Service Awards Dinner to honor 129 employees

Five top honorees are among the 129 Barnes employees to receive awards at the November 21 Employee Service Awards dinner held in the Tiara Room at the Chase-Park Plaza.

This year’s top honorees include Augusta Jordan, a housekeeping employee who celebrated her golden anniversary July 24; Mae Martin, admissions director, with 40 years of service; 35-year veteran Lloyd Peek, a supervisor in plant engineering; Marcella Powell, a nurse’s assistant in the cardiothoracic care unit with 30-years service; and Lois Vahle, assistant director of nursing services, who celebrated her 30th working anniversary September 11. In addition, there will be eight employees honored for 25 years service, 14 for 20 years, 46 for 15 years and 56 for 10 years.

Revision of the Barnes pension plan provides a minimum benefit and increases the monthly benefit for those who choose early retirement.

The minimum benefit provision will guarantee that no retiring employee’s benefits be less than $4 per month for each year of continuous fulltime employment with Barnes. For example, any employee having 30 full years of continuous fulltime service, who retires at age 55, will receive a pension of at least $120 monthly (30 years x $4 = $120). Previously there was no minimum benefit provision.

Employees with at least 10 years of vested service who wish to take early retirement between the ages of 55 and 65 will receive a larger percentage than under the old rules.

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Blood pressure checks screen for hypertension

Free blood pressure checks to screen for hypertension will be conducted on the ground floor of the East Pavilion from 8 a.m. to 4 p.m. Tuesday, November 11.

Hypertension—or high blood pressure—is an incurable disease which can be fatal if it is not carefully controlled. According to the American Heart Association, it is a disease which has reached epidemic proportions. A 1980 survey by the Association estimates that approximately 34,880,000 Americans suffer from this disease commonly referred to as the “Silent Killer.”

The disease is silent because it usually has no symptoms to warn its victim of its destructive presence. And, it is a killer. Uncontrolled hypertension is the leading cause of heart disease, kidney disease and stroke. However, when controlled by daily medication, individuals can lead normal lives.

Recognizing the need to inform more individuals about the dangers of high blood pressure, the Barnes Auxiliary and department of education and training have been conducting Hypertension Day semi-annually for three years. Specially trained volunteers, assisted by staff nurses, will be on-hand to screen individuals as well as to answer any questions.

Screening procedures include weight and blood pressure checks to determine how much strain is being placed on the heart and blood vessels. If the blood pressure reading is over 140/90, it usually means too much pressure is being placed on the cardiovascular system. Generally, the higher the pressure reading, the greater the strain on the heart.

Although a 140/90 blood pressure reading is not necessarily hypertension, it could be a warning sign of future high blood pressure. This early warning check has been a major factor in controlling hypertension before major cardiovascular damage is done and is decreasing the death rate from high blood pressure.

Clinical Research Center—medicine’s frontier

When a patient’s symptoms present a puzzle rather than a diagnosis, or when his disease is one for which there is no standard effective treatment, or when time is running out, the Washington University Clinical Research Center offers one more hope to Barnes patients and their doctors.

Established in 1960, the CRC here is one of the oldest and largest in the country, as well as one of the most scientifically productive. It is supported by a grant from the Division of Research Resources of the National Institutes of Health, and funds are awarded on a competitive, merit basis. Its reason for existing is to shorten the time lag between the development of new basic information and its application to the diagnosis and treatment of patients.

The 25-bed adult center is located on the fourth and fifth floors of Barnard Hospital and has been described as a mini-hospital within a hospital. It differs from other hospital floors in several ways. It includes a central laboratory, specimen-collecting facilities, a food preparation room and unique equipment such as an artificial pancreas.

The special facilities are necessary to the research that goes on in the center—research covering a wide range of medical areas and involving doctors with a wide range of expertise. Indeed, one of the strongest points of the CRC is the collaboration between scientists, surgeons, medical researchers, neurologists, psychiatrists and others whose fields overlap and complement one another to focus on many facets of a disease process.

To patients and their doctors from all over the United States who look to Barnes Hospital and Washington University for their medical care, the CRC offers one more avenue for treatment. Patients are referred to a CRC investigator by their doctors; the investigator may suggest participation in an appropriate research project. The pa-
breast discharge. They were found to have pituitary tumors which caused an elevation in prolactin levels. One of the first immunoassays for prolactin was developed at Washington University and used during this study; it is now being done all over the world. The study also showed that this type of infertility could be cured by removing the pituitary tumor causing it.

Diabetes has been a major area of research in the CRC and resulted in the development of the artificial pancreas here.

The CRC saw more than 700 in-patients last year (admitted through the Barnes admitting office) and an additional 1,000 outpatients. “One advantage we enjoy is having access to the multitude of services available in this medical center,” Dr. Cryer said. “These include the high quality clinical laboratory and radiology services provided to Barnes Hospital patients.”

The CRC staff itself includes nurses, dietitians and laboratory technicians as well as physicians and scientists. The staff is large compared to that of a regular hospital floor. Research protocols call for 24-hour urine collections, timed blood sample collections and precise treatment procedures, including preparation and medication to the exact protocol specifications. In addition, complete and sometimes complex records must be scrupulously maintained.

Jane Hamilton, CRC nursing administrator who has been with the center almost 18 years, said that one of the most important jobs of a CRC nurse is making the patient feel comfortable. This includes establishing an open line of communication between patient and staff as well as the patient’s family. “We don’t keep a lot from our patients. We try for as much open communication as we possibly can, both between doctors and nurses, and among nurses, doctors, patients and their families. We let our patients know what it is we are aiming for so they understand what is happening to their bodies. The patient, too, is part of the team.”

Teacher on wheels: new program for diabetics

In conjunction with November being National Diabetes Month, a new method of diabetic patient education has begun at Barnes Hospital. Diabetes teaching carts were purchased through the Dr. William Olmsted Fund to help nurses teach diabetic patients about various facets of the disease. In Dr. Olmsted’s memory, each cart bears a gold plate engraved with his name.

Dr. Olmsted had been associated with Barnes since it opened in 1914 until his death in 1978. From 1920, Dr. Olmsted specialized in diabetes, and in that year a milestone in the history of medicine was reached when insulin was found to be effective in saving lives of patients with the disease. Barnes was selected as one of the first hospitals to treat patients with insulin that year and Dr. Olmsted was the first to use insulin in the St. Louis area.

Mounted on each cart is a film screen. The nursing staff can choose filmstrips on such topics as: “Living With Diabetes,” “Understanding and Preventing Diabetic Acidosis,” “The Self-Injection of Insulin,” “Living With Diabetes Not Requiring Insulin,” “Understanding and Preventing Insulin Reactions,” and “Skin and Foot Care of the Diabetic.” Each filmstrip has an accompanying workbook that contains a knowledge pre-test, a program post-test and a handbook that contains main points of the film. More in-depth filmstrips with concentration in insulin injection are also available.

The cart is also stocked with numerous pamphlets on diabetes. These pamphlets have very large and vivid illustrations which are helpful for diabetic patients with visual difficulties. Also available are take-home kits with sample syringes, Medic Alert tags, urine testing information, foot care information and various pamphlets on regimen of injection sites. Most of the materials are published and provided by pharmaceutical companies.

The concept of diabetes teaching carts was adopted throughout the Barnes department of education and training. According to Liz Hewitt, patient education coordinator, “The nurses needed more educational aids at the patient’s bedside. After reviewing other possibilities, the education and training staff decided the teaching carts were the best way to use the bequest from Dr. Olmsted.”

Ms. Janeen Gettlinger, instructor in the department of education and training and past-president of the American Association of Diabetes Educators, has been conducting in-service training for Barnes staff nurses who deal with diabetic patients. She teaches them how to use the equipment and familiarizes them with the filmstrip library available. The cart also serves to keep nursing staff up-to-date with changing medical concepts and advances in diabetes care.

Three carts are available. Any nurse treating a diabetic patient can call the department of education and training to request a cart and choice of filmstrips. Ms. Gettlinger stressed, “The diabetes teaching carts are a very positive aid to assist the nurse in patient education. It will enhance and support her efforts.” She added, “Basically, the program spells ‘Help is here’ for both patient and nurse on the subject of diabetes.”

Dr. Wm. Newton dies; transplant pioneer

Dr. William T. Newton, a pioneer in transplant immunology who was instrumental in developing the kidney transplant services at Barnes and the VA hospital, died Sept. 25, in Miami, after a long illness. He was 53.

Dr. Newton was a graduate of Yale University School of Medicine and served his internship and residency at Barnes. He had been on the Barnes/WU staffs since 1956 and at the time of his death was a professor of surgery at Washington University and a surgeon at Barnes in addition to being chief of surgery at John Cochran Veterans Administration Hospital.

He is survived by his wife, Patricia, a daughter, three sons and a brother. Memorials may be made to the department of surgery, Washington University.

Cancer Information Center is model for others

The Cancer Information Center on the first floor of Barnard Hospital in the Barnes complex has given impetus to a similar center at the Ellis Fischel State Cancer Hospital in Columbia.

Like the one here, the new center will provide information to patients, their families and the general public about cancer detection, diagnosis, treatment, rehabilitation and research. The CIC at Barnes is staffed by volunteers and is under the direction of Mallinckrodt’s department of radiation oncology. It provides professional resources in addition to those for the public.
Hot air ballooning—flight without wings

"Hot air is lighter than cold air; therefore, hot air rises" is the principle of physics upon which the sport of hot air ballooning is founded—a sport that has grown from only a dozen balloons 10 years ago to well over 1,000 balloons in the United States last year.

Ballooning came about by accident in the early 1780s when Joseph and Etienne Montgolfier observed paper ashes mysteriously floating up the chimney. Although the phenomenon of hot air rising was probably discovered long before the Montgolfiers, the brothers are generally credited with the first practical use of hot air in balloon flight. There was one flaw in their thinking: They incorrectly reasoned that smoke had some magical lifting power, so early hot air balloons were fueled with damp straw, old shoes and brandy-soaked rags.

Smoke-belchers were soon replaced by hydrogen soaked rags. Smoke-belchers were soon replaced by hydrogen to powered flight of the 19th century.

Modern hot air ballooning made its debut in a half-hour flight on October 22, 1960, when Ed Yost lifted off in a 40,000 cubic foot balloon near Sioux Falls. The development of strong, lightweight fabrics and new technology making powered flight possible joined to give hot air ballooning a dramatic revival in the early 1960s.

By the mid '60s, two balloon designers, Don Piccard and Tracy Barnes, joined Mr. Yost in constructing hot air balloons for adventurous sportsmen. The Federal Aviation Administration approved their various designs and granted type certification in 1967-68.

Today there are almost 2,000 FAA-certified balloon pilots—a figure that one Barnes oral hygienist wants to see increased to 2,001. "I lived next door to a balloonist who owned his own hot air balloon. I took one look at the awesome-some balloon, more technically called an aerostat, and fell in love," said Jan Bee, a Barnes clinical oral hygienist for more than 5½ years. "I did some research and kept my eyes and ears open to learn all I could about the sport."

Ms. Bee entered ground school at Meramec Community College last January and after completing the course in April, she passed the written commercial test and started flying in May. She is currently working on a pilot's license.

"How many people want to come to the dentist? In my job, I see people who would really rather be somewhere else. With ballooning, I'm where people want to be."

On weekends Ms. Bee serves as a member of several hard-working ground crews whose routine includes waking at the crack of dawn to get the balloon airborne before late morning thermals make hot air ballooning treacherous.

"Ballooning has to be a labor of love," said Ms. Bee. A crew's payment is not in dollars and cents but in the thrill of an accomplished lift-off, satisfaction of a successful flight and post-flight feast ("a good excuse to share the experience with pilot and ground co-workers").

"Only the wind knows where the balloon is going and it may change its mind."

A balloon is constantly under the influence of varying atmospheric conditions. It cannot be steered right or left, slowed down or accelerated. "It's up to the wind," said Ms. Bee. "Weather is the biggest factor in hot air ballooning." Flying temperatures must be above 30° F, and wind speed no faster than 10 knots.

Hot air balloons do not have a lighter-than-air gas inside of them. The modern hot air balloon can be made to descend or ascend only by increasing or decreasing the temperature of the contained air.

The basic hot air balloon is made up of an envelope, a suspension system, a burner, a basket or gondola and various accessories. The envelope is generally spherical in shape and made of synthetic fabric with a 10 to 15-foot-in-diameter opening at the base. The propane burner, or the "engine," of the hot air balloon injects heat upward into the air-filled envelope. A wicker basket is attached to load-bearing cables and has enough room to carry a pilot and two or three passengers, two or three propane tanks and other related ballooning equipment.

The inflated envelope contains thousands of cubic feet of air that the balloonist borrows from Mother Nature and returns at the end of the flight. The air inside this nylon casing is heated to temperatures of between 180° and 230°, usually 100° to 150° higher than the outside ambient air temperature.

The average balloon system costs approximately $8,000 to $15,000. "Many pilots take one- or two-hour commercial flights with two passengers and charge $175 for the trip," according to Ms. Bee. But there are other activities for hot air balloonists throughout the country.

Balloon sportsmen have devised several competitive events to test their skills in flying and ability to judge the winds. The Hare and the Hound race, like the Great Forest Park Balloon Race held in September in St. Louis, is modeled after the English Fox Hunt and is one of the most popular tests of a pilot's skills. In this event, a lead balloon—the Hare—takes off and the other balloons—the Hounds—track and follow, trying to land as close as possible to the Hare's final resting spot.

Ms. Bee is a member of the Gateway Aeronautical Association in St. Louis and serves as that group's newsletter editor. The club currently has about 90 members.
**Roast Turkey**

Wash turkey and pat dry. Rub cavity lightly with salt. Season outside of bird with salt and pepper. Baste bird with melted corn oil margarine. (Turkey giblets and neck may be boiled in seasoned water to make extra fat-free broth for gravy and dressing.)

Stuff turkey just before roasting with cornbread dressing. Tuck drumsticks under band of skin at tail or tie together with heavy string. Heat oven to 325° F. Place turkey breast side up on rack in covered shallow roasting pan. When turkey starts to turn a golden brown, baste again with margarine. Add two cups of water to roasting pan. Cut band of skin or string holding legs.

After turkey is ¼ done, remove lid to finish browning. Turkey is done when drumstick moves up and down easily; if done the joint should give readily or break. Drumstick meat should also be very soft. When turkey is done, remove stuffing, carve and serve. (Approximately 75 calories per ounce.)

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**Zesty Cornbread Dressing**

1 small onion, chopped  
½ cup chopped celery  
⅓ cup corn oil margarine  
3 cups cornbread crumbs

2 cups dry bread crumbs  
⅓-⅔ teaspoons sage (season to taste)  
salt and pepper to taste  
fat-free broth from turkey

Saute onion and celery in margarine until tender. Combine all ingredients above, adding fat-free broth as needed. Stuff turkey and cook extra dressing in a greased casserole. Bake in a moderate oven 350° F for 30 to 45 minutes.

Yields 10 ½-cup servings (approximately 160 calories per ½-cup serving).

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**Low-Cal Gravy**

2 cups fat-free broth from turkey  
2 tablespoons cornstarch

Heat broth in small saucepan. Place a small amount of liquid in a bowl or cup; add cornstarch and stir until smooth. Add cornstarch mixture to liquid in saucepan. Simmer until gravy thickens slightly.

Yields four ½-cup servings (virtually calorie-free).

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**Rum Egg Nog**

6 eggs  
1 quart skim milk  
1 tablespoon rum extract  
Artificial sweetener to taste


Yields eight 1-cup servings (approximately 115 calories per serving).

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**Broccoli Superb**

1 medium onion peeled and chopped  
1 green pepper seeded and chopped  
2 teaspoons salt  
¼ teaspoon pepper

2-10 ounce packages of frozen broccoli  
2 teaspoons pimento  
¼ teaspoon tarragon  
2 teaspoons parsley

Place onion, green pepper, salt and pepper in skillet with cold water. Saute mixture on low heat until tender. Increase heat, bringing mixture to a boil. Reduce heat and simmer five minutes. Place frozen broccoli in covered skillet and cook at medium heat for 10 to 15 minutes. Add pimento, tarragon and parsley to broccoli.

Yields six 1-cup servings (virtually calorie-free).  
(Note: Asparagus spears can be substituted for broccoli. If fresh broccoli or asparagus is used, cook separately until tender before placing in onion/green pepper mixture.)

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**Vegetable Medley**

Radishes  
Hearts of Celery  
Carrots  
Cherry Tomatoes  
Zucchini

IRANBERRY PUNCH
LOW-CAL ONION DIP
FLUFFY ACORN SQUASH
LOW-CAL CRANBERRY-CELERY MOLD
SUGAR-FREE PUMPKIN CUSTARD with
CALORIE COUNTERS WHIPPED TOPPING

At the end of the holidays you’re miserable. You promise next year will be different. Why not make this the year that mind wins the battle over matter—and have fun doing it? Trying your hand at a few of these delicious low-calorie recipes supplied by the Barnes dietetics department will make your holiday happy, yet satiated.

Spiced Cranberry Punch

- 1 cup water
- ½ teaspoon whole cloves
- 6 inches stick cinnamon
- ½ teaspoon ground nutmeg
- 1 quart boiling water

Chop cranberries in blender. Cook cranberries in orange juice for five minutes. Chill. Combine apples, celery and sweetener with cranberry mixture. Dissolve gelatin in water; add to cranberry mixture. Pour into ½-cup molds.

Yields eight ½-cup servings (approximately 40 calories per ½-cup serving).

Low-Cal Cranberry-Celery Mold

- 4 cups fresh cranberries
- 1 cup orange juice
- 8 ounces fresh chopped apple
- 4 ounces chopped celery
- 5 teaspoons unflavored gelatin
- 1 cup water
- 1 teaspoon powdered artificial sweetener

Chop cranberries in blender. Cook cranberries in orange juice for five minutes. Chill. Combine apples, celery and sweetener with cranberry mixture. Dissolve gelatin in water; add to cranberry mixture. Pour into ½-cup molds.

Yields eight ½-cup servings (approximately 40 calories per ½-cup serving).

Sugar-Free Pumpkin Custard

- ½ cup canned pumpkin
- ½ cup skim milk
- 1 egg
- 1 teaspoon artificial liquid sweetener
- ½ teaspoon vanilla
- ½ teaspoon salt
- ½ teaspoon cinnamon
- ¼ teaspoon ginger

Beat eggs; add milk, vanilla, artificial liquid sweetener, salt, cinnamon and ginger. Mix well. Put pumpkin in large bowl. Add egg and milk mixture. Mix well. Pour into four custard cups. Place cups in a shallow pan with one inch of hot water in it. Bake in moderate oven (350° F) for 50 to 60 minutes or until a knife, when inserted near the center of the custard, comes out clean.

Yields four 3-ounce servings (approximately 70 calories per serving).

Calorie Counters Whipped Topping

- ½ cup nonfat dry milk
- ½ cup ice water
- ½ teaspoon artificial liquid sweetener
- 1 tablespoon lemon or orange juice

Chill bowl and beaters thoroughly. Mix dry milk and ice water in bowl. Beat until soft peaks form. Add juice and artificial sweetener. Beat until stiff peaks form.

Yields 1½ cups (virtually calorie-free).
The seven principles are as follows:

American Medical Association are not laws, but as a member of this profession, a physician must long subscribed to a body of ethical statements standards of conduct which define the essentials to self. The following Principles adopted by the also to society, to other health professionals, and recognize responsibility not only to patients, but developed primarily for the benefit of the patient. The preamble states: "The medical profession has emphasis on the concerns and rights of patients. The American Medical Association has voted ap-

AMA issues principles of medical ethics

The American Medical Association has voted approval of a revised list of seven principles of medical ethics, the first rewrite of the AMA's code of ethics since 1957. The new code places emphasis on the concerns and rights of patients.

The preamble states: "The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician."

The seven principles are as follows:

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

Patient celebrates 51 years on insulin

Lyle Byrns collects odds and ends, and all of it goes in his shopping bag of memorabilia that he carries to and fro. Both Mr. Byrns, 61, and his shopping bag have been in and out of Barnes Hospital numerous times. And, each time he comes he opens up this bag of treasures for all to see.

His shopping bag contains many treasures, tangible and intangible. His tangible treasures include such objects as a "Made in Hong Kong" pet snake; a photo of his seeing-eye dog, Lady Sue Marie; a card signifying he is an instructor of masonry; two medals and a syringe. It's the intangible objects, though, that cast the spell. With these he weaves a tale spanning 50 years that fascinates all listeners.

One of the tales Mr. Byrns tells is that of being an insulin-injecting diabetic. He has already celebrated his golden anniversary on insulin, and as of September 23, he has been on insulin for 51 years. That may not seem significant, except as of January 7, 1980, there were only 243 other diabetics in the United States who had been on insulin for 50 years or longer.

In November, 1979, the Joslin Diabetes Foundation of Boston, Massachusetts, gave Mr. Byrns a gold medal in recognition of his 50 years on insulin. Since then, the Eli Lilly Foundation has awarded him a silver medal attesting to the same fact. He has never seen either medal owing to blindness in both eyes caused by diabetes. However, these are the first treasures he takes out of his shopping bag when passersby stop to chat.

When Mr. Byrns was put on insulin in 1929, little was known about diabetes. Extensive research had not been done, hence causes and effects of the disease remained a mystery. Doctors theorized Mr. Byrns diabetes was caused by measles which left an infection that settled in his pancreas. A second theory is the disease was hereditary, since three of his cousins on his mother's side developed diabetes in adult life.

Insulin, itself, was a relatively new treatment during Mr. Byrns childhood diabetic years. The drug had been perfected from pork fat in Canada in 1922. Mr. Byrns disease had been diagnosed in early childhood, and at a young age he was completely dependent on daily insulin injections for survival.

"I was only 10 years old when Dr. Alex Hartmann, Sr., put me on his lap at St. Louis Children's Hospital and said, 'Sonny boy, we're gonna have to put you on insulin.' I cried and cried, because I knew I would have to stay on it all my life," said Mr. Byrns.

Besides hospitalizations—mostly at Barnes—to have his insulin upgraded and regulated he's been hospitalized for amputation of two toes, an inflamed bladder and acidosis. Mr. Byrns has also participated in extensive research on diabetics. He's been in and out of Barnes 11 times.

His most recent admission on August 9 was to the cardiac intensive care unit after suffering a massive heart attack. "It was about 2 o'clock in the morning when I woke up with this bad chest pain. I reached over and dialed that 911 number. The last thing I remember was an ambulance taking me to the hospital." Mr. Byrns was brought to Barnes with DKA syndrome or acute acidosis, which is a severe reaction to too much sugar in the blood. According to Dr. Robert Jansen, the DKA triggered the heart attack.

While hospitalized here Mr. Byrns' celebrated his 51st anniversary on insulin. His story was carried in the St. Louis Post-Dispatch, St. Louis Globe-Democrat and on the KSDK-TV Channel 5 news. On October 1, Mr. Byrns was discharged from Barnes.

Hospital notes

The following are reported on staff: Dr. Jerald Maslanko, assistant physician, effective August 18; Dr. John Garrett, assistant physician, effective August 25; Dr. William M. Thomson, assistant physician, effective September 18; and Dr. Mani Menon, assistant urologic surgeon, effective July 1, 1980. Dr. Richard Markham, assistant physician; Dr. Robert Collins, assistant neurologist; Dr. Louis Altschuler, assistant oral and maxillofacial surgeon; and Dr. Moon Nahm, assistant pathologist, all effective September 1.

Judy Mange has been named director of physical therapy and Carolyn Baum appointed director of occupational therapy services at the Irene Walter Johnson Institute of Rehabilitation.
New writer joins public relations staff

Betsy McDonald, formerly of the admitting office, has been named public relations assistant effective October 1. Her responsibilities include editing the Barnes employe Newsletter, writing for the Barnes Bulletin, assisting with media relations and handling copywriting.

Ms. McDonald received a B.S. degree in journalism from St. Mary-of-the-Woods College (near Terre Haute, Ind.) in 1978. Upon graduation, she served as an admissions counselor for the college, traveling throughout the mid-west promoting the school and interviewing prospective students.

Ms. McDonald has previous experience as editor of The Bottom Half Gazette, an in-house newsletter for the jean store chain. While employed by The Bottom Half she also served as a fashion advertising copywriter.

Before joining Barnes, Ms. McDonald worked in the public relations department of the St. Louis Teachers Credit Union. Her duties there involved editing an employee newsletter and coordinating a field representative program.

In her leisure hours, Ms. McDonald enjoys traveling, writing and reading poetry, English horseback-riding, listening to music and photography.

In a related staff change, former public relations assistant Sheila Witherington was promoted to writer for the department. Miss Witherington’s duties include writing for the Barnes Bulletin, preparing patient and general information news releases, assisting with media relations and handling tours of the medical center.

Published monthly for employees, doctors, volunteers, Auxiliars, donors, former and retired employees, patients and other friends of Barnes Hospital. Available at no charge by contacting the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110 (314) 454-3515. Circulation: 13,000 copies.

Charlene Bancroft, Editor
Betsy McDonald, Writer
Sheila Witherington, Writer
Daisy Shepard, Director

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The 110-seat West Pavilion amphitheatre, located on the terrace level of the new building at Barnes, is available for lectures, seminars and conferences by contacting the education and training department.

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Barnes Hospital
Barnes Hospital Plaza
St. Louis, Mo. 63110