Annual Report highlights opening West Pavilion

Barnes Hospital’s 1980 Annual Report, published April 1, details the challenges and triumphs of a year that was highlighted by the opening of the West Pavilion, the largest single construction project in the 66-year history of the hospital.

The report emphasizes that the $55 million project provides the facilities and technology that combine with skilled health care to give Barnes patients “concerned care.”

Other significant events of 1980 were successful cost containment in spite of inflation; recruitment and retention of nurses in the face of a nationwide shortage; opening of an 800-car, $2.8 million parking garage; and various programs to educate the public regarding preventive health care.

Barnes billed charges for services during 1980 totaled approximately $132 million, of which $16 million was written off for charity, allowances, etc. (including more than $3 million in budgeted charity). Operating expenses included almost $60 million for salaries and wages and approximately $57 million for supplies, etc. The hospital added $3.4 million to the general fund balance at the end of the year.

Hospital statistics show that Barnes admitted 40,973 patients during 1980 and had an average daily census of 1,024 (an occupancy rate of 89.08% of available beds). Clinic visits totaled 99,598 and emergency room visits 47,567. There were 4,034 babies delivered at Barnes in 1980 and 29,473 surgical procedures performed.

The report concludes, “As one of the top medical centers in the country, Barnes Hospital in 1980 has rededicated itself to being ‘best’ on all fronts: to have the best people, to continue to provide the best of technological advances, to deliver the best health care, to offer persons hospitalized here the best possible concerned care and to give well persons in our area all the aid possible to afford them the best opportunity to stay well.”

Copies of the Annual Report have been mailed to everyone on the Barnes Bulletin mailing list. Additional copies are available from the public relations department, 454-3515.

Donor eyes, ears used to restore hearing

Donor eyes, ear drums and middle ear bones are now being used to repair perforated ear drums and to replace damaged or diseased ear drums and ear bones. The two operations—one utilizing a donor’s scleral graft and the other using replacement ear parts—restore hearing and prevent recurrent ear infections.

Donor sclera—the thick, tough white portion of the eye—has been used at Barnes for approximately two years as a grafting material to patch ear drum perforations caused by trauma or ear disease. The procedure is simple, done on adults in the East Pavilion operating rooms under local anesthesia on an outpatient basis, according to Barnes/WU otolaryngologist Dr. Stanley Thawley. “There are no incisions made behind the ear as in some ear drum reconstructions; rather all the work is performed through the ear canal,” he said.

The procedure is performed under an operating microscope. The donor scleral graft which has been stored in alcohol is prepared by creating inner and outer flanges. The edges of the ear drum perforations are prepared to create a suitable area for grafting. The inner flange of the graft is placed inside the perforation while the outer flange lies just outside the ear drum. Thus the graft is secured in place and the perforation is closed.

“Sclera is not advised for everyone needing closure of an ear drum perforation. For this operation, we select only patients who do not have a history of chronic ear infection and drainage,” said Dr. Thawley. “The ear drum must be clean and dry for the sclera to graft properly.”

According to Dr. Thawley, the use of sclera has several advantages over vein tissue or fascia—a fibrous membrane covering muscles—to patch ear drums. Sclera has proved to be very resistant to infection, stimulates vascular regeneration (the test of a graft’s success) and its thick, tough properties allow the construction of flanges to secure the graft to the drum during the healing process.

“The latter is especially important,” said Dr. Thawley. “If a patch is used without the aid of securing flanges, a choice must be made to place the graft either on the outside or on the inside of the ear drum. This makes the patch less secure. If placed on the outside of the drum, the patch could become dislodged if the patient sneezes or coughs; if the graft is placed on the inside and the gelatin material used to hold the graft against the drum is absorbed too quickly before the graft takes, the patch can fall into the ear.”

The institution of an ear bank at Barnes almost a year ago provides a storage center for donor ear drum and ear bones to be used to replace diseased or damaged parts in lieu of synthetic materials—forms of plastic or teflon. “Donor parts make better transplants because they are compatible to recipient body tissues and they do not have to be formed or reshaped to fit as do synthetic materials,” said Dr. Thawley.

The ear consists of three ossicles or small bones: the malleus, incus and stapes. All three bones, individually, or in any combination with or without the ear drum can be implanted into the ear of a person who has lost hearing because of trauma or chronic ear infection which has eroded the bones and drum.

These diseased or damaged ear parts are removed and donor parts implanted under general anesthesia. “Generally, we have no way of knowing the exact extent of damage until the patient is in surgery,” said Dr. Thawley. “If the damage cannot be repaired using the patient’s own ear tissues, the donor bones or eardrums are readily available.”

Barnes Hospital, St. Louis, Missouri, April, 1981, Volume XXXV, Number 4

Saga assumes direction of Barnes food service

Barnes has employed the dietary management division of Saga Corporation to assume direction of the food service division of the hospital’s dietetics department which provides food and food services for the 40,000 patients admitted to Barnes each year and the persons who are employed at the center, according to Rose Dunn, Barnes associate director.

Eight Saga professionals comprise the initial team, which includes a district manager, Gil Sherman, who has been named co-director of the department with Cynthia Foster, co-director/principal dietetics. The team also includes an associate director, Jack McElvein, and six food service managers who have responsibility for the cafeteria, production, patient services, in-service training, sanitation and purchasing; they will lend their expertise to the 280 dietary employees who prepared 994,000 patient meals, 8,000 guest trays and 115,000 cafeteria meals in 1980.

Saga, a publicly owned company, has a history of more than 32 years in the food service management business and established a special health care division in 1963. Barnes joins such Saga health care clients as Stanford Medical Center in California, Michael Reese Hospital in Chicago, Mt. Sinai in Cleveland, Washington Hospital Center in Washington, D.C., Johns Hopkins in Baltimore, and St. Louis University Medical Center and Jewish Hospital in St. Louis.

“With the assistance of Saga’s dietetic professionals, Barnes will be able to provide a high quality of food and food service at the most efficient cost,” said Mrs. Dunn. “This is the first time Barnes has employed outside professional managers to work in residence in our dietetics department. We are looking forward to drawing upon Saga’s expertise to achieve the short and long-term goals the hospital has established for the department, and offering the food services our patients and employees deserve,” she said.

Not every plan can be carried out immediately. Changes will be taken step-by-step to insure effi-
Study identifies second heart attack prospects

Almost half of the heart attack patients who suffer a subendocardial infarction, a generally less serious heart attack involving damage of only 30 to 50 percent of the heart's inner wall, will have a second heart attack within 6 to 14 days, according to three Barnes/WU cardiologists who presented their findings at the American Heart Association's 53rd Scientific Sessions late last year.

Drs. Alon Marmor, Burton Sobel and Robert Roberts found that of 200 consecutive patients admitted to Barnes CCU with myocardial infarction, 58 had subendocardial infarctions, according to levels in serum levels of the enzyme MB CK, which is released into the bloodstream when heart tissue dies as a result of a heart attack. Of the 58 patients, 25 (or 43 percent) had an extension of the infarction 6 to 14 days later, compared to only 9 percent of patients with the more common, more serious transmural infarctions.

"Now we know that when an individual enters the hospital with subendocardial infarction, that person has about a 50 percent chance of developing a second heart attack—a risk of death that nearly triples between the first and second attack, from 7 to 20 percent," Dr. Roberts, director of Barnes CCU, said.

"Patients with subendocardial infarction should remain in the hospital a minimum of 14 to 16 days after the initial attack because they are such a high risk group," he said. "These patients should be given preventive therapy and be closely monitored for a few days beyond the average 10-day stay. The possibility of infarct recurrence can be checked by twice-a-day assay of their serum MB CK. If this serum enzyme level begins to elevate dramatically signalling the onset of a second attack, the patient would be rushed back to the CCU."

"We're pretty excited about the findings," said Dr. Roberts. "We now have a select population of patients we can conventionally and easily select. For one of the first times, we can treat them prophylactically for a second heart attack," he concluded. Of the 200 patients studied, 138 were men, 62 were women and the average age was 66 years. Transmural infarcts occurred in 125 (63%); 17 (8%) initial MIs could not be classified. A second attack occurred in 10 (8%) patients with transmural infarcts, compared to 43% of those with subendocardial infarctions. The study also showed that women were at somewhat higher risk than men.

Ages 30 and older begin anew in nursing

At Barnes School of Nursing, a growing movement is proving that the life begins at age 30—or maybe even 35, 40 or 45 as older students join the trend of returning to school to establish new careers in nursing.

"Great personal satisfaction coupled with speculations that people want a profession with status, job security and higher pay are reasons why Barnes has noted an influx in the number of 30- and-over adults registering in the hospital's 29-month diploma school of nursing program," said admissions director Leon Cecil.

Of the 175 students presently enrolled in the registered nurse program, approximately 30 are over age 30. The trend is relatively small, but has been on the upswing here since 1977, according to Dr. Cecil. The over-30 set in the freshman class include individuals like Wallace Craft, Gene Levy, Eileen Sikes and Karen Ahrens.

"Despite age, craft, age, Ph.D. and former professor of romance languages at the University of Missouri-Columbia, sees nursing "as a dynamic, ongoing profession that offers horizontal as well as vertical movement within the system." He feels, along with co-student Gene Levy, age 36, that nursing is especially attractive to the over-30 crowd because of the profession's mobility.

"Medicine as a whole is continuously making new strides in patient care and technology. As medicine grows, so does the nursing movement. Nursing becomes a profession offering upward growth in terms of job advancement as well as outward growth with in-services education," said Mr. Levy, a former teacher with masters degrees in history and library sciences.

Dr. Craft and Mr. Levy are single. Neither have the added pressures—like Eileen Sikes or Karen Ahrens—of caring for children. They also don't have a second income supporting them while in school. The trade-off in time given to family in stead goes to holding down a part-time job to pay living expenses. Both work as pre-registered nurses in the Barnes burn center as well as rotate in various nursing divisions at Firmin Desloge Hospital.

"Whether married or single, working or not, burning the midnight oil to study for exams and getting up early for clinics is a reality for all nursing students," said Mrs. Sikes, a 37-year-old married homemaker with four children ranging in age from 23 months to 10 years. A college graduate with a degree in elementary education, Mrs. Sikes taught first and second graders for five years before deciding to stay home and raise a family.

"Soon after my last baby was born, I thought about going into nursing. It was a growing feeling that slowly took hold in the back of my mind," said Mrs. Sikes, who plans to work in labor and delivery or pediatrics when she graduates in 1983.

The desire to become a nurse was not a mid-life decision, but was a goal Mrs. Ahrens began working toward as a teenager. "I started out at age 17 to become a nurse because I liked the cause and effect of medicine. Halfway through the two-year program, I realized I just wasn't ready, so I switched my major to education."

Mrs. Ahrens, age 33, went on to marry, bear a son and a daughter who are now eight and four years old, and to teach high school English part-time. She also continued taking classes in various subjects. But nursing was always in the back of her mind. "To be a good nurse, you have to be conscientious and caring. As I matured, I realized I was ready to give that concerned care."

This growing realization outweighed time, money and the continuous pressures involved in nurses' training. The pros and cons were deliberated with her husband, who was willing to give the necessary emotional and physical support to make the dream a reality.

"Some of my friends thought I was crazy, my parents were concerned about my health, and my children were jealous at first not having mom home all day. But I know what I'm doing is right. I want to be a nurse," said Mrs. Sikes.

Burns seminar celebrates opening of Burn Center

A one-day seminar on acute burn care will be held at Barnes May 13 to celebrate the opening of the new Burn Center on the fourth floor of the West Pavilion. Dr. Vatche Ayvazian, director of the new Burn Center, Springfield, Ill.; Joy Goodman, RN, Illinois Department of Public Health; Jan Radtke, RN, Southern Illinois University; and Dr. Boyd Terry, director of the burn center at the University of Missouri Hospital.

Barnes/Washington University faculty will include Ruth Bander, RN, burn center; Linda Barofka, PT, physical therapy; Dianne Cangiano, RN, dietitian; Dr. James Fink, MD; Dr. Vatche Ayvazian, director of the burn center; Dr. Sven Eliasson, neurology; Sara English, MSW, social work; Dr. William Owens, anesthesiologist and director of the surgical intensive care unit; Margaret Parisot, OT, occupational therapy; Andrea Williams, RN, burn center; and Val Yancey, RN, burn center. Also participating will be Dr. Vatche Ayvazian, director of the burn center.
Life Seekers seek funds to aid newborn

Helping healthy mothers have healthy babies is the premise behind the Life Seekers annual fund-raising Tag Days held in St. Louis and three surrounding counties April 15 through May 9.

The Life Seekers, an all-volunteer organization with 1,300 members, solicit funds year round to reduce the infant mortality rate by aiding St. Louis area hospitals, including Barnes, in purchasing life-saving equipment for newborns, funding research and conducting prenatal classes. During Tag Days, members raise money for perinatal research and equipment by placing containers with area merchants and going door-to-door. The drive concludes May 7 through May 9 with three days of standing at major intersections and supermarkets seeking donations.

Started in 1963 by four women who lost babies at birth, Life Seekers has raised over $974,700. The first piece of equipment purchased was a fetal heart monitor for Barnes at a cost of $775 in 1963. Since then, the organization has given the hospital three fetal heart monitors, a unirad sonograph, scalp sampling equipment, a culture incubator and an ultrasonic time-motion module.

Life Seekers funds research in such projects as the linkage between chromosomes and miscarriage; the relationship of magnesium and zinc deficiency to sudden infant death syndrome; and the cause and prevention of airway obstruction leading to the apnea in the newborn. In addition, the organization uses donations to provide ambul ance service for the critically ill newborn and to expand the nursing staff at a maternal care clinic.

Barnes/WU obstetrician Dr. Lee Rigg was awarded a $6,946 grant as part of a matching funds agreement with Washington University School of Medicine to study the etiology and possible prevention of birth defects in infants of diabetic mothers. The grant was part of $114,725 total grants awarded at the Life Seekers' annual meeting held in February.

Life Seekers is an organization operating independently of any hospital. An advisory board consisting of St. Louis attorneys and obstetricians and gynecologists helps members decide how donations collected will be used.

Foot care clinic expands hours

Barnes foot care clinic recently expanded its hours to four days a week to provide both in-patients and outpatients with instruction in basic foot care and prevention of foot disease.

The foot care clinic, in operation approximately 18 months, had previously treated patients on a half-day-a-week basis. Two specially trained registered nurses, Dolores Drury and Doris Thone, staffed the clinic. Now staffed full-time by Ms. Drury, who has been a nurse in the screening and medical specialties clinics since 1975, the foot care clinic treats a wide range of foot problems.

The majority of the patients treated when the clinic opened in 1979 were diabetics with foot disease. Physicians from all medical and surgical specialties now refer patients with such problems as corns and callouses, superficial foot trauma, arthritis and paralysis stemming from neurological disorders. In each case, an individualized foot care plan that includes prevention as well as maintenance is prepared by Ms. Drury.

“I also show patients how to trim toenails, the proper way to manage foot sores, how to wash their feet, massage them with lotion and use an abrasive pad. In short, I teach patients to be aware of their feet and to take care of them so that problems can be prevented,” said Ms. Drury.

Barnes doctors can refer patients to the foot care clinic by calling 454-2884.

 Auxiliary holds annual spring luncheon

Physical fitness expert Martha Rounds will address the topic, "A Healthier and Happier You," at the Barnes Auxiliary annual spring luncheon to be held at Le Chateau restaurant Wednesday, April 29.

At the luncheon Auxiliary president Lynn Bachmann will present the fourth installment of a six-year, $1 million pledge to Harold E. Thayer, chairman of Barnes board of directors. The money was pledged to furnish the new cardiothoracic patient care floor in the West Pavilion.
Fifteen-month-old Jonathan was brought to Barnes burn intensive care center with burns over 80 percent of his body—burns suffered in an explosion at his home in a small Missouri bootheel town. Jonathan was not expected to live. Like all patients without the benefit of protective skin covering, his body would have to battle constant infection—infection created by invading bacteria.

Thirteen-year-old Samuel had a long history of bleeding problems. He bruised easily and suffered from bleeding gums and almost weekly nosebleeds. Hemophilia was ruled out early on.

Sixty-two-year-old Helen had a long history of ulcers. Early this year she was admitted to Barnes with severe abdominal pains.

Although diverse in reasons for hospitalizations, all three patients were the concern of medical staff, nursing staff and the 350-member diagnostic laboratory team specially trained to give behind-the-scenes expertise in disease investigation, diagnosis and treatment.

Jonathan

Prevention of complications was the key to Jonathan's survival. The use of a class of antibiotics called aminoglycosides has increased the survival rate of many burn victims. However, because open wounds allow irregular amounts of the antibiotic to ooze out, doses of the drug must be constantly monitored so that the patient does not get a toxic overdose which could poison the kidneys. "In Jonathan's case, an added battle of kidney failure literally could have killed him," said Dr. William Monafo, burn center medical director.

Aminoglycoside assays were performed in the Barnes microbiology laboratory's susceptibility lab to determine and monitor the safe, but therapeutic doses of gentamicin flowing through Jonathan's circulatory system.

"At one point during Jonathan's hospitalization, Dr. Monafo performed a skin graft, and overnight the toddler's antibiotic dose requirement was cut in half," said Dr. Donald Krogstad, co-director of microbiology. "If a change in the patient's condition occurs and that change results in a drug overdose or underdose, we don't have the luxury of waiting—the results must be reported immediately to the attending doctor."

"Laboratory data on this phase of burn care is extremely limited, at best," said Dr. Patrick Murray, co-director of the lab. "We asked Dr. Monafo to talk about critical burn care at one of our regular weekly meetings to give our employees an overview of burn conditions and problems faced by these patients that could impede recovery and spent much time discussing unresolved problems in the care of burn patients."

During Jonathan's hospitalization, microbiology staff plated and incubated numerous cultures: blood cultures to determine if bacteria had penetrated Jonathan's circulatory system and might invade the heart; cultures of the burn wound to identify the extent of infection by bacteria such as Staphylococcus aureus; and fungal cultures which revealed an extensive fungal infection.

After 13½ weeks, Jonathan went home. "We couldn't have done it without them," then-burn unit head nurse Bev Weber said of the service the laboratory provided.

"This case in no way shows that lab personnel can cure burn patients," said Dr. Krogstad, "but it does prove that careful examination of laboratory data, combined with good medical and nursing care can prevent complications that might otherwise undo that first-rate care."

Microbiology technologist Cindy Villioco identifies types of bacteria by its color and the pattern in which it grows on the culture. The results are entered into the hospital computer for the use of the attending physician.

In 1980, Barnes diagnostic laboratory personnel performed 1.5 million tests.
Samuel

No one else in Sam’s family had suffered any known bleeding disorders, but Sam suffered from recurrent nosebleeds, bleeding gums, bruising, and prolonged bleeding after routine tooth extractions.

Sam was referred to the Barnes diagnostic laboratories as an outpatient to find the cause of his bleeding problems. Hemophilia was ruled out early-on. Preliminary testing by the 15-member hemostasis and thrombosis laboratory staff revealed that Sam’s problem was not due to plasma coagulation (clotting) factors. Since his platelet count was normal, between 150,000 and 400,000 per cubic millimeter, laboratory personnel began to investigate the functioning capabilities of Sam’s blood platelets.

Platelets, which are a type of circulating blood cell, play an important role in clotting by forming a plug to stop bleeding at the site of injury to a blood vessel.

“Template bleeding time testing was done: Two small incisions were made into the skin on Sam’s forearm, and laboratory technologists registered the time it took for the bleeding to stop,” said Dr. Samuel Santoro, lab medicine chief resident.

“A normal recording averages 2.5 to 9.5 minutes; Sam’s clotting mechanism had not checked the bleeding after 30 minutes had elapsed.”

Detailed in vitro (test tube) studies of the functional capacity of Sam’s platelets indicated that even though he had a sufficient number of platelets, they failed to aggregate in response to a variety of normal stimuli. The attending doctor was called. The diagnosis: A very rare disease known as Glanzmann’s thrombasthenia, which is inherited in a recessive manner from genes of both parents.

“Sam’s disorder, although incurable, is a problem only when left undiagnosed. Once it is identified, the physician, patient and family know that platelet transfusion should be scheduled before surgery or could be needed after Sam suffers trauma involving major bleeding,” said Dr. Santoro.

Helen

Helen was admitted to Barnes Hospital with diffuse stomach pain. She had a long history of stomach ulcers.

A gastrointestinal radiology series was ordered by her doctor to identify the cause of Helen’s pain. The x-rays showed a filling defect in a duodenal bulb of her small intestines, consistent with her history of ulcers.

Helen was immediately placed on cimetidine to inhibit gastric acid secretion and the stomach pain was alleviated. Tests performed at the Barnes clinical chemistry laboratory were utilized to investigate the cause of the painful ulcerations.

Blood samples were taken to the diagnostic laboratory and a hormone secreted by cells located in the pancreas, called gastrin, was analyzed by technologists in the 80-member clinical chemistry lab, the largest diagnostic laboratory at Barnes.

“Normal fasting gastrin values range between 24 and 190 pg/ml; Helen’s gastrin level registered 14 pg/ml. Gastrin analysis following administration of secretion showed an augmented response to the secretion, virtually specific to a rare disorder known as Zollinger Ellison Syndrome or gastrinoma,” said Dr. Jack Ladenson, director of clinical chemistry. Diagnosis: A tumor producing gastrin was the cause of the stomach ulcerations and the abdominal pain which had sent Helen to the hospital for evaluation.

Helen was taken to the operating room for exploratory abdominal surgery. A benign tumor in her duodenum or small intestine was found and removed. Several days after surgery, clinical chemistry again tested Helen’s gastrin levels which now were within the normal range and the nasogastric output was markedly diminished. Helen was discharged from Barnes.

Each of the eight specialty diagnostic laboratories at Barnes have similar stories that show the important part played by these behind-the-scenes professionals—unseen by the patients they serve, yet an integral part of the healthcare team in disease investigation, detection, diagnosis and treatment.
Howard Hehner retires after 51 years here

Supply supervisor Howard Hehner, 67, retired from Barnes Hospital February 27 after more than 51 years of service to the hospital's receiving/supply area. Hospital president Robert Frank presented Mr. Hehner with a certificate of appreciation for his many years of service during ceremonies held February 20.

"I stood in line outside the Globe-Democrat building waiting for the first copies of the want ads—that was 51 years ago," Mr. Hehner reminisced. "Then I had to be first in line to apply for the supply clerk opening. When I got here, there were fifteen guys in front of me." Mr. Hehner said he didn't know why the supervisor hired him over the other applicants. "Maybe it was because I was the only one who could understand his Scottish brogue," he added.

That first job was typical of the late 1920's. "I made $37.50 per month for a six-day, twelve-hour-per-day work week, with a half day on Saturday and Sunday every other week."

Mr. Hehner has witnessed many changes since his first day on the job. Rand-Johnson and Mal-linckrodt Institute of Radiology were opened in 1931 and McMillan in 1943. Wohl, Barnard, Renard and the clinics were completed in the 1950's; then the construction of Queeny Tower, East and West Pavilions. "But even in the old days, Barnes was not considered a small hospital. It was developing the national reputation it enjoys today," he said.

"I've worked a long time, now I plan to take it easy—get in a little fishing, reading and take time to enjoy the outdoors. I'll remember my many friends at Barnes and the years I've spent here," he said.

Secretary days promote better communication

"Physicians' Secretaries Days" have been designated throughout 1981 in an effort to foster a more effective working relationship among Barnes attending doctors, secretaries and the admitting and nursing departments of the hospital. On these days, secretaries for doctors who admit their patients to Barnes are invited to come and observe firsthand the admitting procedures and hospital facilities.

According to Mae Martin, director of admitting, "We want to familiarize doctors' secretaries with selected functions of the admitting department, such as making reservations, collecting pre-admission data, scheduling surgery and assigning rooms."

The first of these days was held January 28, honoring secretaries in general surgeons' offices. "Physicians' Secretaries Day" will also be held in March, July, and October, honoring doctors' secretaries in ENT-eye, gynecology and medicine, respectively.

By hosting the secretaries at Barnes, Mrs. Martin feels that the secretaries, nurses, admitting and medical records personnel become more sensitive to each other's needs. She explained, "Everyone finally gets to meet the person whose voice they are constantly hearing on the other end of the telephone wire." She added, "We can all discuss, in-person, the problems on both ends of the patient's hospitalization and work together to make sure that the patient's hospital stay goes smoothly, from admission to discharge."

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Caring staff, 2nd opinion help man regain eyesight

The Rev. Mr. Hermon Clenney comes to Barnes Hospital every six weeks. The visits for the Cheyenne man are not to see a doctor or undergo treatment. Mr. Clenney comes to Barnes to visit Roger Redfern in the hospital's barber shop where he first met the barber three years ago while awaiting eye surgery—surgery that changed his life.

"I first met Rev. Clenney when he was almost totally blind. He used a cane and his wife helped lead him into my shop," said Mr. Redfern, whose clients include Barnes patients, visitors, doctors and staff. "At that time he could discern only bright light from darkness, but he was very optimistic about life and his impending surgery."

Legally blind for seven years, Mr. Clenney said that he had come to the Barnes/WU clinics for treatment of an abscess in 1977. "The doctors caring for me kept me apprised of their work, and asked me to also undergo tests in the eye clinic at the hospital—they even made the arrangements for me," said Mr. Clenney. "I told them another exam would be pointless, that years ago during a routine eye examination my condition had been diagnosed as retinal degeneration—permanent and irreparable. I only went along with their wishes because they really seemed to care and I couldn't be rude."

"Thank God I listened to those doctors," Mr. Clenney said. "The tests told Barnes ophthalmologists that the optic nerve in my eyes still had function, that there was no retinal degeneration, that if a cloudy substance known as cataracts was removed, I would have a 50-50 chance of regaining my sight." (Chances for success in Mr. Clenney's case were lower than for many cataract patients because the longer the period of time between the onset of the condition and the surgery, the greater the danger to the health of the eye.) Two operations were performed days apart to remove the cloudy cataracts.

"I know the doctors who operated on me three years ago were among the best in the country, but I also know God was the one who made sure I was right on the end of that 50-50 chance," said Mr. Clenney with a gleam.

One member of the ophthalmology team caring for Mr. Clenney recalls, "I still remember the jubilant 'hallelujahs and hosannas' heard from one end of the corridor to the other the day the bandages were removed from the pastor's eyes."

Today, with the help of glasses, Mr. Clenney has 20/20 vision. No longer is there a need to prepare his sermons from a Bible cassette tape for the congregation of the Apostolic Jesus Main Church in St. Louis, which he has pastored for eighteen years. No longer is there a dependency to have someone drive him to make special visits to his church members, or to have his wife guide him through unfamiliar hallways.

"I always had hopes of regaining my sight," he said. "But no matter what the outcome was to be, I knew I would always be grateful for the concern—above and beyond the call of duty—shown by the clinic medical staff who cared enough to insist upon a second opinion."

New treatment here for rare skin disease

A treatment developed by Barnes/WU dermatologists offers new hope for victims of an incurable and debilitating skin disease, recessive dystrophic epidermolysis bullosa (RDEB).

Dr. Eugene Bauer and his colleagues here and at Northwestern University in Chicago found that phenytoin, an anti-convulsive drug, significantly reduces the blistering of skin and mucous membranes that characterizes the disease. Many patients with the rare disorder experience scarring, deformities and malnutrition and some do not live beyond 30 years of age. The research was supported by the National Institutes of Health and the National Foundation-March of Dimes.

Dr. Sobel to get international award

Dr. Burton Sobel, Barnes cardiologist-in-chief and head of WU's division of cardiology, will be presented the Heart Research Foundation's second International Recognition Award at the Foundation's annual meeting May 7 at the "21" Club in New York City.

The award, which consists of a plaque and a $1,500 prize, is for Dr. Sobel's outstanding contributions to cardiac biochemistry and to metabolic aspects of nuclear cardiology.
Dr. Warren awarded sabbatical fellowship

Dr. James C. Warren, Barnes obstetrician-gynecologist-in-chief and head of the department at WU, recently received a prestigious award from the Josiah Macy Faculty Scholarship Committee for extended research in medicine. The scholarship, one of 24 awarded annually, will pay Dr. Warren's salary for a six-month fellowship with the University of Geneva's (Switzerland) biochemistry department.

Dr. Warren, who left on sabbatical in early April, will study the structures of steroid-binding proteins with Dr. Robin Offord, an expert on protein structures and the head of the biochemistry department. He will also work one day a week in the university hospital's obstetrics department. During his absence, Dr. Marvin Camel, Barnes/WU obstetrician-gynecologist, will be acting chief.

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period February 16 through March 15 to the various funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Community Relations Office. The Auxiliary coordinates the Tribute Fund which is used for specific hospital projects. The various other funds are part of the development program of the Community Relations office.

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IN HONOR OF:
The speedy recovery of
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M/M Jerry Goldstein
35th Wedding Anniversary of M/M Bill Davis
M/M Allan Silber
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The Sawyer Family:
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Eleven students completed the two-year program at the Barnes School of Nurse Anesthesia in graduation ceremonies held April 1. The school, which was founded in 1929, was one of the first such facilities in the nation.