extra-chromosomal DNA, which are basically circular in shape, are plasmids and often carry antibiotic-resistance genes and virulence genes.”

The genes on the plasmids can be transferred to other kinds of bacteria, including different genus and species, making them epidemiologically important. In nosocomial infections they may be responsible for the development of multiply resistant organisms which are difficult to treat adequately.

Dr. Krogstad’s research at Massachusetts General Hospital, where he was a clinical and research fellow in medicine in the infectious diseases unit before coming to Barnes, led him to discover the mechanism of resistance to antibiotic synergy in enterococci. Using methods not previously available, he was able to identify plasmids in antibiotic-resistant strains, which ordinary techniques had not disclosed. He hopes further work will point the way to more effective treatment of these enterococci, which are a cause of urinary tract infections and endocarditis, an inflammation of the lining membrane of the heart.

Because of his own earlier studies in research laboratories as well as studies by others, Dr. Krogstad said that the techniques are now available to look at plasmids by size, molecular weight and DNA composition and specific mechanisms of antibiotic resistance. “This allows us to pinpoint where the infection came from and should aid in the control of outbreaks.”

Dr. Krogstad said that techniques commonly used in research laboratories have not until now been applied in clinical laboratories to the problem of nosocomial infections. “At Barnes both the staffing expertise and the tools to do this are available.”

Barnes microbiology laboratories, which were constructed about a year ago as part of the Peters Memorial Building, include anaerobe and susceptibility testing, bacteriology, mycology, mycobacteriology, parasitology and serology.

Dr. Krogstad, his wife Fran and their six-year-old twin sons, Kirk and Rick, live in University City.

CPE helps serve patients’ spiritual needs

Two male clergymen, two female seminary students, one lay-woman and one ordained minister who has a part-time chapel at county hospital are the current students in the Barnes Hospital Clinical Pastoral Education program. The program is accredited by the Association for Clinical Pastoral Education, Inc., and is administered through the office of Barnes Chaplain David Wyatt. The six-month program, offered starting in September and January, is conducted two days a week.

The training program is geared toward anyone who wants to experience serving the spiritual needs of hospital patients, such as ordained ministers, lay persons and seminary students. According to Chaplain Wyatt, the students attend classes and visit assigned patients.

“The training program reflects on how well you relate to a person who is in an unique turning point in his life,” Chaplain Wyatt said. He pointed out that it involved a lot of being aware of feelings and non-verbal communication with the patients. “The student must be pretty much in touch with his or her own feelings.”

The students also participate in serving the spiritual needs of the non-Catholic and non-Jewish patients, conducting worship service in the hospital chapel every Sunday morning and providing 24-hour emergency on-call availability for any situations that may arise. Catholic patients at Barnes are served by two priests and Jewish patients are served by a part-time rabbi.

Belton, Linneberger assume duties

Gary Belton, who received a Bachelor of Science degree in business administration from California Poly Tech in 1970, has been named an evening administrator at Barnes Hospital, and Richard Linneberger, who has been an evening administrator at the hospital since July, 1977, began his administrative residency September 5.

Mr. Linneberger, who will graduate from Washington University’s health care administration program in May, 1979, has completed his course work and will serve his residency by doing a variety of administrative duties for Robert Frank and John Warnbrodt.

Mr. Belton, who will share the evening administrative duties with Robert Shirdiff, will have duty Wednesday, Thursday and Friday nights. Like Mr. Shirdiff, Mr. Belton is working toward his master’s degree in health care administration at Washington University. He has had previous management experience at Michelin Tire Center and at the Hillcrest Medical Center in Tulsa, Okla.

“CPE offers longer life to cancer victims

Cancer patients are living longer and enjoying better health because of the plateletpheresis and leukopheresis programs of Barnes blood bank, according to Dr. Andrew Heaton, newly appointed associate director of the blood bank, who is a recognized authority on pheresis.

During the first six months of 1978, the number of pheresis procedures done at Barnes has increased by 20 percent over the same period in 1977, to a total of 448. In addition, the program has been expanded to seven days a week and the (continued on page 2)
Pheresis
(continued from page 1)

specialized nursing staff has been almost doubled. It is anticipated that a third pheresis machine of a new type will be added next year. This model is a considerable improvement over previous machines and will allow harvesting of a purer product.

The need for the expansion of pheresis availability reflects the more aggressive therapy now possible for cancer patients, particularly those with leukemia, Dr. Heaton said. The Red Cross is the only other facility with pheresis capability in the bi-state area, and Barnes does a similar number of pheresis procedures for its patients as the Red Cross does for the remainder of the bi-state area. The two work closely together, and Dr. Heaton is an associate director of the Red Cross in addition to his duties at Barnes.

"Barnes is a nationally known cancer treatment center and patients come here from throughout the area for chemotherapy and radiotherapy," Dr. Heaton said.

"In the 1960s life expectancy for both childhood and adult leukemia was about six months. Today that has increased up to tenfold for children and quadrupled for adults. This is directly attributable to the more aggressive management of cancer that is possible in the 70s."

He explained that the major limitation oncologists have in the vigorous treatment of cancer is the occurrence of infection and bleeding as side effects of anti-cancer therapy. "In the '60s cancer patients would usually bleed to death. Today we are using pheresis to replenish the patient's platelets when their bone marrow is temporarily unable to do that job as a result of drug or radiation therapy of the cancer." (Platelets are the clotting factor of blood.) In the same way, he added, leukopheresis replenishes the white cells to enable patients to fight off infections while their own ability to manufacture white blood cells is inhibited by cancer therapy.

Dr. Heaton said that 80 to 90 percent of pheresis procedures here are of platelets, the remainder being white blood cells. "The normal lifespan of a white blood cell is one day and that of platelets is about nine days," he said. "Therefore, these components must be replaced that frequently when a patient's own capacity to manufacture them is inhibited by chemotherapy or radiation therapy. This is usually for one to three weeks after therapy. During that period the patient is hospitalized and receives platelets and/or white cells."

Dr. Heaton pointed out that these components can be stored for 24 hours so a list of ready donors has to be immediately available. Barnes and the Red Cross share a donor file that numbers between 1,500 and 2,000, but Dr. Heaton stressed that there is a need for 5,000 to 6,000 navigators for all the various pheresis needing pheresis products. "Because the patient forms antibodies against the platelets and white cells that are transfused and there is only one chance in 4,000 of platelets being compatible, we need a lot of donors to cover the needs of our patients."

Donors and recipients will be matched by computer. Instances of rejection become more common after patients have received many transfusions from a number of donors. If this happens, the blood bank attempts to switch from random donors to either a close relative of the patient or a specially matched donor. In these cases the same person may donate these components several times a week for a short period of time. "But it is still the volunteer pheresis donor that makes the program work," Dr. Heaton emphasized.

The Red Cross solicits pheresis donors from among their regular blood donors, and Barnes doctors urge relatives and friends of cancer patients to consider becoming pheresis donors. A donor must be available for two to three hours probably about once a month. It is possible to undergo pheresis, which extracts only the platelets or white blood cells and returns the red cells to the donor, several times a week because these components replace themselves almost immediately. In contrast, it takes about two months for the body to replenish red cells after a normal blood donation.

Pheresis is a much more efficient method of obtaining blood components than extracting them from whole blood. Components obtained in one pheresis procedure are nearly equal to those contained in six to ten units of whole blood collected in the conventional manner.

Dr. Heaton emphasized the critical need for platelet donors. "Anyone who might be interested can call the Barnes blood bank or the Red Cross. This is a way for a person to make a meaningful contribution that literally can save the life of an adult or child (Barnes provides this service for Children's Hospital patients also.) The satisfaction one derives from knowing this is certainly well worth the time spent on the pheresis machine."

Anna Ikeda stays on top of things

Anna Ikeda, audit coordinator for the nursing service, has in-depth knowledge about nursing care delivered at Barnes Hospital. Deeply involved in quality assurance, she keeps aware of conditions at Barnes by coordinating, developing and conducting retrospective and concurrent audits.

Mrs. Ikeda said that approximately ten years ago very simple audits were begun in the nursing department and in 1974 the present system of retrospective auditing was initiated. "Audits touch base with many other types of systems at the hospital," Mrs. Ikeda said. She works closely with medical records and shares the reporting with the medical staff.

Retrospective audits, developed for each service offered by the hospital, such as psychiatry, medicine and surgery, ensure established elements of care at the patient's discharge, as well as monitor care given throughout their hospital stay. The audit criteria serve as a basis for nursing practices. These important elements of care required for patients with specific diseases are recorded on cards kept on each nursing division for ready availability by staff members.

"I don't know of any other hospital that utilizes the combination process-outcome system for evaluation of nursing care," Mrs. Ikeda said. "We are one of the forerunners."

The concurrent audit was implemented in October, 1977, and evaluates the quality of care given to patients while still in the hospital. The care actually given is measured against predetermined requirements. The patient and nursing personnel are also interviewed to evaluate their perceptions of care.

"Both types of audits are excellent means for objectively evaluating and measuring the quality of nursing care. The results may also suggest areas for educational efforts and policy-procedure changes," Mrs. Ikeda said.

Clean teeth important for radiation patients

"If teeth are properly cared for before, during and after radiation treatment with massive doses of fluoride and strict daily oral hygiene by the patient, tooth decay and resultant problems can be prevented," stated Janet Bee, the registered dental hygienist working on the second floor of Wohl Clinic at Barnes Hospital.

Miss Bee's main function is to clean the teeth of cancer patients who receive radiation therapy. Radiation to the head and neck affects the salivary glands in the mouth, making dry and leading to tooth decay which can cause destruction of the bone, osteoradionecrosis.

"I'm here mainly to take care of radiation therapy patients," Miss Bee said. She first cleans the patient's teeth, then teaches the patient good oral hygiene and, each time the patient returns, she checks to see if the proper oral hygiene practices are being followed. She usually sees a patient three times a week for five-minute fluoride treatments.

"The patients who have followed through with the program have been successful in keeping their mouths healthy and teeth intact," Miss Bee said. In addition to working with radiation therapy patients, she also cleans the teeth of kidney transplant, kidney dialysis, diabetic and heart valve patients. A gum infection or tooth decay complicates the already difficult problems these patients have. Early care preceding immunosuppression can lead to decreasing the incidences of problems. Oral prophylaxis should be considered in all patients anticipating transplants and open heart procedures.

Miss Bee has been at Barnes for three and one-half years. She was hired by the hospital, a pioneer in the field of dental hygiene for radiation therapy patients, soon after research in this area was conducted.

According to Miss Bee, the main problem with cleaning the teeth of radiation patients is that their mouths are very dry after treatment and the fluoride burns badly.

"Most of my people have just been fantastic. I get to know them and their families very well," she said. Miss Bee cleans teeth Monday, Wednesday and Thursday from 8:30 a.m. to 3 p.m. "I think it's a very special service. I want more people to be aware that I'm here," she continued.
Stone clinic offers diagnosis, treatment

Although about 50 percent of patients who develop kidney stones have recurrent episodes, concentrated efforts to evaluate the process that causes stone formation or to attempt preventive therapy have begun only in the last few years.

With this in mind, Dr. Keith Hruska, a Barnes renal medicine specialist, joined forces with Dr. Lloyd Peterson, a urologist, to open a stone clinic which offers a regimen of treatment aimed at the prevention of stone formation. They see patients on Thursdays afternoons in Wohl Hospital. “We are able to determine the cause of stones in 75 to 80 percent of the patients we see and can offer treatment to 50 to 60 percent. Treatment consists primarily of drug therapy and secondarily of dietary and fluid regulation,” Dr. Hruska said.

He pointed out that there are several known causes of stone formation and some unknown. A prime cause is high levels of calcium in the urine, and the reason for this in almost 95 percent of these patients is overactivity of the calcium absorption process of the intestines. Normally, only 20 to 30 percent of the available calcium is absorbed and when this percentage is significantly increased, the calcium level in the urine is also increased, resulting in a concentration which forms stones.

Abnormal levels of calcium in the urine can also be caused by hyperparathyroidism, which results in calcium being leached out of bone into the bloodstream and thence to the kidneys and urine. In other cases the kidneys fail to retain the calcium that they normally remove from the urine. Another cause is phosphate depletion due to a kidney defect which stimulates the production of vitamin D, causing the intestine to absorb increased amounts of calcium.

Besides high levels of calcium in the urine, stones can be caused by excess uric acid or by inborn errors of metabolism that result in cystinuria or oxaluria.

“Kidney stones are extremely painful and may recur as often as several times a month or as infrequently as once every two or three years,” Dr. Hruska said. “Our experience so far has shown that these episodes can be prevented or decreased by oral medication.”

Although Missouri is not located in the “stone belt” of the southeastern part of the United States, stone disease does account for about 30 hospital admissions per 1,000 here. (The average for the United States is five to 20 per 1,000 admissions.)

Patients are referred to the stone clinic mainly by area urologists and internists. They make three or four weekly visits for evaluation and diagnosis. Evaluation includes 24-hour urine tests and blood tests. After treatment is instituted, the patient is seen two or three times the first month, then followed up on an annual basis to assure continued effectiveness of the medication. Dr. Hruska reports a dramatic decrease in stone formation for patients on therapy, but cautions that the medication must be taken regularly, probably throughout life.

Adjuncts to drug therapy include diet and fluid control, but each of these has both a good side and a bad side. “We are talking about a fine manipulation of complex metabolic processes,” Dr. Hruska said. For example, almost everyone knows that milk is a major source of calcium, and decreasing the intake of milk decreases the amount of calcium in the urine. However, oxalate is a significant component of calcium stones, and all foods contain oxalates. A low-calcium diet enhances intestinal oxalate absorption, leading to excess urinary oxalate. “Therefore, the amount of calcium in the diet has to be adjusted to a level that is low enough to prevent excess calcium absorption yet high enough to prevent too much absorption of oxalate,” Dr. Hruska said.

Adjustment of fluid intake presents similar problems. A high fluid level dilutes the urine and prevents calcium from being concentrated. However, the urine also contains substances that inhibit precipitation of calcium and a high fluid intake dilutes these as well. “Everything has to be balanced.”

Dr. Hruska said that advances in knowledge and understanding of the conditions which contribute to stone formation have made prevention possible. “We’ve learned a lot through research in this clinic,” he said. He credits the laboratories for having the ability to perform the difficult lab tests that are needed to explore kidney disease. “Patients benefit from the multidisciplinary approach of the clinic, which combines renal medicine, endocrinology and urology.”

What’s in a hospital bed?

What can be more important to a hospital patient than his safety and comfort? At Barnes Hospital direct patient care is continually simplified and made more efficient for nursing personnel through the use of a modern electric hospital bed.

Approximately 15 years ago the transition from a standard 36-inch hospital bed to a 39-inch electric hospital bed was begun.

Edgar Queeny, chairman of the board of trustees and benefactor of Queeny Tower, was a patient at Barnes. The idea had previously been expressed to switch to the electric beds so Mr. Queeny tested out both the 36-inch and the 39-inch models and decided that the wider bed was more comfortable and convenient to operate for the patient. “He was sold on this 39-inch bed because it was far more comfortable for the patient,” stated Dillon Trulove, assistant director.

In 1963, when the first floors on Rand Johnson were renovated, they were equipped with the new beds.

Since being instituted in Rand Johnson, the beds were installed in other areas when new beds were added or old beds replaced. “It has been a transitional thing,” said assistant director Don Teltorph.

Barnes Hospital now contains 1,204 beds and in 1977, there were 1,146 acute care beds and 58 self care beds. According to Mr. Teltorph, 70 percent are already the electric beds, and “with the West Pavilion complete, we’ll have every patient in a modern electric bed.” Upon completion, the West Pavilion will not increase the total number of beds at Barnes; it will move beds out of older sections of the hospital to the newer facility. The approximate cost of each new bed is $1,000.

There are a number of reasons for using the 39-inch bed, including patient safety. The bedside safety of the patient is no longer compromised merely because of a raised head section. Instead of removing the patient from the headwall as in a non-retractable bed, this model retracts to the headwall as the head section elevates. There is no need for the patient to dangerously stretch out over the bed just to answer the telephone, pour a glass of water or reach an item on the bedside cabinet.
For many persons, collecting is merely the act of accumulating box after box of junk in their attics, basements and garages; others find that an organized, coordinated collection of items of particular interest is far more satisfying and rewarding.

In a very general sense, everyone who accumulates an assortment of coupons, books or plants is a collector. However, a more interesting collector is one who charts a direction and begins to acquire some knowledge in the field.

Many Barnes employees acquired an interest in collecting at an early age. For some, like 5-year-old Chuck Loefel, now a member of the purchasing department, it was only a passing phase. Perhaps this was for the best. Chuck’s hobby was amassing tin foil into a large ball—a project which, after a 20-year endeavor, could have created a large storage problem.

For some, childhood collecting was the beginning of a life-long pursuit. Norma Foster, also a member of the purchasing department, has been collecting most of her life. Her interest in cut glass was cultivated by her grandmother. As a little girl, she would listen to her grandmother lovingly relate the short history behind her prized cut glass pitcher. “I always knew it would be mine someday,” said Norma, “and I looked forward to having the pitcher as my very own.”

Over the years, other members of Norma’s family remembered her interest in cut glass and presented or bequeathed pieces to add to her collection. “Most of the pieces just fell into my hands, so to speak,” said Norma. “But on those occasions when I receive a cash gift, I immediately purchase a piece of cut glass for my showcase.”

A coin fancier since a small boy, central service’s Nick Klotz collects coins from all over the world. Nick became interested in his hobby because of the colorful history centered around many coins. His more than 100 coins from such countries as Czechoslovakia, Poland, Colombia, Brazil and South Africa are kept in an area bank. His favorite coin is a 1971 shilling from India which his uncle acquired for him during a visit to the Midwest. The aluminum shilling was minted for only one year and today is worth more than $50 on the collector’s market.

Medical instruments circa 1832, first edition medical books and an oral surgery journal more than 150 years old highlight the medical collection of Dr. William D. Owens, anesthesiologist. Ann Rosenkrantz, respiratory therapy, is also “infatuated with the past.” Visitors to her home will see Roseville pottery and antique furniture, including an 1890 chamberpot from England.

A collector of antiques for 14 years, administration’s Vicki Hensler has gathered pharmaceutical bottles and apothecary jars, a portion of which were given to her by her great-grandmother, Linda Wiedemann, print shop, owns a group of china figurines, including two Kewpie dolls, considered collector’s items.

“A love of a particular artist prompts an interest in the hobbies of two other Barnes employees. Pat Keys, associate director of nursing, has plates and bells displaying Norman Rockwell work.

Rusty Moore has a pin to fit any occasion.

Gloria Metzger has piggy banks in all sizes.
Education and training instructor Nancy Wilson thanks her mother for starting her collection of Goebel Hummel holiday plates. Each plate in the limited edition series is hand painted and, therefore, unique. “I like the simple, idealistic portrayals of children on the plates and enjoy shopping for the right ones to add to my display case.”

Stacks of slide trays and photo albums represent past vacations for many persons but other mementos exist to prompt the memories of past vacations. Matchbook covers, souvenir plates, spoons, salt and pepper shakers, shot glasses and lighters are among the many collections stemming from travels for employees at the medical center.

For cashier’s Carol Hauser, a jar of soaps represents cities and countries she has visited. Kathy Kater, clinical nurse specialist, has a collection of can openers. Mary Kay Wapelhort, cytology lab, collects mugs and steins from all over the world, including Austria, and finds they are great conversation pieces. When guests visit, everyone gets to select a stein from her collection to use during the evening. “We never have trouble starting a conversation, each mug represents a special person or place visited.”

Who can guess what prompts most people to select a particular item to collect. A friend with a similar hobby, a gift, or perhaps an unusual name often leads to collectomania—for instance Dr. Marvin Camel, Barnes obstetrician, and his array of camels.

Still other collecting interests revolve around individual careers—a judge who collects gavels, a secretary who collects old typewriters, a telecommunications director with numerous antique telephones, chief chef Londell Johnson who collects menus or Queeny Tower waitress Mandy Williams who collects napkins.

The rows and rows of cans collected by members of Beer Can Collectors of America or Mike Poe’s assortment of Pepsi emblems are tributes to the beverage industry they represent. Mike, a baker in the Barnes kitchen, purports to drink ten bottles of Pepsi every day so “I might as well collect Pepsi trivia.” A Korean Pepsi bottle, t-shirts, pens, old screen door kickplates, beach towels—since Mike was 13 years old, he has been attending collectors meetings and steadily adding to his Pepsi collection.

His prize possession is a Pepsi bottle with two printing errors. Sounds like a garbage contribution to many, but to those ‘in the know,’ it’s a collector’s item.

And where would the world be without a group of collectomaniacs known as animal lovers. It’s interesting to see the number of people collecting the type of animals one would not, ordinarily, keep as pets. Penne Thompson, patient accounts, and her frogs; Jane Rudolph, clinic registration, collects turtles; medical record’s Dick Spencer could not decide on one animal and settled for a menagerie; Gloria Metzger has her ‘piggy’ banks and chemistry’s Kay Davidson enjoys her owls.

Investigation into collections reveals that there is no such person as a typical collectomaniac but one observation can be made. Nothing is too small, too dull, or too strange to be in the realm of collecting. Name it, and you can probably find someone who collects it—from tin foil to paper bags to antique toothpick holders. In fact, some Barnes employees have reportedly collected such diverse items as weight, insults and acne, but we do not believe reports that some only collect dust.
Dr. Heaton named blood bank associate director

Dr. Andrew Heaton, originally from Great Britain, has been named an associate director of the blood bank at Barnes Hospital.

Dr. Heaton attended school in London and graduated from medical school in 1971 in Dublin. For the past five years he worked at Groote Schuur Hospital in Capetown, South Africa, where he served as a resident for four years and as director of hematology for one year. He was also consulting hematopathologist at the Red Cross War Memorial Children’s Hospital in South Africa. From July, 1977, to June, 1978, he was a fellow at Barnes and the American National Red Cross. He is active in several pathology and hematology organizations including the International Academy of Pathology and the American Association of Blood Banks.

Dr. Heaton is also currently an associate director for the American National Red Cross and he assists Dr. Leonard Jarrett, director of laboratories, with the residents training program in laboratory medicine. He is especially interested in the field of pheresis. (See story on page 1.)

Between 700 and 800 units of blood are used at Barnes Hospital each week, making Barnes the largest consumer of blood in the bi-state region. In addition to whole blood and red cell transfusions, the Barnes blood bank prepares special components and other cell types for unique transfusion needs. The blood bank will shortly start an ambulatory patient transfusion service.

Besides his regular work at the blood bank, Dr. Heaton does research using a new radioactive agent called Indium-111, which, by labeling platelets, is able to show a number of vascular problems. He is also working on various projects with the Red Cross, including trying to get a new preservative agent licensed which will increase the length of time that blood can be stored from 21 to 35 days.

Dr. Heaton, his wife Isobel and their two children, four-year-old Edward and four-month-old Ellen, live in Clayton.

Hospital notes

Dr. Joseph Edwards recently attended the eighth World Congress of Cardiology in Tokyo, Japan.

George Voyles, telecommunications director, has been elected treasurer of the Mississippi Valley Telecommunications Association.

Peaceful Bend vineyard’s 1975 Meramec dry red wine won first place honors at the Missouri State Fair in Sedalia last month. The vineyard is the avocation of Dr. A. Norman Arneson, Barnes obstetrician/gynecologist and his family.

Dr. Jack Hartstein recently served as visiting surgeon, lecturer in ophthalmology and consultant to the eye clinic of the Rothschild University Hospital in Haifa, Israel. He also gave lectures on intraocular lenses and phacoemulsification in northern Israel.

98-year-old patient stays young at Barnes

For 98-year-old Charles Lacy, a recent patient at Barnes Hospital, the secret to staying young lies somewhere between a good marriage and an active lifestyle.

Mr. Lacy, who lives in Poplar Bluff, Mo., has been happily married to his 94-year-old wife Virginia for the past 72 years. “My momma and I are very much devoted to each other,” he said with a smile. “I help momma with our home and the flower beds,” he continued. “We have everything nice around the house.” The two keep busy by going shopping, working together around their three-bedroom home, going out to dinner two to three times a week and attending the Methodist church every Sunday.

He said that his wife is very active with several sewing circles and clubs and “can make anything out of yarn.” Mrs. Lacy pointed out that her husband’s favorite pastimes are eating and going grocery shopping.

“There’s no one in Poplar Bluff that knows more people than I do,” he stated. They have friends living all over southeastern Missouri.

Mr. Lacy was admitted to Barnes to have a pacemaker implanted and during his stay also had colon surgery performed. He remained at the hospital for approximately three weeks during which time his wife stayed with their son, Harold, who lives at Lake St. Louis. Mrs. Lacy visited her husband daily.

Although Mr. Lacy had been hospitalized in Poplar Bluff in the past for inflammatory rheumatism, this was his first visit to Barnes. His physician in Poplar Bluff suggested Barnes Hospital, and Barnes’ cardiothoracic surgeons Dr. Charles Roper and Dr. Harvey Butcher performed the operation.

“I have a wonderful doctor in Poplar Bluff and he recommended Barnes,” Mr. Lacy said. “I have been treated the best ever here. I’ve never been treated so good. Every little ole nurse here has been so nice to me and my wife.”

Charles and Virginia Lacy, who were both born and raised in Doniphan, Mo., were married in 1906 and moved to Poplar Bluff in 1926. At the time that they were married, Mr. Lacy worked at a store and Mrs. Lacy was a school teacher, each earning approximately $35 per month.

“I wouldn’t marry until I had a nice little home, bought for and furnished from one end to the other,” he said. Mrs. Lacy did not see the inside of the house until their wedding night. “If I would have taken her to see the house before we were married, we would have been talked about more than if we stayed overnight together.”

Mr. Lacy later worked at a store owned by Mr. Garfinkel, whose son Dr. Bernard Garfinkel, is a physician today at Barnes. At age 80 he retired from working six days a week at a store in Poplar Bluff where he was employed selling hats and mens clothing. His wife had fallen and broken her hip so he spent much of his time caring for her.

The Lacy’s have spent much of their free time traveling across the United States from the East coast to the West coast. They have been to Florida and to California, where their other son Charles resides, and have made several trips to Hot Springs, Ark., where Mrs. Lacy enjoyed the famous healthful baths.

Charles and Virginia Lacy have eight grandchildren, nine great-grandchildren, two great-great-grandchildren and two more great-great-grandchildren on the way. Their present plans include taking it easy at their home. “I have to take care of him for awhile until he gets his strength back.” Mrs. Lacy said.
IN MEMORY OF:
Wilbur B. Jones
Mr. & Mrs. Theodore P. Desloge

Gertrude Kimmel
Theodore P. Desloge

Nathan C. Schieber
Mr. & Mrs. Sidney Levinson
Mr. & Mrs. George Savage

Mrs. Myrtle Thurman
Eva Williams

Mr. Stout, Senior, of Kent's
Audrey M. Welch

Mrs. Dorothy Rothschild
Alfred F. & Mabel S. Steinier

Gary Shepka
Business Systems Markets
Division, Copy
Products, Kodak, St. Louis

Donna Williams
Assistant of Aro Dressel
Graphic Arts Institute of
American Heritage Bank

Allied Disposal, Inc.
A.A. Hotel & Restaurant

Margaret Culver
Rodemeyer
E. R. Culver, III
Mrs. E. R. Culver, Jr.

Patient Care Fund (Pink Panther Benefit)

A.A. Hotel & Restaurant
Supply, Inc.

AAA Credit Service
Abeln, Larry

Abrams, Morris, M.D.
Allen Foods, Inc.
Alled Disposal, Inc.

Compliments of a Friend
American Heritage Bank of Granite City
American Machine & Science, Inc.

Anderson, Dr. /Mrs.
Charles B.

Andrews Carpet
Antioniu, Chris, M.D.
Arnold, Kenneth J., M.D.
Arthur's Restaurant
Artistic Floor Co.

Compliments of a Friend
Bank of Washington
Barlow, John P.

Barnes, Jaron & Betty
Barnes, Ms. Judi

Barnes, Zane E.
Bauer, Walter C., M.D.
Baxton, M/M Vance P.
Bell, C. Elliott, Jr.
Bergner, Grace, M.D.
Bierman, Marilyn

Chapnick
Chiggs, John T. M.
Bock, Ron & Laurene
Bonjuk, Dr./ Mrs. Isaac
Brodhead, Dorothy Ann
Buerter, John, M.D.
Burstein, Robert, M.D.

Business & Professional
Accounts Service
Butcher, Harvey R., M.D.

Compliments of a Friend
& C/G Midwest Insurance
Agency, Inc.

Came, Greta, M.D.
Came, Marvin, M.D.
Carlin, Richard, M.D.

Wallace E. Carney & Katy
Industries, Inc.

Central Microfilm Service
Corp., Subsidiary of Business Products Corp.

Chapman Ice Cream Co.
Chapnick, Betty
Chern, Robert & Claudene

Clerc, Ollie & Margaret
Cole, Cecilia
Cole, Charlie, M.D.
Cole, Charlotte

Continental Textile Corp.,
M/M Leo Weiss,
M/M Allen Franklin
Costino, J. A., M.D.
Crawford, Alfred E.
Culver, E. R., III

Curtis, M/M George, Jr.
Dalton, M/M Richard
Dardosh, William, M.D.

Davidson & Schuler
Davidson, John L., Jr.
Davidson, Morris, M.D.
Deal, William H.

Deeken, M/M Richard

Deoklete Haskins & Sels
Dempssey, M/M Richard,

Diaz, M/M Armand
Dillon, Don & Joyce
Duemler, Robert H., M.D.

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Children still need shots, doctors warn

Parents of the fifties probably remember the scare of polio and the fear of the iron lung, but parents of the seventies are likely to disregard the importance of immunizing their children as the horrors of these diseases fade from memory. Unfortunately, as the rate of immunization decreases, the risk of additional epidemics increases.

According to the Public Health Service, almost 40 percent or 20 million American children have not been adequately immunized against the seven potentially crippling or fatal childhood diseases. These diseases are measles, mumps, rubella (German measles), diphtheria, tetanus (lockjaw), pertussis (whooping cough) and polio, all of which, with the exception of tetanus, are highly contagious and could lead to an epidemic.

One area in which immunization is a must is rubella, which is a serious threat to women during their first three months of pregnancy. Barnes obstetrician Dr. Marvin Camel said that women considering having a baby should be first checked to see if they have ever had German measles or that they have been immunized against the disease. Expectant mothers who contract rubella run a one in five risk of having a baby with birth defects such as deafness, cataracts, bone malformation, heart disorder and mental retardation.

Parents should remember that the responsibility of immunizing their children is theirs and should follow appropriate guidelines. Routine immunization of normal infants is usually begun at age two months and continues through age 16. The first vaccines given are polio and diphtheria and tetanus toxoids combined with pertussis. Measles vaccine is most effective when given no earlier than 15 months. A tuberculin test should also be done before, or simultaneously with, measles vaccine. Rubella and mumps vaccines can be given after 15 months.

According to information provided by Barnes pediatrician Dr. Penelope Shackelford, the following immunization schedule should be followed:

- 2 months—polio (TOPV) and diphtheria and tetanus toxoids combined with pertussis (DTP).
- 4 months—second shot for both of the above.
- 6 months—third shot for DTP (a third dose of TOPV is optional but may be given in areas of high endemicity of poliomyelitis).
- 1 year—tuberculin test.
- 15 months—shot for measles, rubella and mumps.
- 18 months—fourth DTP shot and a third polio injection.
- 4-6 years—fifth DTP shot and a fourth polio injection.
- 14-16 years—combined tetanus and diphtheria toxoids (adult type); booster every 10 years.

Interruption of the recommended schedule, with a delay between doses, does not interfere with the final immunity achieved. It is not necessary to start the series over again regardless of the length of time elapsed.