Barnes Hospital, St. Louis, Missouri, October, 1982, Volume XXXVI, Number 10

Barnes named one of nation’s top hospitals

Barnes Hospital is rated as one of the top ten hospitals in the country by Money magazine in their September issue. Judged according to the ability to “provide the best care in a broad range of specialties,” Barnes is the only hospital named that is not located on either the East or West Coast.

Fifty leading medical figures including medical school deans, administrators at university-affiliated hospitals, public health experts and physicians were asked to name the top ten hospitals. Money noted that Barnes is one of the few U.S. hospitals to perform bone marrow transplants.

For major surgery or serious illness, “it just doesn’t pay to go anywhere but (1) a university-owned hospital or (2) a hospital that conducts teaching programs for a university or (3) a specialty center,” according to the article.

Other top ten hospitals include: Brigham & Women’s Hospital in Boston; Columbia-Presbyterian Medical Center in New York City; Duke University Medical Center in Durham, N.C.; Johns Hopkins Hospital, Baltimore; Massachusetts General Hospital, Boston; New York Hospital-Cornell Medical Center, New York City; Stanford University Medical Center, Stanford, California; University of California at San Francisco Hospitals; Yale-New Haven Hospital, New Haven, Connecticut.

Barnes has consistently been named among the nation’s top ten hospitals, and was also given that ranking in the April 27, 1982, issue of Family Circle, and by Business Week in 1981.

Barnes sets 1983 goals and objectives

The underlying theme at Barnes’ annual planning meeting, held in August, was that the hospital operate in the most efficient, cost-effective way possible if financial difficulties and even layoffs experienced by other hospitals are to be avoided, according to Robert E. Frank, Barnes president. Corporate goals for 1983, on which departmental goals should be in concert, were divided into five categories: physician services, hospital services, marketing, general operations and personnel.

Mr. Frank said it is a corporate goal in 1983 to make it more comfortable for attending staff to practice at Barnes. He also said there is a continuing need to improve the reception of and rapport between doctors and Barnes staff on patient divisions, especially on divisions where the doctor might not normally attend his patients and is not known personally.

Since the demand for private rooms is up at Barnes, Mr. Frank said it will be a goal in the area of hospital services to create more. The hospital is looking into ways in which some semi-private rooms might possibly be converted into private rooms. He said another goal in this area is to improve public perception of access and parking facilities.

Since Barnes is competing with other area hospitals for patients, he said a marketing program that presents Barnes as the best is a corporate goal. Especially since Barnes has consistently been ranked in several national publications as one of the nation’s top ten hospitals, Mr. Frank said another 1983 goal would be to increase the number of patients coming from outstate Missouri, and Illinois.

Corporate goals in the area of general operations will focus on the quality of care administered at Barnes in 1983, said Mr. Frank. These goals will be arranged so that they are more measurable than in the past. He stressed that the hospital must continue to live within a budget.

Concerning personnel, Mr. Frank said that employees with more than two years’ eligibility vacation time accrual will lose it if it remains unused by the end of this year.

Mr. Frank said the hospital is looking into ways that employees could purchase more life insurance at reasonable rates and ways that the pension plan could be improved.

Because health care financing methods are changing, especially for Medicare patients, Mr. Frank said an efficient, cost-effective hospital will be more important than ever. The federal government presently reimburses Barnes for most Medicare patient costs, but will soon change to more restrictive systems. The private sector is working to avoid cost shifting, especially since costs not met by the government have previously been passed on to private patients, he said. State governments will continue to cut health care funding, he added. The bottom line for 1983 is that health care financing will have an influence on all areas of the hospital.

Emergency/clinics renovation planned

Plans for Barnes’ $5.3 million emergency department/clinics renovation, which are now on the drawing board, include a triage area, walk-in clinic, direct access from the emergency department to nursing divisions and operating rooms and a central nursing station, according to Rich Linneberger, associate administrator.

When the project is completed, patients entering the emergency department will be classified in the triage area by a registered nurse as having an emergent, urgent or non-urgent medical status. Emergent, urgent and non-urgent private patients will be treated on the first floor, while non-urgent, non-private patients (those who do not have a physician on staff) will be referred to a new walk-in clinic and waiting area on the second floor of the Wohl clinics building, said Mr. Linneberger. The second floor will also house the clinic registration area currently located on the first floor, he said.

Patients will be transported directly from the emergency department to the operating rooms and nursing divisions through the second floor of the Wohl clinics, according to Mr. Linneberger, rather than routing them through the high traffic areas on the first floor. “We will be able to provide more privacy for patients and their families,” said Mr. Linneberger.

A central nursing station, surrounded by treatment rooms, is also planned for the emergency department. “Having a central nursing station will facilitate communication between staff members by having all treatment rooms within eyesight of the station,” said Mr. Linneberger. By alleviating overcrowding and eliminating any need to utilize the corridors as patient waiting areas, the additional space will furnish each patient with a higher degree of privacy than is currently available, Mr. Linneberger said. Radiology’s facilities will also be increased, he said.

The first floor will be increased from 9,700 to 16,800 square feet by extending the building approximately 3,000 feet east and 4,000 feet north. An additional 3,000 square feet is planned for the ground floor to hold administrative offices, mechanics, ancillary services and a conference room, according to Mr. Linneberger. A walkway connecting Barnes with Washington University’s new clinical sciences research building will also be constructed, he said.

The emergency department, which was designated a Level I trauma center by the Missouri Division of Health in 1981, treats more than 36,000 people annually.

Birthing rooms to offer the comforts of home

Two birthing rooms with all the comforts of home are under construction at Barnes Hospital and will be completed in December, according to Bob Shireliff, vice-president. The rooms will feature red oak furniture, flowered wallpaper, matching sheets and a bed that converts into a chair-like position for delivery. A coffee pot and rocking chair for fathers are also included. Both rooms will also have a television and nurse call button within the expectant mother’s reach.

“We have had many inquiries from both doctors and patients about a birthing room,” explained Maxine Loucks, clinical director of nursing with responsibility for labor and delivery. “Patients who are not expected to have any complications in delivery may request the birthing room for a more homelike experience. The rooms will still have all the medical equipment traditional labor and delivery rooms have, but it will be recessed behind louvered wood doors.

According to Mrs. Loucks and Pam Lesser, clinical director of nursing with responsibility for the maternity floors, the room offers expectant mothers greater comfort with esthetically pleasing surroundings while providing more privacy since labor and delivery both take place in one room instead of two. The cost of delivering a child in the rooms will be comparable to that in the traditional labor and delivery rooms, they said.

“In the birthing rooms we believe pregnancy will be treated less like an illness and more like a... (continued on page 2)
Birthing room

(continued from page 1)

natural event,” explained Ms. Lesser. “The first hospital birthing room was constructed in 1969 in Connecticut. They have become very popular, especially on the east coast. Birthing rooms are a compromise between birth at home, which lacks the advantage of back-up equipment and expertise, and birth in the traditional hospital setting,” she said.

“Doctors and patients both believe hospitals should be doing more to meet patient needs and desires,” continued Ms. Lesser. “The birthing room is a vehicle that allows us to do this.” Barnes’ birthing rooms represent a collaborative effort between the hospital’s administration and medical staff and offer greater comfort with the safety of a hospital delivery to patients, she said.

Hercules Construction Co. is the general contractor for the project, which also includes renovation of the waiting rooms for the fathers on the labor and delivery floor and both maternity floors. The cost of the total project, which includes engineering, construction, furnishings and equipment, is $170,000, Mr. Shircilff said.

Red Cross assumes HLA responsibility

Full responsibility for HLA (human leukocyte antigen) typing in the St. Louis area has been assumed by the American Red Cross, including the HLA lab set up at Barnes Hospital in 1976.

Dr. Glenn Rodey, Barnes/WU physician, continues as the HLA director at both the Barnes HLA substation and the main Red Cross HLA facility. Dr. William V. Miller, chief executive officer of the St. Louis bi-state chapter, American Red Cross, pointed out, “With cost effectiveness so important in the health care field, it makes good sense from a business standpoint to consolidate these services.”

HLA typing, performed on white cells isolated from a blood sample, has been in use since the mid-1970s. This complex typing finds close matches between donors and recipients for kidney transplants, bone marrow transplants, for cancer patients receiving large quantities of white cells and platelets and for other procedures.

Ora Johnson retires

Ora Johnson, 6400 unit aide, retired on August 31 after 25 years of employment with Barnes Hospital. She was presented with a certificate of appreciation for her service by hospital executive vice-president Max Poll.

Mrs. Johnson is planning on traveling and working with her church during her retirement years. She said she will be spending plenty of time with her large family, which includes 15 grandchildren and one great-grandchild.

In addition to her certificate of appreciation, Mrs. Johnson was honored with a party by her co-workers on 6400 and 6500 nursing divisions. During the party, which included a buffet-style luncheon, Mrs. Johnson received a money coupon from her fellow employees. “I want to thank everyone here for the wonderful parties,” said Mrs. Johnson. “I’ve really enjoyed the time I’ve spent here at Barnes.”

Barnes employees receive general wage increase

The Barnes Hospital Board of Directors approved a 4 percent general wage increase, effective September 19. A new chart sets the hospital’s minimum hourly wage to $4.58. (The federal minimum hourly wage is $3.35.)

The increase was approved upon the recommendation of Barnes Hospital administration. “Despite problems which are facing the economy and how they impact on Barnes, this adjustment is being made in order to keep our wages competitive with other St. Louis Hospitals,” said Thomas Denison, assistant administrator for human resources. “We’re proud of the job that our employees do, and we’re glad to be in a position to make such an adjustment at this time,” he said.

Savings bond option open to BH employees

For as little as $2.50 a month, Barnes employees can purchase U.S. savings bonds through payroll deduction. Because the plan automatically deducts the amount employees designate to be saved, becoming less complicated. Bonds are guaranteed safe: they are replaced if stolen, lost or destroyed. The interest earned by bonds up to $1,000 is not subject to state or local income tax, and federal income tax can be deferred until the bonds are cashed or reach full maturity.

Bonds can serve as basic building blocks to accumulate enough for a minimum investment into individual retirement accounts and other similar plans. At nine-percent interest they earn a higher rate than a passbook savings account, and offer readily available cash. They are an ideal way to save for retirement, to help pay for college and to save for emergencies.

To save up for purchase of savings bonds, Barnes employees must fill out a card available in the human resources department. Employees must then take the card to the payroll department, where arrangements for the deductions are made.

Multi-disciplinary conference scheduled

The Barnes education and training department is sponsoring a multi-disciplinary research conference for health care personnel on Thursday, November 11, from 8:30 a.m. to 3:30 p.m. in Schwarz auditorium. The purpose of the conference is to share information about current research findings, which can be translated into better patient care.

Keynote speaker Mary Castles, Ph.D., RN, professor and director of research at the University of Missouri-St. Louis Nursing School, will address the importance of nursing research and methods of getting research published (8:45).

Following her presentation a panel of health professionals and educators who have conducted research will discuss problems and solutions they have encountered with research (9:30).

From 10:30 to 11:00, Jo Ann Shew, Barnes psychiatric nurse specialist, will speak on her study of responses of spouses of Vietnam-era veterans to stress. From 11:00 to 11:30 Evelyn Bonander, Barnes director of social work, will present a hospice feasibility study. From 11:30 to 12 noon Dr. John Kneselich, Barnes/WU psychiatrist, will discuss his work with Alzheimer’s disease, then the conference will break for lunch for one hour.

From 1:00 to 1:30 Dr. Saul Boyarsky, Barnes/WU urologic surgeon, will discuss penile implants in diabetics. From 1:30 to 2:00 Dr. Allan Jaffe, Barnes/WU cardiologist, will discuss the multi-center investigation of limiting infarct size. From 2:00 to 2:30 senior physical therapist Michael Bland will discuss removable rigid dressing versus elastic bandages in pre-prosthetic management of below-the-knee amputees. From 2:30 to 3:00 Dr. Ali Ehsani, Barnes/WU cardiologist, will discuss exercise and rehabilitation of cardiology patients. From 3:00 to 3:30 Dr. Carlos Perez, Barnes/WU radiation therapist-in-chief, will discuss hyperthermia for cancer patients.

Registration for the conference will take place the morning of the conference starting at 8 a.m., but forms are available in advance through the department of education and training, 454-3563. There is no registration fee for Barnes employees wishing to attend the conference. A fee of $15 for a half-day of the conference, or $25 for the entire conference will be charged for non-hospital employees. For more information about the conference call Jeanine Getttinger, coordinator, at 454-4877.

Lupus Awareness Week is October 17-23

October 17 to 23 has been designated Lupus Awareness Week as part of the effort to inform the public about lupus erythematosus, a sometimes fatal skin disease. The disease affects more than one-half million Americans, mainly women of child-bearing years, according to the Lupus Foundation of America, Inc., Missouri Chapter.

Barnes Hospital has a lupus treatment center which provides care from several rheumatologists under the direction of Dr. Bevra Hahn, Barnes/WU rheumatologist.

Although the disease was officially recognized in the 19th century, little is known about its cause or treatment. Patients with mild cases can be effectively treated with aspirin. Cortisone is used in more serious cases, but this steroid can cause such side-effects as facial hair, acne, weight gain or steroid osteoporosis. Antimalarials have also been found to be beneficial.

According to Dr. Hahn there are several theories to the cause of the disease, but no one theory is conclusive. LE may be caused by a reaction to certain drugs, a virus or sex hormones, she said.

BHSN alumni association offers 1982 bulletin

The 1982 Barnes Hospital School of Nursing bulletin is now available to all BHSN graduates free through the Barnes nurse recruiting office. The bulletin features a list of BHSN graduates from 1958 to present, with addresses and information about many alumni members.

Alumni members may request a copy of the bulletin for a half-day of the conference, or $25 for the entire conference will be charged for non-hospital employees. For more information about the conference call Jeanine Getttinger, coordinator, at 454-4877.

Hospital notes

Dr. Barry Siegel, Barnes/WU radiologist and director of nuclear medicine at Mallinckrodt Institute of Radiology, was one of several experts to participate in a call-in program on low-level radioactive waste management by KETC-TV/Channel 9, in cooperation with the League of Women Voters. The program aired on May 17 from 7 to 8 p.m.
Deaf OB patient receives special care

Like all prospective parents, Alicia and Jim Bullock were simultaneously nervous and excited as they considered the prospects of labor, delivery and child care. They chose Barnes Hospital because it was close to their home and because of its nationwide reputation.

They also had an added reason for concern: they are both totally deaf. Mrs. Bullock, who became deaf as a toddler from an overdose of streptomycin, and her husband, who has been deaf since birth, arranged to have an interpreter with them during the delivery of their firstborn and got set for their big day.

Mrs. Bullock’s labor started ahead of schedule, however, and they arrived at Barnes without their interpreter, who lives in Illinois. Barnes School of Nursing instructor Barb Hasse learned about their case during a routine check of labor and delivery and asked her clinical nursing students if anyone had experience in sign language. Second-year student Janet Evers responded to the call and began helping Mr. Bullock coach his wife through labor.

While waiting for the interpreter, labor and delivery nurses had already worked out a series of signals with Mrs. Bullock to indicate when it was time to pant, blow, count to ten, or use other natural childbirth techniques. Miss Evers assisted by continuing with those signs and by finger-spelling the doctor’s and nurses’ instructions as they coached Mrs. Bullock through each contraction.

The extra effort continued following the delivery of healthy 8 pound, 1 ounce Gabriella at 6:11 p.m. on August 2. Miss Evers was assigned to care for Mrs. Bullock as part of the maternity clinical nursing program called “follow-through.”

“Follow-through” is an effort to give students a good experience in family-centered maternity care, said Mrs. Hasse. As part of the program, the student nurse is involved in the total care of the patient, including assisting with labor and delivery, teaching bottle or breastfeeding, burping, bathing and post-partum care. “Follow-through” candidates are first-time parents, who are preferably planning on rooming-in and breastfeeding, according to Mrs. Hasse.

Rather than having the Bullocks attend the formal class sessions on baby care offered as part of the division’s maternity care, Miss Evers worked with them in the privacy of their room. “If the instructor went too fast, they would not be able to understand,” explained Miss Evers as she padded a dresser top for a bath demonstration. Graduates of the Central Institute for the Deaf and St. Joseph’s School for the Deaf, both Mr. and Mrs. Bullock can read lips at a close distance and are articulate speakers. Mrs. Bullock and Miss Evers built an almost instantaneous rapport. “She’s been a big help to me,” said Mrs. Bullock. “I can understand very well what she is saying to me.”

Miss Evers attributes her ability to communicate so successfully to a clinical rotation she had last year on 11500. “I worked with a stroke patient who had vision in only one eye, and I had to speak very clearly and slowly for him to understand,” she said.

Such closeness between patients and their student nurses is not unusual, according to Mrs. Hasse. “Moms and their students get very close,” said Mrs. Hasse. Nursing students are encouraged to contact their patients within one week of discharge to check that everything is going well, she added.

Mr. and Mrs. Bullock and Gabriella left Barnes after a traditional three-day stay, seeming happy and well-rested. “The people here are wonderful,” said Mrs. Bullock. “They worked with me and are so friendly.” For Miss Evers, it was an experience she will not soon forget. “It was just the ideal situation for me,” she said. “Both parents were so involved and it was neat being able to give them the care they needed.”

Dietetic internship program reaccredited

The Barnes dietetic internship program has been reaccredited for another six years by the American Dietetic Association, according to Barnes dietetics director Gil Sherman.

Mr. Sherman explained that the Barnes program reaccreditation was achieved through hard work and dedication of all the clinical management and staff involved over the years. The internship consisted of two parts: lecture and food systems management/patient floor services. After the program interns are eligible to take the test offered by the ADA for registered dietitians.

Before Barnes was given reaccreditation, the ADA visited the hospital for a site-check to determine the hospital’s eligibility, according to Jean Daniel-Gentry, program director. She said that Barnes’ dietetic internship has been approved by the ADA since the 1930s.

Important phone numbers

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Employee awards dinner to be held November 19

Approximately 130 Barnes employees celebrating 10, 15, 20, 25, 30 and 35-year employment anniversaries from July 1 to December 31 this year will be honored at a service awards dinner on November 19.

The semi-annual event includes a social hour beginning at 7 p.m., dinner at 8 p.m., entertainment by folk humorist Jack C. Taylor, and presentation of anniversary pins at the Radisson St. Louis Hotel, 9th Street at Convention Plaza, west of Cervantes Convention Center.

As Hon. Timothy Hays, the Mayor of Whoopup, Mr. Taylor will be delivering his string of one-liners that have amused audiences from coast to coast for years. His comments on age, marriage, small town life and current events are the basis of his presentation under the title “Marriage, Middle Age and Other Perils.” Mixed in are jokes and short stories.

Honorees celebrating anniversaries for 25, 30, and 35 years of service to Barnes are invited to bring a guest for the evening.

Donald Pendleton of plant engineering holds the top honors with 35 years of service. Those being honored for their 30-year anniversary are: Ada Ellis, Shirley Giachetto and Theda Guzman, all from the nursing service.

Those being honored for 25 years of service are: Leola Frey and Gladys Gannt, nursing service; Josephine Haney and Ruth Harris, laboratories; Carrie McClure and Frankie McCree, nursing service; Symantha Qualis, laundry, and Lettie Smith, nursing service.

Hospital notes

Dr. Eli Robins, Barnes/WU psychiatrist, was presented the American Psychiatric Association’s prestigious prize for research in psychiatry during the association’s 138th annual meeting in Toronto. Dr. Robins received the honor for contributions to the study of depression and psychiatric disorders and the field of psychopathology. He is the fifth recipient of the prize.
Dr. Robert Lund, Barnes/WU general surgeon, has just taken a breast biopsy to be examined by Dr. John Kardos, surgical pathology resident.

Dr. Kardos takes the breast biopsy to be examined for cancer in surgical pathology just above the West Pavilion operating rooms. The tissue is quick-frozen in a methyl butane bath, cut, stained, and examined on slides under the microscope. Frozen tissue examination allows surgical pathology to make a diagnosis while the patient is still under anesthesia.

Dr. Kardos prepares to examine a tissue sample. It will be prepared for processing and embedded in paraffin blocks to be made into slides.

Unseen by patients, surgical pathologists and a back-up team of technicians are investigators of a very crucial variety at Barnes Hospital. Whenever a biopsy becomes necessary, especially in the case of tumors, doctors depend on surgical pathology to examine, test and help diagnose a patient's disease. Since correct diagnosis is vital for correct treatment, a surgical pathology department is indispensable to any hospital, especially one of Barnes' size, according to Dr. Walter Bauer, Barnes/WU surgical pathologist-in-chief.

"Right now there is no other test for cancer except tissue diagnosis," explained Dr. Bauer, "and a great many things ride on a diagnosis. Whenever the disease process causes structural alterations in organs and tissues, the changes that occur reflect the nature of the disease. Sometimes a laboratory examination of fluids, blood, or secretions may not give the full picture of a patient's problem. We may then depend on changes that occur in the tissues or organs for our diagnosis. Actually, our work is complementary to the diagnostic efforts in laboratory medicine," he said.

While the diagnostic laboratories deal primarily with cell products, fluids and constituents of the body, surgical pathology deals with cells, tissues and their organization, explained Dr. Bauer. "Many times we (in surgical pathology) will be the starting point for the investigation of a disease process which may lead to a request for other laboratory examination to either confirm, establish or determine the extent of the disease."

According to Dr. Bauer the first surgical pathologist at Barnes was Dr. Lauren V. Ackerman in 1949. Prior to his appointment in the department of surgery each of the hospital's service divisions had their own divisions of surgical pathology. Dr. Ackerman expanded the activities of surgical pathology from 1949 to 1973, and now all tissue samples in the medical center come to Dr. Bauer's division for diagnosis. At the time Dr. Ackerman became chief of surgical pathology he had a total of 10,000 specimens. Today the service processes 25,000 new specimens each year.

Excellent technical support provided by Velma Hendrix, chief cytology technologist, and Julio Happa, chief histopathology supervisor, a host of technicians, clerks and typists are largely responsible for the well-run surgical pathology de-
partment. Such staff people remain unseen by patients, but perform tremendously valuable work no hospital could function without, said Dr. Bauer.

Patients who had biopsies taken as early as 1930 at Barnes may visit the hospital years later with a similar problem, explained Mr. Happa. But because tissue samples are retained in histology along with slides and the diagnosis report, cases can easily be reviewed. “If someone had a biopsy taken for stomach cancer at Barnes 10 years ago and moves to Baltimore, Johns Hopkins can request the tissue sample which we store in paraffin, the slide and complete diagnosis report,” he said. “Other hospitals do the same for us. It’s very routine. We process 25,000 specimens a year from which come 100,000 slides.”

Some disease processes evolve over such a long period that unless such records are kept, it might be possible to overlook that one condition was part of a continuing process that occurred 20 years ago,” explained Dr. Bauer. “There may have been a completely disease-free interval of 20 years for a patient. There are such conditions. We had a patient who had breast cancer, and no sign of breast cancer in the intervening 20 years, but she had a lump just recently above her collarbone. The question was: is this new cancer, or the same cancer that showed up 20 years ago? This becomes important both in the diagnostic procedure we put the patient through to find out whether she has new cancer, and/or what kind of treatment and outlook can be predicted for the patient if it turns out to be a new cancer, say cancer of the stomach.”

Surgical pathologists and technicians often examine biopsies and deliver a diagnosis the next day. But frequently they are called upon to render an immediate diagnosis on frozen-section biopsies taken from patients in the operating room under anesthesia. “The frozen section technique is used when a surgeon is at a point in an operation where he has to make a decision, but doesn’t know what he’s up against,” explained Dr. James Downing, resident in surgical pathology. “When a tissue biopsy is taken, we need to examine it and decide what looks suspicious. For example, on a breast biopsy, the surgeon gives us a piece of the clinically suspicious area and we examine it grossly and determine if there are any areas which we feel are suspicious for cancer. If such an area is present we take the tissue and through a special process quick-freeze it, cut it and make paper-thin sections which can be placed on a microscopic slide, stained and examined. Under ordinary conditions the examination is quite rapid, usually taking 10 to 20 minutes.”

Dr. Downing said he recently handled the case of a nine-year-old girl who had a massive chest tumor near the backbone. Clinically, he said, the prognosis for such a patient would not have been very favorable. However, the frozen tissue section examination of the tumor showed it to be benign, or cancer-free. With the knowledge that the tumor was benign, the surgeon could change his operative procedure, said Dr. Downing, and the patient’s prognosis was drastically changed.

“It’s an art—a skill. You don’t just put the sample in the machine. It’s not something you just pick up in a couple of years—it’s a skill developed over a lifetime.”

Mrs. Hendrix said cytology examined a gastric washing on a patient recently found to have a history of iron deficiency anemia and a gastric ulcer. Cancer had not been previously diagnosed, but cancer of the stomach was found in cytology. Biopsy later confirmed the cytologic findings, she said. “We diagnose fungus, viral pneumonia, viruses and many other diseases. What we do here is a standard back-up to surgical pathology. Our correlation with the tissue diagnosis is about 98 percent.”

Mr. Happa stressed that excellent laboratory equipment is only one element in providing reliable information for surgical pathology. “We have good technicians, and what they do is really an art—a skill. You don’t just put the sample in the machine. It’s not something you just pick up in a couple of years—it’s a skill developed over a lifetime.”

Dr. Bauer emphasized the importance of surgical pathology: “Proper treatment cannot take place until correct diagnosis has been made. With the help of surgical pathology, the task becomes a little less difficult.”
SLTCU bringing new service to Barnes

Barnes Hospital and St. Louis Teachers Credit Union are finalizing plans to install an automatic teller machine (ATM) on the ground floor of the Peters building at Barnes as a new service to employees. Barnes is the first "off-premise" site considered for an ATM, according to Dean Minderman of the SLTCU.

With the installation of the ATM, credit union members will be able to complete transactions on their accounts through the use of a credit union exchange (CUE) card and a personal identification number (PIN).

"We hope to make it more convenient for Barnes employees to do business with the credit union," said Mr. Minderman. "The ATM would help eliminate the long lines and crowds, especially during the lunchtime rush."

BHS contributes to WUMS building fund

The Barnes Hospital Society recently made a $10,000 contribution to the WUMS clinical sciences research building fund. The gift will help finance construction of the 10-story, 382,080-square-foot building which will house the research facilities of seven clinical departments of the school of medicine.

"This is a magnificent gift," said Dr. Samuel B. Guze, Barnes psychiatrist-in-chief and WU vice-chancellor for medical affairs. "We are deeply appreciative of this gift from the Barnes Hospital Society," he added. The Barnes Hospital Society is composed of 800 doctors who are pledged to secure the development of Barnes as a source of community service and medical progress. It was formed in 1925.

JCAH to conduct on-site survey

The Joint Commission on Accreditation of Hospitals (JCAH) will be conducting an on-site survey of Barnes' acute care, psychiatric and special laboratory facilities this month.

The acute care survey is scheduled for October 20 through 22. On October 19 through 22, the psychiatric facilities at Barnes will be surveyed. The tentative schedule for a survey of the special laboratories is October 18 and 19.

Accreditation means that efforts to provide high quality patient care at Barnes have earned professional recognition. Accreditation is voluntarily sought so that the hospital is measured against the commission's high professional standards and is assured it is in compliance with them.

'High cost' series wins award for KMOX radio

"The High Cost of Getting Well," a documentary explaining rising health care costs, which featured Barnes president Robert E. Frank, earned a first place award in the Distinguished Health Journalism competition for KMOX Radio. The series, written by reporter David St. John and narrated by Anne Keefe, was selected from more than 200 finalists.

55 years of togetherness celebrated by couple

Even an unexpected hospital stay failed to dampen Elsie Coughlin's spirits as she and her husband Larry celebrated their fifty-fifth wedding anniversary on August 27. Staff members honored the couple with an anniversary cake, while the Coughlins' nine children sent 55 pink and red carnations.

"It is all so nice," said Mrs. Coughlin. "I wasn't expecting anything." Mr. Coughlin presented his wife with a rose and a card—the first one she ever received from him. "The celebration is a big surprise," she said.

In addition to their nine children, the Coughlins also have 26 grandchildren and eight great-grandchildren. St. Louis natives, the couple has lived in Maplewood for the past 27 years.

Patient celebrates 105th birthday

Citing the importance of leading a "good life," Mrs. Leona Flagg celebrated her 105th birthday while she was a patient at Barnes Hospital. Staff members of the general medicine nursing division of 9500 honored Mrs. Flagg with a party and a huge birthday cake.

"If you are obedient to God and kind and lovely to everybody you meet, you'll lead a long life," said Mrs. Flagg. Aside from visits to Barnes' outpatient clinics, Mrs. Flagg's only other hospitalization was in 1927. Mrs. Flagg resides in the Central West End.

Hospital notes

The following are reported on staff: Drs. Lotuce Lee Ham II, Alan P. Lyss, Joseph P. Miletich, John W. Turk and Gary J. Weil, assistant physicians; Drs. Clara Escuder, Olin B. Mauldin, M. Michael Mauer, Jesse R. Ramsey, Robert J. Rothbaum, Melissa M. Sedlis, Diane D. Van Dermeer, and David H. Weed, assistant pediatricians, all effective July 1; Dr. Dorothy S. Perry, assistant anesthesiologist, effective July 15; Dr. Eugene M. Bricker, general surgeon, effective July 27; Drs. John D. Hirsch, general surgeon, and Terri G. Monk, assistant anesthesiologist, effective August 1; and Drs. Edwino T. DeCastro and Akira Iwane, assistant anesthesiologists, effective September 1.

Cathy Martin, Barnes licensed practical nurse, was recently appointed chairperson of the north city unit for the American Cancer Society's study in cancer prevention. The study, which was conducted throughout the month of September, endeavored to learn how lifestyle and environment influences cancer and other diseases. Mrs. Martin works in the Barnes cardiothoracic operating room.

Dr. Richard V. Bradley, Barnes/WU general surgeon, has been elected to the executive faculty of the Washington University School of Medicine. Dr. Bradley was elected by the school's part-time faculty to serve on the council, which is the school's governing body. He succeeds Dr. Richard H. Fallon, Barnes/WU general surgeon, who served as a representative of the faculty for two-one-year terms.

Dr. Charles B. Anderson, Barnes/WU general surgeon, has been elected vice-president of the Missouri Chapter of the American College of Surgeons. He was elected to a one-year term at the association's 15th annual meeting in Kansas City. He has served as secretary-treasurer, council member and chairman of the education program committee for the 550-member chapter.

Dr. Jack Hartstein, Barnes/WU ophthalmologist, has been invited to speak on the subjects of cataracts and implants at the Society Ophthalmologique Belge des Verros de Contract, an international congress in Bruegge, Belgium, in February, 1983.

Former patient praises praises dietary service

The following letter was sent to Barnes by Colleen Stuetzer, whose husband Louis was recently hospitalized here.

Louis asked me to write to express his appreciation for the beautiful fruit basket you gave him and for the special things you prepared to tempt his appetite, for your visits and your concern!

It helps a great deal during times like this to know others are thinking about you. God bless you all!
Dawes, Foster named night administrators

John Marc Dawes and Scott E. Foster, III, have been appointed new night administrators for Barnes Hospital. They join C. Kennon Heritge, Mark W. Reifsteck and Mark D. Boles, to bring the evening, night and weekend administration team up to its full complement of five. All are enrolled in Washington University's Health Administration and Planning masters degree program.

Mr. Dawes comes to Barnes from Wesley Medical Center in Wichita, Kansas, where he worked as an accountant in their finance department. He graduated in 1980 with a B.S. degree in health care administration from Wichita State University, after serving as an administrative resident at Iowa Lutheran Hospital in Des Moines during his senior year of college. Mr. Dawes also has experience as a physical therapy attendant at St. Francis Regional Medical Center, also in Wichita.

Scott E. Foster, III, is returning to the health care industry after serving in the special forces branch of the United States Army for four years. Prior to joining the special forces, Mr. Foster worked as an operating room assistant and emergency room technician at St. Vincent's Medical Center in Portland, Oregon. He graduated with a B.A. degree in biology from Reed College, also in Portland.

Dr. Cowdry dies

Dr. Edmund Vincent Cowdry, Jr., a psychiatrist formerly on the Barnes staff, died of a heart attack on Monday, August 30, at his home in Ashsville, North Carolina. He was 61.

After 11 years with the U.S. Public Health Service, Dr. Cowdry began a private psychiatric practice in St. Louis, which continued until he moved to Ashsville in 1975. He was a past president of the St. Louis County Medical Society and was more recently the chief of psychiatry at the Veterans Administration Hospital in Ashsville.

Born in Washington D.C., Dr. Cowdry was a graduate of St. Louis Country Day School, Princeton University, and Washington University School of Medicine.

He is survived by his wife Nancy and their four children: Edmund Vincent Cowdry III, Margaret Ellen Cowdry, Karen C. Kelley and Jeffrey C. Cowdry.

Wendell G. Scott lecture to be given

The eleventh annual Wendell G. Scott lecture will be given by Dr. Henry S. Kaplan, professor of radiology and director of the cancer biology research laboratory, Stanford University Medical Center, on Tuesday, October 12, at 5:30 p.m., in Scarpellino auditorium. The topic of his talk will be "Radiology's Contributions in Hodgkin's Disease: Some Unexpected Dividends."

The Scott Lecture was established in 1972 by friends and colleagues of Dr. Scott, the late Barnes radiologist and Washington University professor of clinical radiology, as a living memorial to his loyalty and excellence.

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in boldface) who have made contributions during the period August 7 to September 10 to the 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 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.

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General Fund

United States Surgical Corp.
The pace is a bit slower than at daytime, but Barnes Hospital at night is a scene of continued activity because a hospital never sleeps. Evening and night shift employees keep watch and are available for any emergency that may arise. They also perform the routine tasks of renewing the hospital for another day of labor.

(Photograph by Pat Watson)