Barnes Hospital, St. Louis, Missouri, December, 1979, Volume XXXIII, Number 12

Volunteers learn more about Barnes, arthritis

Barnes Hospital in the 1980's, arthritis, its many faces and its modern treatment, and volunteerism at the hospital—these were the topics presented to the hospital’s volunteers during the annual volunteer workshop held Thursday, October 25, in Wohl auditorium.

“With the opening of doctors’ offices in the West Pavilion and all of the outpatient services that we'll offer, we’re going to have a great deal more people in our center, more than what we’ve got now,” said hospital president Robert E. Frank. “It's going to require even more people contact and people handling and that’s hard to do. But, I depend on you all to do it the best.”

Mr. Frank pointed out that the 1980's would also bring, starting with the dedication of the West Pavilion in December of this year, completion of the parking garage, increased government influence in the area of hospitals, more outpatient services, increased pre-paid health care plans, continuation of cost containment legislation, a medical director in the emergency room, continued neighborhood stabilization and improvement through the redevelopment corporation and something which will concern the volunteers directly, a patient representative program.

“We need someone looking out for the patients’ best interests as well as trying to explain things to them showing the hospital’s best side,” he said. The volunteers would serve as a network of people who would see the patients on a one-to-one basis as they come into the hospital as well as periodically during their stay.

“When the complaints are legitimate, we have to try to solve them,” Mr. Frank said. “When they’re not, we have to explain that to the patient.”

Following Mr. Frank, Dr. John Atkinson and Dr. Lewis Fischbein, Barnes rheumatologists, spoke on the various kinds of arthritis and their treatment. Debbie Lord Bobinette, director of volunteers, gave a report on the many facets of being a volunteer at Barnes.

Following the program, volunteers were guests of the hospital for lunch in the cafeteria. Coordinating the workshop were Mary Barenkamp, volunteer service chairman, and Mrs. Bobinette.

Jim Tunney to address Barnes Hospital Society

Jim Tunney, president of the Institute for the Study of Motivation and Achievement, Los Angeles, will be the guest speaker for the annual dinner meeting of the Barnes Hospital Society to be held Wednesday, December 12, at the St. Louis Club.

Mr. Tunney, a well-known keynoter and speaker, will draw on his 20 years' experience as an NFL referee to highlight his talk. His subject will be “Here's to the Winners” and will include some concepts of personal power dealing with self-esteem and self-confidence and stressing the importance of teamwork.

Robert Frank elected to hospital association post

Barnes president Robert E. Frank was elected chairman-elect of the Missouri Hospital Association board of trustees during the recent annual meeting of the association at Osage Beach.

Mr. Frank, who will serve as board chairman in 1981, succeeds William D. Blair, administrator of Farmington (Mo.) Community Hospital, as chairman-elect of the board. The theme of this year's meeting was “Commitment to Excellence—in patient care—in governance—in administration.”

Mr. Frank joined the administrative staff of Barnes in 1961 as an assistant director. He became associate director in 1964, deputy director in 1965, director in 1966 and president in 1973.

He is a member of the board of directors of the Hospital Association of Metropolitan St. Louis and currently is chairman of the association's cost effectiveness coordinating committee. He is a member of the Missouri Voluntary Cost Effectiveness Program and a member of the administrative board of the American Association of Medical Colleges' Council on Teaching Hospitals.

Canadian medical system demise soon, doctor says

The Canadian federal health care system is working toward its total demise. That's the opinion reflected during a recent week-long seminar in Toronto, attended by Dr. Herbert Rosenbaum, Barnes neurologist.

“What seemed to be ideally wonderful in the beginning is now realistically past the mark and we can see its demise on the horizon,” Dr. Rosenbaum said. “One can see that these people, by comparing them with Britain and other countries with the same type of medical care, are now about halfway down the pike. I would think that in five years there would be a very definite worsening of the situation.”

Dr. Rosenbaum, a representative to the American Medical Association's Interspecialty Advisory Board for neurology, was among thirty doctors and their wives invited as guests of the Canadian Medical Association to see medical service from the provider's standpoint.

“There are no hospitals operating in Canada like we have here,” he said. “All hospitals are, by law, public.” After visiting two Canadian hospitals, Dr. Rosenbaum talked to taxi drivers, barbers, pharmacists and travelers to try to ascertain the medical system from the consumer's side. The biggest complaint was about the lengthy waits to get to see a doctor and to get a bed in a hospital.

At present, there are seven beds per 1,000 people in Canada. Because the government is in the process of reducing the number of beds, especially in teaching hospitals, by the mid 1980's there will be 3.5 beds per 1,000.

There are 40,000 doctors practicing in Canada, although many are coming to the U.S. to practice.
Canadian medical system

(continued from p. 1)

medicine, “With each passing year doctors are economically worse off in Canada,” said Dr. Rosenbaum. “With each year their fees, determined by the medical association and the province, manage to give them less of an increase than that which would keep up with general inflation.”

One reason doctors are leaving Canada is that fundraising for training, particularly in research, is lower than in the U.S. There are few private donors or foundations dedicated to medical research. For instance, $75 million was allotted last year in the U.S. for stroke research compared to $1.8 million in Canada. Training opportunities in some specialties is more plentiful in the U.S. and actual buying power in Canada has gone down in the past ten years more for doctors than for other workers.

“One can only predict that as things go on, they can only get worse,” Dr. Rosenbaum said. A study of similar systems has shown that it takes ten years for a federal health system to die.

“The United States national health insurance system has been on the horizon for the past 18 to 20 years,” Dr. Rosenbaum said. “Eventually, it’s going to happen.” The motivation for changing the present private system is not that it is a bad system, but that it does not allow all of the poor to participate because most insurance is a job benefit.

“There has been a real interest here, a genuine thrust of the private section in medicine to become more concerned with the quality of care of the people hospitalized and the duration of hospitalization,” Dr. Rosenbaum said. “Hospitals must take on the attitude of a total repair shop, not a workshop for doctors.”

Two attend annual ophthalmic meeting

Lynn Pounds, head nurse on 7400, and Sloyce Scherrer, who works for the department of ophthalmology, were among nurses representing all parts of the United States at the annual meeting of the American Society of Ophthalmic Registered Nurses November 4 through 8 in San Francisco. The convention consisted of two days of lectures on ophthalmic nursing and two days of doctors’ exhibits.

Mrs. Pounds and Mrs. Scherrer, along with Dr. Allan Kulkar, Barnes ophthalmologist, spoke on how to set up a patient education program. They presented a paper on the education and rehabilitation of the blind by Barnes social worker Sue Zimmerman.

Mrs. Pounds, secretary of the organization and a member of the board of directors, and Mrs. Scherrer, a member of the nominating committee and a nominee for treasurer, are co-editors of the organization’s newsletter Insight.

The American Society of Ophthalmic Registered Nurses was organized in 1976 at a meeting of the American Academy of Ophthalmology in Las Vegas. Today, there are 400 to 450 members. Both Mrs. Pounds and Mrs. Scherrer were among the original 30 nurses who organized the society. Next year’s annual meeting is scheduled for early November in New Orleans.

Any Barnes nurse interested in joining the American Society of Ophthalmic Registered Nurses should contact Mrs. Pounds, ext. 3781.

Mr. Grillo prepares to sample a batch of his brew.

Homemade brew makes good holiday gifts

The age of the backyard still and white lightning is over, but interest in backyard beer brewing is on the increase because of new legislation which went into effect on February 1 of this year.

Public Law 95458 allows heads of households to brew up to 100 gallons of beer annually for home consumption. Before the law, brewing beer was the sole privilege of registered commercial breweries such as Anheuser-Busch, Coors and Stag. “It’s a hobby you really can get into,” said Tony Grillo, a home vintner since 1974, who is a member of the clinical chemistry laboratory at Barnes Hospital.

Mr. Grillo, already a veteran of five batches of brew, has tried both lager and dark beer. “The difference in the two is the amount of barley used in brewing,” he explained. “Lager is a light-colored beer made from corn and barley malt, dark beer is the result of barley malt only.” His recipe for a five-gallon batch of dark beer appears below:

- 3 lbs. malt
- 10 gms. finishing hops
- 1 lb. yeast
- 1 tsp. ascorbic acid
- 4 lbs. corn sugar

Boil the brew until it “stinks to high heaven.” Add enough additional water to make five gallons, cool to body temperature and add yeast. Wait for the yeast to settle and pour beer off sediment. Age one month. Bottle.

A six-pack equivalent costs only $1 to make, but Mr. Grillo reports “there is a fly in the ointment—or brew—so to speak.” Because homemade beer requires natural carbonation from yeast or Krausening, the resulting beer can appear more cloudy than those made at commercial breweries which rely on filtering the beer and then adding the carbonation. “But if you don’t mind a little cloudiness,” said Mr. Grillo, “the beer is good and well worth the effort.”

Ingredients for beer and wine can be purchased through suppliers such as Wine Art in Clayton, Continental of Indiana, Sempex in Minnesota and The Purple Post of Wisconsin. Such outlets offer advice on the season’s best wine making buys and a list of concentrates from European wineries which can be purchased by the home vintner. “The 1975 Concord grape wine was the best batch I’ve made so far,” reminisced Mr. Grillo, “but we finished the last bottle long ago. This year the suppliers say the white grapes in Germany and raspberries are the big sellers.”

Mr. Grillo has been making wine since 1974 and this year plans to try a batch of honey wine. The list of potential wine sources seems endless and includes the traditional grapes and the not-so-traditional apples, tomatoes, clover, rice, dandelions, potatoes and even carrots. “That’s one nice thing about wine—it can be made from almost anything.”

A lover of red wines, Mr. Grillo purchases grape concentrates which are made after European winery vats are brimming and fruit is still plentiful in the vineyard. “It’s cheaper, a lot easier than boiling or crushing your own fruit, and it’s exciting to know you have the same grapes Europe’s winemakers use,” he added. Using concentrates require that you add only sugar and yeast, “then stand back” and let it age for three to six months.

At an average cost of $1.50 per bottle Mr. Grillo added that his wine is not necessarily cheaper than those sold across the counter, nor even better than any store-bought label. “But it’s fun to make and I like the sense of achievement I get in saying I did it myself.”

“Making wine and beer is easy, you don’t have to be a chemistry major to succeed.” According to Mr. Grillo, the only step which could be considered hard work is the bottling process. Bottles have to be cleaned, sterilized, dried; wine corks have to be soften in water; bottles need to be filled and sealed.

Where does wife Vicky fit into all of this? “I allow Tony to do most of the brewing. But I do assist him as often as I can in the best way I know—I help him drink the results.”

Volunteers are sought for memory project

Volunteers between the ages of 65 and 75 are being sought to participate in a Memory and Aging Project here which has recently received a three-year grant totaling more than $375,000 from the National Institute of Mental Health. According to Dr. Leonard Berg, Barnes neurologist who is the principal investigator, a study of this kind and of this duration is unique in medical research currently underway in the area of gerontology.

The main focus of the research is the serious problem of memory loss experienced by many older adults, and its eventual goal is the development of treatment methods for people with memory loss. A major objective is to determine those factors that might predict severe memory loss or the normal changes associated with aging.

Volunteers who either show no memory impairment or who demonstrate mild memory loss and are willing to be tested periodically over the next three years are needed. Procedures will include clinical assessments, psychometric tests, new methods of recording brain waves (EEGs) and specialized computerized x-ray scans of the head (CT scans). These procedures pose no risk to the individual. They will be done in McMillan, Mallinckrodt and on the eleventh floor of the East Pavilion.

Dr. Berg said his research project relates directly to the enormous public health and socioeconomic problems posed by moderate or severe memory loss in the aged. For the individual, loss of memory may lead to a deteriorating quality of life, impaired relations with others and personal suffering.
Sewing room recycles linens, saves money

Once a bed sheet, always a bed sheet. Right? Wrong! Today, when the inflation rate for the overall economy is rising at the rate of 13.2 percent and prices for everything are getting higher, the laundry department at Barnes Hospital, in a continuing effort to control hospital costs, recycles all stained, torn and worn out linens.

"I'm a firm believer in recycling items," said Frank Knox, director of the Barnes laundry. "I can compare the cost per use on a recycled item with the cost of any disposable item and find it much cheaper. "We recycle almost everything," he said. "We try to salvage all torn and stained items in some way in order to cut down the high cost of replacing them. And we sell for rags the scrap material that we can't use."

Hospitals are hard hit by general inflation because they must buy their supplies in the general marketplace just like everyone else. Barnes has endorsed the Voluntary Effort, a nationwide program designed to slow the rise in hospital costs, and set its total increase in costs for 1979 to 8 percent, well below the 9.7 percent increase suggested by President Carter.

Although some items, such as pajamas with one leg cut off, are beyond repair, most can be recycled into something else. When white bed sheets are taken out of circulation, seams are separated from the rest of the laundry so foreign matter that won't come out in one washings are separated from the rest of the laundry so that they can be specially treated. After treatment, if the stain remains, the item is made into something else.

In addition to remodeling linen items, they make new curtains, shower curtains, draperies, barber and beauty shop towels, crib pads, special straps and a variety of custom items.

"Other hospitals have sewing rooms, but I don't think that they use them as extensively as we do," said Mr. Knox. "We make many, many things that people don't realize that we do. Our biggest cost saver is the fact that we manufacture so many items ourselves."

Dietetic meeting held in Las Vegas

Cynthia Foster, director of clinical dietetics at Barnes Hospital, recently attended the annual meeting of the American Dietetic Association which met October 22 through 26 in Las Vegas.

Francis Fischer, an outstanding member of the dietetics profession and past president of the ADA who did much of her work in Cleveland, was presented the Marjorie Hulsizer Copher Memorial Award. Barnes associate director Joe Greco made the presentation.

The Copher Award is administered by Barnes Hospital with recipients selected by the executive board of the ADA. Mrs. Copher was chief dietitian at Barnes prior to her marriage to Dr. Glover Copher in 1925. Upon her death in 1935, Dr. Copher established the award, the highest honor given by the ADA.

15 nursing students graduate early

Fifteen Barnes Hospital School of Nursing students graduated during ceremonies held November 4 at the school after early completion of their course of study. The graduates, who were honored at a tea held November 1, received diplomas, caps and pins presented by the school's director Phyllis Khan and Chris Darbin, instructor.

Five of the graduates have accepted positions on the Barnes nursing service staff including Theresa Dickerson, 8100; Kathleen Kupf and Sally Shaw, 8200; Nancy Miller, 8100; and Teddi Reeder, labor and delivery.

November graduates have been invited to join their classmates in formal graduation ceremonies to be held January 26 at the St. Louis Cathedral.

Both men and women are living longer

Although during the Dark Ages men and women reached old age very early in life, such is not the case today. According to data released by the Statistical Bureau of the Metropolitan Life Insurance Co., the average length of life increased in every area of the country between 1965 and 1978.

Life expectancy at birth rose 2.2 years among white females and 1.9 years for white males. The highest life expectancy for white males born in 1975 was 70.1 years, recorded in the west-north-central states of Missouri, Minnesota, Iowa, North and South Dakota, Nebraska and Kansas, with 78 years being the highest expectancy for white females.

Life expectancy at birth for non-white females was 69 years and 61 years for non-white males, with South Carolina having the lowest life expectancy and Hawaii the highest.
Four Barnes employees were honored for 30, 40 and 50 years of service to the hospital during ceremonies November 16 in the Tiara room of the Chase-Park Plaza Hotel. Those honored were Howard Hehner, 50 years; Madge Geringer and Orville Lambert, 40 years; and Mildred Brocksmith, 30 years.

The festivities also honored employees who observed their 10, 15, 20 and 25-year anniversaries between July 1 and December 31, 1979. A party in April recognized employees with special anniversaries in the first half of 1979.

Seven employees, Josephine Davis, Maxine Loucks, Ida Morris, Irma Norris, Glennon Noser, Delores Travis and Dorothy Wilton, received 25-year pins. Thirteen received 20-year pins: Delphine Alexander, Willie Lee Allen, Wilmer Brooks, Shirley Carter, LaCretia Darris, Irmgard Fehlig, Norman Hampton, Jr., Cecelia Hayes, Betty Jones, Caroline Otz, Thelma Shannon, Dorothy Spencer and Leroy Turner.

Fifteen-year pins went to Classie Brown, Beverly Butler, Phyllis Daniel, Josephine Davis, Hilda Graf, Deolice Griffin, Rubyre Holland, Helen Irby, Cora Jackson, Frances Jenkins, Rosetta Jones, Virginia Kiel, Margaret Kinloch, Bobbie Lee, Elizabeth Lefers, Melba Mehrhoff, Helen Morgan, Cassell Newsom, Martha Parson, Daisy Pickens, Thelma Reed, Ernestine Reeves, Mary Roberson, Clytee Rush, Richard Schellhase, Julia Shegog, Jeannette Smith, Clementine Spencer, Edward Thurman, Betty Tuckson, Ethel White, Lorraine Woolford and Ruth Wright.

Employees honored for ten years of service included Mary Alexander, Evelyn Boldt, Barbara Bradshaw, Clarence Bruce, Sylvia Bujewski, Joe Caldwell, Shirley Coopewood, June Crafton, Opal Crape, James Cuddeford, Woodrow Douglass, Novella Drane, Bertha Edwards, Mary Eggleston, Gail Evans, Eddy Fleming, Gwendolyn Fletcher, Cora Gates, Beatrice Gilliam, Deleon Greer, Jr., Patricia Hanick, William Harris, Barbara Hill, Earline Holms, William Hutchison.

Ina Jackson, Monette Johnson, Eddie Kirksey, Jr., Sandra Lindquist, Judith Loeffel, Mary Lofton, Darlene Lucas, Callisto McNair, Evelyn Maylath, Marva Moore, Ernestine Munsell, Kristine Onaian, Jolene Overman, Brenda Payne, Katherine Pryor, Wyomina Pulliam, Betty Raup, LaVerne Ray, Geraldine Rayford, Helen Robinson, Carol Rowlette, Diann Rupp, Betty Scott, Dorothy Sherrard, Emma Smith, Ruth Smith, Berenice Tate, Betty Tidwell and Ruth Wilson.
Privacy, concern stressed in rape victims

Physical damage is not always the most serious injury suffered by the victim of rape. The violation involves trauma to the mind as well as the body. This is why the Barnes emergency room team recognizes the importance of caring for the emotional and psychological injury of rape as well as the more obvious physical injury.

Whenever any patient enters the emergency room area, a triage nurse registers the complaint, takes readings on vital signs and determines treatment priorities. Such priorities are based on physical complaint and the condition of the patient, with life-threatening conditions being tended to first. For example, a patient complaining of chest pains is seen by a physician before the person with a sore throat or cold.

"The primary concern in the emergency room must be for the physical well-being of the patient; but in cases such as rape, anxiety is also taken into consideration in determining treatment priorities at Barnes," said Pat Keys, associate director of nursing service for the emergency room.

"Privacy is very important to the psychological care of the rape victim," said ER head nurse Joe Burke. "After taking vital signs, the first thing we do is find a vacant room in which the patient can wait for the gynecology resident on call. Privacy is so important that if there is no vacant treatment room, the rape victim is offered the use of our administrative office until a treatment room is made available."

Emotional support is also important. "Nurses, by the very definition of their profession, are sensitive to emotionally traumatized patients," Mrs. Keys said. Barnes also encourages its nurses to continue their sensitivity training by participating in in-service classes which stress patient relations and the emotional aspects of abused victims and other emotional trauma patients.

"We care and we want the patient to know that we are concerned; that we are here to help in any way we can. During any wait the patient may have before seeing the doctor, nurses spend as much time as possible with the rape victim—to be a sympathetic ear, if nothing more," added Mr. Burke. "If the nurse assigned to that patient is busy with a critically ill patient and cannot provide this care, she will ask another member of the health care team to sit with the patient and offer them the support and reassurance they need."

It is the patient's decision as to whether or not she wishes to report the rape to the police. If she does, the 9th District is called immediately and a vaginal specimen is taken and processed in the police lab. If she wishes to speak to her clergy, if psychiatric help is sought, the psychiatrist on duty is called.

The pastoral care department at Barnes consists of Chaplain Wyatt, who serves as the chaplain supervisor, three priests as Catholic chaplains, a part-time Presbyterian chaplain and a part-time Jewish chaplain. In addition, there are often chaplains intern in the hospital for one of the 16-week clinical pastoral education sessions.

Chaplains visit all patients who ask or who are referred to the pastoral care department by a doctor, nurse, relative or friend. "If a patient is referred to us we make an initial visit but do not push our services on anyone. If the patient is receptive, we will do anything we can to meet his needs, emotionally or religiously."

The services the chaplains provide are varied. They will pray for or with a patient, counsel the patient, discuss religious subjects, administer last rites, or, on occasion, perform a wedding. Much of what the chaplains do is just talk with the patient. "Everyone who comes into contact with a patient, including the chaplains, has an impact on the patient. It's important for that patient to feel we care and when I say 'we,' I mean everyone who comes into contact with the patient. Talking is a way of saying we care."

"If a hospital does not meet the total needs of the patient, both physically and emotionally, you can bet that the patient will be back in the hospital in the future," Chaplain Wyatt said. "We firmly believe that Barnes does and should treat the whole patient."

Because Barnes is a regional referral hospital and a tertiary care center, it receives patients with acute and medical problems. As such serious the medical problem the more important the patient's emotional condition becomes," Chaplain Wyatt said. "Our role is to enable people to come to terms with their medical condition and hopefully to come out of the hospital with stronger faith than when they entered."

He cited the case of a young woman, married with two children, who came to Barnes for treatment of leukemia. "She had been told before coming to Barnes that she had only a short time to live. She was deeply depressed, grieving that she would have to leave her husband and two small children."

She was visited by chaplain interns who, over the course of several weeks, enabled her to "come out of her shell and to come to terms with her condition and prognosis." Chaplain Wyatt said. "Once she had done this, she became more hopeful and in fact was able to return to her home, her disease in remission. That's been a year now and she recently invited the two chaplains to her home for a weekend visit to express her appreciation and to renew their friendship."

Chaplain Wyatt pointed out that the chaplain interns did not make her change her way of thinking but rather enabled her to do so. "We are facilitators of a kind," he said. "We simply make it possible, in some cases, for people to improve their emotional outlook and in others for people to find their own religious foundations."
IN MEMORY OF
Wanda Kosth
Bertha Kosth
Rachel Bradley
Bob & Joyce Rutherford
Nancy Craig
Mae & Walter Martin
M/M John L. Warnemunde
M/P M. John T. Hartwell
M/P Robert E. Frank
Alice Marshall
Joseph C. Edwards, M.D.
Leo & Gen George
M/M Marvin Bruem
Russell L. Thehna Delosa
Dr. & Mrs. Charles Gulick
M/M John K. Beverley
M/M John D. Lively
Dr. Virgil Loeb, Jr.
A. G. Blakey
M/D Don H. Teltshor
Vesta Hannick
M/M Malcolm B. Epstein
Dr. & Mrs. Charles Roper
Raymond J. Hauser Family
John & Virginia Lone
Nancy & Shelly Lokitz
Dr. Harold Cutler
Cornelia Knowles
Stella Bradley
Jane & Rose Sommer
M/R Robert Keller
Ray & Mary Dougherty
M/M John L. Laughert
M/M John F. Laughert
Ralph, Bonnie & Robin Lang
John L. Alderson
Dr. & Mrs. Norman Knowlton
Mildred B. White
John L. Loper
M/M Herbert M. Wilson, Jr.
Juanita Fuller
Dr. & Mrs. John E. Hobbs
Lawrence W. O’Neal, M.D.
Dr. & Mrs. Robert H. Lund
Mrs. May Brooks
Rutherford Family

IN MEMORY OF
Dr. Charles Duden
Mrs. Charles W. Duden

In Memory of
Dr. Charles Duden
Mrs. Charles W. Duden

IN MEMORY OF
Dr. Charles Duden
Mrs. Charles W. Duden

Planned Gift Endowment
Vernon Goedecke
Marie Klingen

In Memory of
Dr. Charles Duden
Mrs. Charles W. Duden

Jane & Ross Sommer
Raymond J. Hauser Family
Dr. Harold Cutler
Dr. & Mrs. Charles Gulick
M/M Robert E. Frank
Hartwell
Nancy Craig

IN MEMORY OF
John & Virginia Lone

John & Anne Lehmann Fund
Vernon Goedecke

Jane & Ross Sommer
Raymond J. Hauser Family
Dr. Harold Cutler
Dr. & Mrs. Charles Gulick
M/M Robert E. Frank
Hartwell
Nancy Craig

IN MEMORY OF
John & Virginia Lone

IN MEMORY OF
from October 16 to November 15, 1979.

and contributors to the Barnes Hospital Tribute Fund
The following is a list of honorees (names in

Hospital notes
Dr. George D. Selfridge, Barnes dentist-in-chief, has been named president of the International College of Dentists, a 5,000-member, worldwide professional organization. He was installed by his British predecessor, Dr. Cyril de Vere Green, of London.

Dr. Samuel B. Guze, Barnes psychiatrist-in-chief, has been named chairman-elect of the board of directors of the Association for Academic Health Centers. He has been a member of the board of directors since 1976.

Dr. Michael M. Karl, Barnes physician, has been elected to membership in the Institute of Medicine of the National Academy of Sciences, which is responsible for advising the government on public health problems. The membership of the Institute currently numbers 359 and is limited by charter to 400.

Former employee dies
Former Barnes Hospital plant engineering employee Lawrence A. Moore died Sunday, October 28, at the age of sixty-seven. He was buried in the National Cemetery at Jefferson Barracks.

Mr. Moorman, who was employed at Barnes from March 1, 1946, until he retired January 27, 1977, worked on heating, ventilating and air conditioning systems in the hospital.

He is survived by his wife Virginia K. Moorman, his children Michael L. Moorman and Patricia Moorman, and his sisters Margaret Watson and Dolores Eiken.
Pay periods, paydays 1980

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Hospital notes

Dr. Stephen R. Waltman, Barnes ophthalmologist, has received the Honor Award of the American Academy of Ophthalmology for outstanding service and contributions to his profession. Presentation was made at the annual meeting of the Academy, held in San Francisco November 5-10, and attended by more than 14,000 persons.

Philbrick retires after 17 years of service

Emma “Billie” Philbrick, a Barnes cytotechnologist since 1961, retired October 26 after 17 years of service to the hospital. A certificate of appreciation was presented to her by hospital president Robert E. Frank.

During retirement Billie and her husband plan to visit friends in Puerto Rico and Guatemala. “I also want to decoupage, work with ceramics and clean my house,” said Billie. “I’ve spent many pleasant years at Barnes but retirement doesn’t mean the end of my association with the hospital. Next spring I plan to donate some of my free time as a Barnes volunteer.”