faces a similar situation. A 1980 random sampling of 2,257 visits indicated that 1,283 persons or 56.8 percent had non-urgent reasons for coming to the emergency department. Of the 47,567 patients treated in the emergency department last year, 6,651 or 14 percent were admitted, with the remaining 86 percent being treated and released.

“Most non-urgent or non-emergency cases are people with medical problems who are not in need of emergency treatment. These are people who either do not have a family physician, or if they do, the physician is not available,” said Dr. Robert Stine, emergency department medical director.

In essence, patients with non-emergency problems such as colds and sore throats are utilizing medical expertise, equipment and space that is needed for much sicker people, according to RN Joe Burke, emergency department patient care manager.

The problem affecting Barnes and Indiana hospitals is one that is steadily growing nationwide. As a result, many insurance companies are attempting to discourage unnecessary use of the high-cost facilities by refusing to pay for non-emergency care provided in an emergency department. An alternative would be a neighborhood clinic or a private doctor, which usually costs about half as much as an emergency room visit.

Anniversary reception honors 25-year doctors

Thirteen doctors with 25 years of service on the active staff of Barnes Hospital will be inducted into the ranks of their silver anniversary predecessors at a 5 p.m. Queeny Tower reception Wednesday, July 22.

Dr. Jack Barrow, dentistry; David A. Bensinger, obstetrics/gynecology; W. Edwin Magee, medicine; Robert A. Moses, ophthalmology; Kenneth C. Price, medicine; George B. Rader, general surgery; Melvin M. Schwartz, obstetrics/gynecology; Ross B. Summer, medicine; and James M. Stokes, general surgery, will join the doctors whose names are inscribed on the 25-year plaque in the Barnes corridor.

The 13 doctors, who will be special guests of honor with their spouses, will be presented 25-year pins from Barnes board chairman Harold E. Thayer and hospital president Robert E. Frank. The guest list also includes more than 170 doctors who either do not have a personal family physician, or if they do, the physician is not available, said Dr. Robert Stine, emergency department medical director.

Mr. West has been active in developing Sverdrup Corporation and its operating companies since joining the firm as an engineer in 1953. His engineering career includes such prestigious accomplishments as the Messina Strait suspension bridge and the Danish Great Belt Crossing, both first-prize winners in international design competition.

His management career began in 1968 with his promotion to vice-president and chief engineer. He was subsequently promoted to vice-president in 1969, partner in 1970, chief operating officer in 1973, president and chief executive officer in 1975, chairman of the board in 1976, and chairman of the board and president in 1977.

In addition to serving on Barnes board of directors, Mr. West is a member of the board of trustees for the Governmental Research Institute, Drury College in Springfield, Missouri, and Webster College.

Study shows ER visits not always emergencies

*American Medical News* recently reported that an Indiana Hospital Association study of emergency room visits disclosed almost half of the people seeking treatment had non-emergency problems.

Barnes emergency department, treating the second largest caseload in the metropolitan area,
parents. Yet her husband-to-be wooed her into starting a new life before completion of a sociology degree at the University of Arkansas at Pine Bluff.

Furthe...
serve as an early warning sign to prevent complications in the patient's recovery process.

Respiratory therapy is more than hooking up patients to machines; it requires the ability to relate to and work with people. As more and more patients are hospitalized with short-term breathing problems, the need for therapists to care for patients will grow. Barnes respiratory therapy department must progress to meet that need," said Mr. Karsch.

New voice restoration performed at Barnes

A voice restoration operation is being performed at Barnes Hospital for persons who have undergone a total laryngectomy (removal of the voice box) because of cancer.

Normally, the speech process begins when air is exhaled from the lungs through the larynx, where vocal cords vibrate to make sound, and individual words are formed with the help of teeth, tongue, palates and lips.

Two passageways, the trachea in the front and the esophagus in the back of the throat, run from the nose down into the esophagus and a tube is placed into this small tunnel to keep it open. The tube is secured for 48 hours, at which time the tube is removed and the fitted voice prosthesis is slipped into place.

The prosthesis is a three centimeter silicone tube with a one-way valve at one end. At the esophageal side of the tube is a small slit which opens like a "duck's bill" with positive air pressure, allowing air to flow into the esophagus and up through the mouth for speech. When the patient is not talking, the valve remains closed to prevent food or liquid from entering the lungs. The tracheal side of the prosthesis includes a small hole on the bottom surface for entry of exhaled air. There are two thin flanges on either side of the tube which are taped to the patient's neck to hold the prosthesis in place. When the patient wants to speak with the prosthesis in place, he simply inhales and covers up the tracheal stoma with a finger. As he exhales, air is forced into the prosthesis and up into the esophagus and he speaks.

Sheryl Setzen, speech therapist at the medical center's Irene Walter Johnson Institute of Rehabilitation consults with potential voice restoration candidates and works with recipients both before and after surgery. "The first few days after surgery include a lot of hard work," she said. During hospitalization, Mr. Reck was taught how to clean, insert and secure the prosthesis to the recipient of the device. Mr. Reck, a 77-year-old retired meat cutter, had his voice box removed in 1979.

"Esophageal voice is not always easy to learn, and even after 8 to 12 months some persons cannot use this alternative speech process," said Dr. Stanley Thawley, Barnes/WU otolaryngologist. "The voice restoration procedure is an alternative for some of these patients."

The procedure, invented and developed by Drs. Mark Singer and Eric Blom of Indianapolis, Indiana, is a simple, 15-minute surgical endoscopic procedure to create a channel between the trachea and esophagus. A silicone prosthesis is placed in the channel several days later to allow air to be exhaled into the esophagus, producing esophageal speech.

At Barnes, the voice restoration procedure is done under general anesthesia with the aid of a modified bronchoscope. A small hole is created between the back wall of the trachea and the front wall of the esophagus and a tube is placed into this small tunnel to keep it open. The tube is secured for 48 hours, at which time the tube is removed and the fitted voice prosthesis is slipped into place.

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"The idea of surgical voice restoration is not new," said Dr. Thawley. "Numerous procedures throughout the last 30 to 40 years have attempted to restore voice to laryngectomy patients. Most of these procedures were technically difficult operations, had very high complication rates and very low success rates."

"This voice restoration procedure has many benefits. It is a simple operation and the risk of complications is very low," Dr. Thawley said. "The results are almost immediate, with the patient talking as soon as the prosthesis is fitted, approximately two days after surgery." (To reverse the procedure if the patient is not satisfied with the quality of voice or does not want to continue maintenance of the prosthesis, he simply can elect not to insert the silicone tube. Within one to several days, the connecting channel between the trachea and the esophagus will close up.)

Wohl patients move

Patients currently hospitalized on the third, fourth and fifth floors of Wohl Hospital will be relocated to the East Pavilion by the end of this month.

Plans include moving patients from 5 Wohl to 10500 of the East Pavilion. Patients currently on 10500 will be temporarily relocated to the seventh floor of Rand-Johnson. Patients on 3 and 4 Wohl will be relocated to the ninth floor of the East Pavilion, which will also include the medical intensive care unit.

The 12-story Wohl Hospital building named in honor of its benefactor's son, David P. Wohl, Jr., was opened in 1953 to alleviate the shortage of hospital beds. Patients were gradually moved into newer, modern quarters and the space was utilized by the Washington University School of Medicine for offices and clinics. The third through fifth floors will also now be renovated for WU office space.

Thirty-eight RN's attend open house here

Long-stemmed red silk roses were symbols of friendship extended to 38 registered nurses attending the recruitment open house held around the pool atop Queeny Tower May 17.

Nurse recruiters Chris Corbin and Barb Fiehler, with the help of several members of nursing service, conducted visitors on a tour of the hospital. Recruiters also explained "Why Barnes is Best," including information about nursing career opportunities and benefits package.

Of those attending the open-house, three registered nurses have signed up to begin the fall nurse internship program September 14. A fourth nurse was hired for the summer internship which began June 1. In addition, 10 RN's were interviewed for future staff nurse openings.

Important phone numbers

<table>
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<tr>
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<td>Executive physicals program</td>
<td>454-2425</td>
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<tr>
<td>Volunteers</td>
<td>454-3446</td>
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<td>Bulletin comments, ideas</td>
<td>454-3515</td>
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Eleven-year-old Brian from Tamaroa, Illinois, and his friend Aaron were camping in Aaron’s backyard. The boys had tried to start a campfire, but it had been a rainy week and the logs were damp. Brian poured gasoline on the smoldering logs to work up a fire upon which the two could cook hotdogs. The gasoline ignited; Brian’s shirt caught fire. He dropped to the ground then threw himself in the backyard pond. Brian was taken to Pinckneyville Hospital emergency room and transferred to Barnes with first and second degree burns over 12 percent of his body.

Tractor-trailer driver Monte, 21, from Salem, Missouri, was eastbound on Interstate 70 near Adelaide Avenue on June 4. He saw a stalled car directly ahead of him in the fast lane. The highway median was to the left, a carload of children to his right. He veered into the median, his truck jumped the barrier and landed in the reversible lanes. The truck cab exploded and burned. Monte jumped from the truck and rolled on the ground to put out the flames on his clothing. He was admitted to Barnes with first and second degree burns over 21 percent of his body.

Fifteen-year-old Melvin of St. Louis and 63-year-old Jack from McLeansboro, Illinois, were victims of two separate gasoline explosion accidents which occurred when both were trying to prime carburetors in vehicles which had run out of gas—one of the most common causes of burn injuries. Both were admitted to Barnes June 9.

Two months ago 21-year-old Rex was admitted to Barnes after a fien traffic accident. Thirty-three-year-old Joe, a victim of a house fire, has been at Barnes for separate gasoline explosion accidents which occurred after a fiery traffic accident. Thirty-three-year-old Jack from McLeansboro, Illinois, were victims of two old Joe, a victim of a house fire, has been at Barnes for separate gasoline explosion accidents which occurred after a fiery traffic accident.

Dr. William Monafo, medical director of the new center, leads a team of 13 nurses, house staff, three full- and three part-time burn technicians, social worker, dietitian, respiratory therapist, physical therapist, occupational therapist, chaplain, unit manager, unit clerk and aide.

Hospitalization of patients like Brian, Monte, Melvin, Jack, Rex and Joe typically begins with a telephone call to the burn care professionals on 4300. The telephone rings—an outstate hospital calling to consult with Dr. Monafo regarding a burn victim in that emergency room. Degree, extent and location of burns are relayed as well as information about the patient’s overall physical condition. The patient’s condition: critical. He must be transferred to the burn intensive care center. Transportation by helicopter or ambulance is arranged and the Barnes burn team is alerted to the estimated time of arrival.

On alert

“When we are notified that a burn victim is on the way to our center, we immediately assess the needs of our patients to insure optimal care for every patient during the crisis period of our newest admission,” said head nurse Valerie Yancy. “New staff assignments are given so that each of us knows what our prime responsibility will be during the hectic hours to come. The awaiting room is thoroughly cleaned and made ready.”

Crisis period

Burn team members are dispatched to the helicopter or emergency room entrance to await the arrival of the incoming patient. The emergency transport arrives. The patient’s vital signs are checked for adequate respiratory and cardiac function. The patient is immediately taken to the burn center.

The next 24 hours are critical. Once in the burn intensive care area, team members initiate treatment on prevention of shock and assess medical stability, including associated injuries such as fractures and neurologic or respiratory involvement. The third priority is the actual burn wound. Fluid IVs and Foley urine catheter are inserted to replenish and monitor fluids in the body—vital fluids which are lost when protective skin tissue is burned and surrounding tissue begins to swell. Blood samples are taken. Carbon monoxide levels are obtained to determine the extent of respiratory injury due to inhalation of smoke. (Carbon monoxide is a poison produced by combustion which binds to the hemoglobin in the blood, displacing oxygen molecules and robbing cells of needed oxygen.)

“Many patients not only suffer burn injuries,” said Dr. Monafo, “but sustain extensive trauma that would, in itself, require intensive care.” During this crisis period, burn patients are given one-to-one nursing care. Laboratory assays and cultures are performed at frequent intervals to insure effective but safe antibody doses to kill off invading bacteria. Respiratory status is monitored constantly; response to fluid therapy, vital signs and urine output are all done on an hourly basis.

Healing process begins

“The main focus during the remainder of the stay in the burn center is on preventing and treating complications including mictelicious wound care and maintenance of adequate nutrition,” said Mrs. Yancy. “Burn wound dressings must be changed daily to prevent infection and to promote healing and new skin growth. Every day—even twice a day on some—nurses and burn technicians must remove wound dressings and debride the wound, a painful and tedious process to remove dead skin tissue. More extensive burn debridements can take up to three or four hours, according to Mrs. Yancey.

Burned and grafted skin lose elasticity. To prevent the loss of muscle and joint mobility, a physical therapist works with the patient to exercise damaged areas to prevent the skin from contracting and to enable joints and muscles to regain normal function. A high protein, high caloric diet is mandated by the center’s dietitian who works with Dr. Monafo to establish nutritional goals for each patient in the unit. “Until a few years ago burn professionals did not understand the importance nutrition played in the survival and recovery process of burn patients,” said Dr. Monafo. “Today we understand the necessity of a high protein to help the tissue to regenerate and to ward off infection. A high number of calories are necessary to generate body heat that is lost without the protection of insulating skin. An average-sized, healthy adult intakes 1,800 to 2,300 calories per day; the same adult with burn wounds could require 4,000 to 6,000 daily calories. Tube feedings are necessary for some burn patients. Others are given regular patient meal trays which must be subsidized with two or three milkshakes and other high-calorie snacks—potato chips, nuts, cookies, peanut butter, ice cream. Large supplies of eggs and cheese also are kept in the refrigerator to make a quick snack throughout the day. Raw vegetables and fruits are on the prohibited

The "Silent Epidemic"

More than two million persons in the U.S. seek medical attention for burn injuries each year.

More than 75,000 burn victims are admitted to the hospital for treatment of their injuries.

More than 12,000 persons die each year of burn injuries—more than one-third of those who die are children.

The new Barnes Burn Center represents the latest chapter in a history that includes nearly 20 years of providing specialized care for burn victims in the Midwest. Barnes burn unit in 1964 was the first burn intensive care unit in a non-military institution and won wide acclaim as a leader in the use of silver nitrate, a chemical still used today to treat major burn injuries.

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list in the burn center. Fresh produce can carry bacteria which could cause infection in burn patients.

Special patients, families

“No matter the size or location of the injury, the impact of the burn is emotionally devastating,” said social worker Sara English. The entire burn center team works to help our patients adjust physically, psychologically and sociologically with the problems created by their injuries so that they can return as functioning members of their families and communities. It’s rewarding to see the progress our patients make from the time they are first entrusted to our care until the time they leave us to return home.”

Burn injuries are manageable when treated with good medical and psychological care. “People do have the means to cope with disruptive and devastating illness and are very capable of utilizing their strengths to adjust to burn injuries. We are there to help them recognize and use these strengths and to promote an environment that will encourage our patients to talk about their concerns and fears,” said Mrs. English.

Some of these concerns deal with role changes. Previously the family breadwinner, the burn patient may not be able to go directly back to work, or manage as a housewife. A mother whose prime responsibility was to give care to her family, now must become the receiver of her family’s care. The burn center has a full-time occupational therapist available to emphasize independence through self-help and to help the patient regain skills lost after the accident.

“Although the burn patient has undergone the actual physical injury, we must remember the family members also have undergone a tremendous amount of adjustment. Loss of income to patients during their hospitalization and for family members who must spend a good deal of time at the hospital can cause tremendous stress. The family also experiences emotional pain,” said Mrs. English. “For these reasons, we also make the family a prime focus of our psychological caring. They are very important to us, too.”

The patient’s family is involved in the day to day care of their loved-one. “Our key support, many times, comes from the family,” said Dr. Monafo. “The patient’s willingness to undergo painful debridement and exhausting therapy sessions often stem from the family’s acceptance of the injury and their anticipation of homecoming.” Upon discharge, the family is also responsible for daily wound dressings and physical therapy sessions.

A burn clinic is held every Wednesday afternoon to provide care for minor burn injuries and routine follow-up care for discharged burn center patients. “We will follow many of these discharged patients for years after the accident. Many will require readmission to a surgical division of the hospital to undergo further skin grafting and reconstructive plastic surgery,” said Dr. Monafo. “For many, discharge from the hospital is just the beginning of a long road to rehabilitation.”

Special nurses

“Burn center nurses are a special breed of health care workers,” said nursing associate Donna Granda. “They must possess abilities and skills that range from those of the emergency room (continued on page 6)
Burn center

(continued from page 5)

nurse and the critical care nurse to fundamen-
tals like teaching a patient to use a fork. They
must be pediatric nurses and geriatric nurses.
They must interact with persons in all facets of
human behavior, at all ages," said Ms. Granda.

Barnes Burn Center nurses care for their patients
during hospital stays that last anywhere from
two weeks to five or six months. "During that
time a special bond is formed—these nurses
know their patients and have gained the patients'
trust. Burn nurses must have and maintain
enough emotional strength for themselves as
well as their patients. They must learn and teach
changing values at a time when patients are
questioning their self-identity and self-accep-
tance," said Ms. Granda.

The future

Improvements in methods of preventing bac-
terial infection (the major cause of deaths in burn
victims), better methods of obtaining wound
closure which could include the possibilities of
artificial skin and culture of epithelial cells grown
in the laboratory test tube are all bright spots in
the future of burn care, according to Dr. Monafono.

"Research on the effects of burn injury on pe-
ripheral nerve function and energy balances
which are now being conducted here and in other
parts of the country will help us deliver better
burn care," said Dr. Monafono.

Mother of former burn
patient applauds care

Pat Zeimer, mother of a recent Barnes Burn Center
patient, wrote the following letter to Robert Frank,
president of the hospital, to commend the care given
to her son Brian and the members of his family by
the burn center staff.

I would like to take this opportunity to let you
know how all of us, the family of Brian Zeimer,
feel about the care Brian received in the Barnes
Burn Center. We feel the medical care he received
was the best. However, it went one step further
than the care by the doctors; the nurses are a
"special breed." They executed their orders with
love, care, gentleness and thoroughness. Brian
always looked clean and well taken care of, and
I knew that was only the surface because they
spent many hours each day caring for him.

Then, there is another area that went far beyond
medical care. First, the love, compassion and
gentleness the whole staff gave went beyond our
wildest hopes. From the first, they treated him
like a family member instead of a patient. They
spent extra time with him trying to understand
what he was saying. They dealt more honestly
with him about his impending death than we
could, and opened doors for us to talk to him.

Lastly, the entire staff, including the doctors and
social worker Sara English, gave us the same
love and compassion they showed Brian. They
were always patient with us, no matter how long
we were there and no matter how pesty we were.
They spent a lot of time with us in the waiting
room giving us comfort and sharing of them-
selves.

I, myself, am a nurse. I know a certain amount of
all these qualities are expected of medical profes-
sional people. But, we all feel the entire staff of
the Burn Unit gave far, far beyond what they
were expected to do.

One of the few comforts we have in this tragic
time is knowing that Brian was with family al-
ways—whether or not his real family was there.

I do hope you will pass this letter on so the whole
staff gets the thanks and recognition we feel they
deserve. I'll never be able to say enough beauti-
ful things about the staff of the Barnes Burn
Center.

Former buddies
renew friendship

A thirty-four-year absence made the heart grow
even fonder for two friends who recently re-
newed their friendship while patients at Barnes.

Ernest O. Mallett, Sr., read the name "Eddie
Seithel" above his roommate's bed, but was in-
deed surprised to see the name matched the
face of a pre-World War II buddy. Mr. Mallett
and Mr. Seithel developed a solid friendship
while working together as paper slitters at United
Drug in O'Fallon, Missouri, from 1932 to 1940.

Each then went their separate ways. Mr. Mallett
left the drug company to manufacture ammuni-
don during the war at a small arms plant. In 1945,
he opened up Ernie's Paper Box Company, which
later changed over to the present Mid-City
Paper Box Company. That year he also saw Mr.
Seithel again, who was still working at United
Drug. The two managed to keep track of each
other's lives until 1947, and last saw each other
34 years ago when Mr. Seithel visited his friend
at the paper box company.

"The nurses, doctors, housekeeper and the per-
sons who delivered the food are the finest people
I've met for a long time. They were so good to
Eddie and me," said Mr. Mallett in a recent letter
to the hospital.

Nearly New breaks
resale record

Increased word-of-mouth publicity plus a greater
variety of items to resell are causes for the Nearly
New Shop recording the best financial intake in
its 18-year history, according to auxiliary annual
report figures released May 1.

The Nearly New is one of four fundraising
tools—Wishing Well Gift Shop, Baby Photo
Service and Tribute Fund are the others—oper-
ated by the auxiliary to raise money for hospital
services. (In April, the auxiliary gave a check to
Barnes in the amount of $315,000 collected from
these services.) The shop sells a variety of used
clothing, children's and household items, plants and
books donated by auxiliary members, employees,
former patients, and friends of the hospital.

Olguita M. Q. Berington
dies in England

Olguita Monsanto Queeny Berington, 81, died of
cancer May 17 in Malvern, England, where she
lived.

Mrs. Berington was the only sister of Edgar M.
Queeny, late chairman of Barnes and head of
Monsanto Co. from 1928 to 1962. She had lived in
England since her marriage about 50 years ago
to Thomas Berington, who before his retirement
was an executive with Monsanto's English opera-
dions.

Besides her husband, Mrs. Berington is survived
by a son, Thomas Berington II and a grandson,
Thomas Berington III, both of whom live in En-
gland.

Book explains
celiac disease

A recently published book detailing the cause,
symptoms, and treatment of celiac-sprue is now
available for people who have celiac disease,
sprue or sensitivity to gluten. Celiac—Sprue and
the Gluten Free Diet, by Pat Murphy Garst, dis-
cusses the hereditary nature of the disease which
affects the digestive process and causes malabsorp-
tion of vitamins and nutrients leading to such health
problems as gastrointestinal cancer.

The 150-page book, along with a cookbook,
Gluten Free Cooking, which contains methods for
converting standard recipes to gluten-free, is
available from M. Stevens Agency, P.O. Box
3797, Des Moines, Iowa, 50322, for $7.95 each.

Hospital notes

The following are reported on staff: Dr. Albert
F. Ruehl, assistant otolaryngologist; Dr. Sidney
J. Hanish, assistant ophthalmologist; Dr. Diane
F. Merritt, Dr. Bruce L. Bryan, Dr. David J. Le-
vine, assistant obstetricians/gynecologists; Dr.
John P. Canale, Dr. Gaellan M. Heisten, Dr.
Jorge A. Raichman, Dr. John W. Kneesevich,
assistant psychiatrists; Dr. Dushyant N. Bhatt,
assistant anesthesiologist; Dr. Larry A. Jones, Dr.
Richard Lazaroff, and Dr. Nancy E. Holmes,
assistant pediatricians, all effective July 1.

Three members of the Barnes/WU medical staff
were among the 20 doctors from the St. Louis
area induced recently into the 50-Year Club of
the Missouri State Medical Association. Among
those honored for 50 years of service as practic-
ing physicians were Dr. Daniel Bisco, ophthal-
omatologist; Dr. Marianne Kuttner, pediatrician;
and Dr. Harold Scheff, physician.

Volunteer director Deborah Lord Bobinette was
a guest speaker at the Ritenour Chapter of the Na-
tional Honor Society April 28 which inducted 74
seniors. Mrs. Bobinette is a 1966 graduate of the
school.

Barnes/WU ophthalmologist Dr. Jack Harstein
has been invited to be guest speaker at the So-
ciete Francois des Ophthalmologistes' confer-
ence, "The 1981 edition of the International Con-
ference on Medical Contactology," to be held in
France in October.

Barnes public relations director Daisy Shepard
carried out two seminar sessions on "Working
with the News Media" as part of a day-long
workshop for hospital public relations practition-
ers sponsored by the Hospital Public Relations
Society of St. Louis. The workshop was held
May 29 at the Midtown Ramada Inn and attracted
persons from throughout Missouri and Illinois.

Dr. David Alpers, Barnes/WU gastroenterolo-
gist, has received a fellowship from the John
Simon Guggenheim Memorial Foundation of
New York. Dr. Alpers is currently doing research
under an NIH grant on intestinal protein metabo-
ism and function and will use the fellowship for
further protein research.

Erratum

The type gremlin struck again. In the June story
about the Barnes Hospital Society, the Bulletin
sought to emphasize that the group is open to
all members of Barnes staff, however two vital
words were omitted. The last paragraph of the
story should have read:

Barnes Hospital Society members also hold full-
time or part-time faculty positions at the Wash-
ington University School of Medicine.
Monorail system ups laundry productivity

A second monorail system connected to overhead tracks in the laundry production facility provides additional storage space by eliminating floor carts while increasing employees' productivity, according to Frank Knox, department director in charge of laundry and linen services.

The new system, in use since February, was added to an existing monorail installed in 1975. The entire length of the laundry is now serviced by the monorail system, making it easier and faster to dump linens. Instead of picking up laundry manually and carrying it to folding tables, employees now pull laundry carts attached by hooks to the monorail's ceiling tracks down the line for dumping.

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period May 16 through June 12 to the various funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on gifts to 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 Development 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 Barnes Hospital.

Tribute Fund

IN MEMORY OF:

Harold Steinburg
M/M M. J. Mathis
M/M Stanley P. Kolker

Ely Shevitz
M/M Ben Roman

Paul H. Young
Henry & Edie Drosten

Mary C. Harford
Dr. Sydney B. Maughn

Marion Lewis Clark
Mrs. Roland O'Bryan

Mrs. Lawrence Goldman
M/M Philip L. Moss

Mrs. Goodman
D/M Allan E. Kolker

IN MEMORY OF:

H. W. Neuwohrner, Jr.
E. R. Culver, III

John Krey
E. R. Culver, III

Vida Tucker Goldman
M/M Irving Edson

Dr. Paul Max
D/M James Penney

IN HONOR OF:

Kathleen Susa & Kolker's Ban Mishvah
Mrs. Rosemary D. Harris

Kimberly Kolker's Confirmation
Mrs. Rosemary D. Harris

Kenton Kolker's Graduation
Mrs. Rosemary D. Harris

IN MEMORIAM:

Edward Gill
John Goodwin, Jr.
Robert & Margie Halpern
Lucille Harwood
M/M J. Gordon Henges
Linda Herskowitz
Milton H. Hull
Anthony & Lorraine Jaboor
Chrisie P. Jolliff
Alma Koosheh
Katherine E. Martin
Genevieve B. McCurry
Velma Moore
Betsy A. Niehaus
Josephine A. Nopper
Roy Norton
Margaret W. Callison
Alvin Eigenrauch
Fannie Extrum
Charles Finch
Eleanor Going
Betty D. Turk
Napoleon Williams
M/M Bennett Adam
C. R. Andrews
Ethel Dulaney
Mrs. Lore Forst
Leon Freeman
Elise B. Griggs
Ronnie Kelly
Mathew E. Link
Mildred E. Schulin
Ruby M. Tripp
John Ventress

Dr. Arthur H. Stein, Jr.

Memorial Fund

Lester M. Abbott
Barnes Hospital Board of Directors and Administration
Barnes Hospital Society
Weldon & Jean Canfield
Nancy Craig
Carol & John Felker
Mary J. Freytag
M/M W. E. Fretwell
Mrs. Kathryn Gernhardt
Ron & Nancy Lurie
D/M T. Cameron
MacCaughelty
Alice Marshall
D/M Harry Morgan
Frances & Tillee Normbern
Barnes Hospital Nurse Anesthesia
D/M Lawrence W. O'Neal
Dr. Patricia O'Neal
Dr. Thomas F. Richardson
D/M Fred Reynolds
D/M Charles L. Roper
D/M Raymond E. Rowland
Loyce Rutherford
D/M Perry L. Schoeneker
M/M Joseph Henry Schweich
Mary Hord & Dick Snyder
D/M Ross B. Somner
D/M C. Ronald Stephen
D/M George L. Tucker
D/M Clarence S. Weldon
Betty & Mildred Williamson
R. C. Wilson Company

Elvera M. Zarka
M/M Richard S. Summers
M/M William J. Abbott
D/M Douglas Becker
D/M Marshall B. Conrad
Falcon Products
M/M William G. Fine, II
M/M Rollin B. Fisher
M/M Lester Litzinger
Glenn & Patricia McNett
M/M Milton A. Mink
Nancy & Kent Nentwig
Nursing Staff of 7700
Lorrie & Nancy Schmidt
D/H. G. Schwartz
Edward & Nancy Wetzel
Robert R. & Jean Young
The Andrews Children:
Christopher, Bill,
Carol, David, Andy
Marybill & George Andrews
D/M Ralph V. Gieselman
D/M Paul D. Haganen
D/M Harold Joseph
D/M Virgil Loeb, Jr.
M/M Edwin Magee
D/M Joseph McKinney
D/M David S. Plumb
Staff of 7300
D/M Thomas J. Banton, Jr.
D/M W. Edward Lansche
D/M James Pennoyer
Mrs. Dorothy B. Sharpleigh

Planned Gift Fund

Clara E. Braun
S. H. Curlee
John L. Epperheimer
Norma Greaves
Charles G. Hunsinger
Harry Kolker
Donna Pratt
Francis E. Reese
M/M Francis Finch & Family
Claude B. Hiester
Eliot A. Schwarz

IN MEMORY OF:

Viola E. Erwin
Willis G. Hart
Corinne O. Hinson
Ida Mosley
Leona M. Sahleben
Henry W. Schick
Ethel E. Buddy
M/M E. Cahill
E. G. Cherbonnier
Elsa C. Hershel
William C. Kull
Brooks E. Pumphrey

Memorial Endowment Fund

IN MEMORY OF:

Myra Ann Tucker

Annual Fund

Robert A. Kiser
Elise Foley

IN MEMORY OF:

Sam Chaleff
Mrs. Hope Komm

IN MEMORY OF:

Mrs. Mattie H. Richard
Mrs. Dorothy B. Turk
Mrs. Lorey D. Harris

Brian A. Ziemer Memorial Burn Fund

Employees of Gudosfer Corp.
Perry & Christie Hayden

Chapel Flower Fund

IN MEMORY OF:

Mrs. K. S. Schneider
The Rutherford Family

Heart Fund

IN MEMORY OF:

Al Diefenbach
M/M J. Bushyhead
Wishing Well chairman, co-chairman named

Maisie Breckenridge and Harriet Williams were appointed volunteer chairman and co-chairman, respectively, of the Wishing Well Gift Shop effective June 1, according to auxiliary president Dolores Shepard.

Mrs. Breckenridge replaces former chairman Emelie Wilkey, who resigned because of a broken hip. Mrs. Breckenridge started her volunteer career in 1974 as a buyer for candy in the Wishing Well, a position she still holds in addition to new responsibilities.

Assisting Mrs. Breckenridge is co-chairman Harriet Williams, an assistant buyer of toys in the gift shop since 1976. Mrs. Williams became a volunteer courtesy cart runner in 1968 and transferred back and forth between the courtesy cart duties and the nursery before going to the Wishing Well.

The chairman and co-chairman manage the operation of the Wishing Well, which is the largest source of funds donated by the Auxiliary to the hospital each year.

New entranceway to welcome Barnes patients

Barnes new main entrance will be completed this month, heralding the final phase of the West Pavilion project.

Marking the new entranceway on Barnes Hospital Plaza is an illuminated sign with the words Barnes Hospital, admitting entrance, inset in the center of a contemporary canopy skylight. A vestibule includes an enclosure for security officers who are on duty 24 hours a day to assist patients and visitors. Renovation and enlargement of the lobby will be done in phases, beginning with closing the present East Pavilion “temporary” entrance. An information desk relocated to the left of the escalators will be manned for visitors needing directions or up-to-date patient conditions. Once completed, the ground floor lobby will join a surgical waiting area and a discharge waiting area to provide access from the East and West Pavilions to Queeny Tower.

Plans also include moving the cardiac diagnostic laboratory from the old Barnes building to the ground floor of the West Pavilion. Personnel and employment will be relocated to renovated space on the ground floor of Rand-Johnson.