Barnes opens 10-bed geropsychiatry unit

A geriatric psychiatry unit designed to meet the specific needs of elderly patients opened this month at Barnes Hospital. The 10-bed unit emphasizes a multidisciplinary approach that addresses a complex set of interrelated psychiatric, physical, and social needs unique to the elderly population.

Until now, elderly patients experiencing psychiatric problems turned to traditional psychiatry or general medicine facilities designed for the adult population, or to nursing facilities centering on the physical and social needs of the elderly. While each type of facility provided adequate care, none offered a specialized treatment program tailored for the psychiatric needs of the elderly.

"Elderly patients' psychiatric needs are special for a number of reasons," says Joan Karvinen, director of neuropsychiatric nursing. "Medications used to treat a wide array of physical problems common among the elderly—arthritis, high blood pressure, diabetes—can cause physiological changes that affect behavior. The possible mix of medications for both psychiatric and physical disorders calls for an increased sensitivity to individualized drug therapy programs."

"In addition to a myriad of physical problems, many elderly psychiatric patients are experiencing personal losses, a loss of health, income, independence, loved ones—that may erode self-esteem and the ability to cope. In light of these and other factors, the Barnes geropsychiatry unit seeks to centralize and coordinate total care of the patient, which may or may not be solely psychiatric."

Patients admitted to the unit are followed closely by the multidisciplinary team, including their attending psychiatrists, nursing staff, and nurse specialists, activity therapists, social workers, psychiatry residents and dietitians. All patients remain under the care of their personal psychiatrists.

Special unit activities include a balance of individual counseling, group discussion, simple exercise, local outings, art and craft projects, and practical sessions involving activities of daily living such as dressing, cooking and housekeeping. All activities are designed to develop and support the patient's life skills in preparation for a return to the highest level of independent living. A patient's response to the medical and psychiatric approaches is carefully monitored.

The unit also offers special programs for family members and other caregivers to share concerns and feelings, and to learn new ways to assist the patient following discharge.

Another major thrust of the new Barnes program is to enhance knowledge of geropsychiatric illness, says Dr. Eugene Rubin, the unit's medical director. "As one of this country's major teaching centers, Barnes can augment patient care by broadening and sharing knowledge about specific illnesses. Ongoing weekly teaching rounds in the geropsychiatry unit maximize the potential for new information to help shape the thinking of those involved in patient management."

Kidney transplant marks 100th of 1986

When the former Burlage sisters of Herculeanum, Missouri, left home to start their own world with kidney disease late in 1982 when she was referred to a nephrologist when her obstetrician was pregnant with her youngest child. She was referred to a nephrologist when her obstetrician diagnosed her with kidney disease late in 1982 when she was pregnant with her youngest child. She was referred to a nephrologist when her obstetrician discovered high levels of protein in her urine. "I was very lucky," recalled Betty, "and delivered a healthy baby boy in May.

Over the next three years, her creatinine levels, which indicate kidney function, continued to rise, peaking in May, 1986. At that point, Betty prepared to begin dialysis treatment. But her creatinine levels steadied, staving off the four-hour-a-day, three-day-a-week dialysis ordeal.

Betty Holdinghausen (left) became Barnes' 100th kidney transplant recipient of 1986 when her sister, Patty Denton, donated one of her kidneys December 30.

In June, three of Betty's sisters and her brother who live nearby came to Barnes for testing to determine their compatibility for kidney donation. A fourth sister, living in Kentucky, offered to be tested, but with two of the local siblings showing an identical match, the trip to St. Louis wasn't necessary.

"I'm so grateful to my brother and sisters for their eagerness to donate and their support," said Betty. "Our families and friends have been wonderful."

"We're thankful to the staff here and thankful to God for the technology that made it all possible," added her husband Dave. "He has been kind and generous to us."

Although the 100th transplant this year was between living related donors, Dr. Flye, head of transplantation surgery and immunology at Barnes and Washington University, credited increased awareness of the need for organs and recently implemented required request laws for making more transplants possible. In previous years, Barnes has averaged about 50 kidney transplants annually.

In addition to the 100 kidney transplants, surgeons at Barnes performed 16 liver and 27 heart transplants, and the hospital's first heart-lung transplant during 1986.

Seminar urges women to understand breast cancer

Breast self-examination, mammography and alternatives to mastectomy are just a few of the topics to be presented at a free, informational seminar, "Breast Cancer: A Key to Understanding." The seminar, designed for the public, will be held Wednesday, March 4, from 8:30 a.m. until 12:30 p.m. at the Florissant Civic Center Theater. The program is sponsored by Barnes Hospital, Mallinckrodt Institute of Radiology and SHARE (Support Has A Reinforcing Effect), a support group for women with breast cancer.

The seminar will focus on early detection of breast cancer through self-examination and mammography; radiation and surgical treatment of malignancy of the breast; prosthesis alternatives; and breast reconstruction. Participatory demonstrations of breast self-examination with teaching breast forms also will be available.

Seminar speakers include Drs. Judy M. Des- trottet and Robert R. Kuske, radiologists; Dr. Robert H. Lund, general surgeon; Dr. V. Leroy Young, plastic and reconstructive surgeon; Audrey Lenhart, SHARE member; and Marit Ross, prosthesis consultant.

Although the seminar is free of charge, participants must register by February 24. For more information or to register, call the Barnes Hospital Health Education and Screening Center at 362-1390.
ranged by organ retrieval coordinators Judith Dickens and Cindy Dunlap.

A new organ donation law in Illinois prompted interviews with transplant specialists. A similar law in Missouri has made more organs available for transplant. The legislation, sometimes called “required request,” requires hospitals to offer families of potential organ donors the opportunity to donate. Interviewed were transplant surgeons Drs. R. Morton Bolman, M. Wayne Flye and Martin Jendrisak, social worker Darlene Judd, and Walter Schatz, Barnes purchasing director and heart recipient.

The special concerns of women who are athletically active were outlined by Dr. Diane Merritt, obstetrician/gynecologist, for KMOX-AM radio’s morning magazine December 29.

Hair by spring? Approval of the drug minoxidil in special lecture for the University of Pittsburgh's Disease and Related Disorders Association (ADRA). Dr. Berg also serves on the advisory board of the St. Louis chapter of the ADRA, which serves nearly 33,000 affected families in the greater St. Louis metropolitan area.

Dr. Ronald G. Evans, Barnes radiologist-in-chief and director of Mallinckrodt Institute of Radiology, delivered the first Hornick Annual Memorial Lecture for the University of Pittsburgh Roentgen Society in November. Dr. Evans has delivered 15 distinguished lectureships in Canada, the Netherlands and across the United States.

Dr. Jack Hartstein, ophthalmologist, served as a visiting professor of ophthalmology at Albert Einstein School of Medicine in New York December 1.

The family of the late Gregory B. Couch has given $1.1 million to Washington University School of Medicine to support schizophrenia research. The $1.1 million gift was made in recognition of the care given to Mr. Couch by Dr. Marcel T. Saghir, Barnes psychiatrist.

Pat Potter, director of nursing practice, was a guest speaker at a luncheon for Metro Illinois hospital nursing administrators sponsored by the St. Louis Eye Bank. Ms. Potter, instrumental in developing required request procedures at Barnes, discussed writing policies for organ donation request laws.

Kim Williams named SNF administrator

Kim Williams, formerly of Louisville, Kentucky, has been named administrator of Barnes’ planned skilled nursing facility (SNF). Construction of the 240-bed SNF is scheduled to begin later this year, with completion expected in the fall of 1988. The nursing facility, to be located in Chesterfield, Missouri, will be a highly skilled center offering equipment, technology, staff and expertise for the care of patients with extraordinary needs.

In his position as SNF administrator, Mr. Williams will work closely with the architectural firm and construction company in the design and planning of the facility and will begin program planning for the highly skilled center. He will be responsible for selection of health care professionals to staff the new facility and will manage daily operations when the center opens.

Mr. Williams joins the Barnes management team following five years in healthcare administration at Christian Church Campus in Louisville. The retirement community served nearly 600 elderly residents and comprised a full continuum of care, including independent living, congregate care and skilled nursing care. Mr. Williams served as administrator of the nursing facility for three years and as campus administrator for the last year and one-half. Prior to his years at Christian Church Campus, Mr. Williams was branch manager of community mental health services for the Kentucky Department of Health Services.

Originally from Lancaster, South Carolina, Mr. Williams holds a bachelor of arts degree in psychology from Furman University in Greenville, South Carolina, and a master’s degree in social work from the University of Louisville. He is a candidate for a master’s degree in hospital and healthcare administration through the Independent Study Program of the University of Minnesota at Minneapolis-St. Paul.

Kim Williams, newly appointed SNF administrator, looks over sketches of the planned skilled nursing facility.
Credit cards welcomed in outpatient surgery

Patients undergoing outpatient surgery procedures not covered by insurance may now opt to use their MasterCard or VISA charge account cards for payment. The new system got under way last month in Barnes' Outpatient Surgery Center as a convenient alternative to necessary cash or cashier check down payments.

"Some services, particularly in the area of plastic surgery, are not covered by most insurance companies," said Donna Grandu, director of operating rooms. "The new credit card system makes it much more convenient for patients undergoing such procedures to manage payment, eliminating the need to obtain a cashier's check or carry a substantial amount of cash. Patients without insurance who have MasterCard or VISA also will benefit by having another choice of payment."

The credit system applies to surgical charges only, with anesthesiologists' and surgeons' fees remaining separate. Patients may charge the minimum down payment or up to the full outpatient surgery fee, within their established credit card limits.

Barnes hospice founder Dr. Morton Binder dies

Dr. Morton Binder, physician and medical director of the Barnes hospice program, died January 2, of a ruptured aortic aneurysm. Dr. Binder, 58, specialized in gastroenterology. He was on staff at Barnes for 28 years and was instrumental in establishing a hospice program here for the terminally ill in January, 1986.

Born in Toledo, Ohio, Dr. Binder earned his bachelor of science degree at Yale University before attaining his medical degree at the Medical College of Physicians and Surgeons at Columbia University. Upon graduation, he came to Barnes in 1951 as an intern and later a resident in internal medicine. Following two years as a first lieutenant, M.D., and division psychiatrist in the United States Air Force, Dr. Binder returned to Barnes to complete his internal medicine residency and to serve a fellowship in gastroenterology. He joined the Barnes staff in 1958. Dr. Binder also maintained a practice as a partner in the Maryland Medical Group.

Dr. Binder served as editor and contributor to the St. Louis Metropolitan Medical Society Bulletin and was a former board member of the Jewish Center for the Aged and of Temple Emanuel.

Informational talks set for February, March

If bodily bumps and bulges are making your spirits sag, "Body Sculpting," the second program in Barnes' ongoing "Ask the Doctor" series, could be an uplifting experience. The free program, designed for the general public, will be presented Wednesday, February 25, at 7 p.m. in the East Pavilion Auditorium on the hospital's first floor.

Dr. Richard Clement, plastic and reconstructive surgeon, will discuss surgical procedures to eliminate the bumps, bulges and imperfections bestowed by Mother Nature. Topics of discussion will include tummy-tucks, breast reduction and augmentation, and suction lipectomy, a procedure which removes unwanted fat cells in key areas such as the hips, thighs and stomach that do not yield to conventional diet and exercise.

Skin cancer will be the subject of the next "Ask the Doctor" seminar, scheduled for Wednesday, March 4, at 7 p.m., also in the East Pavilion Auditorium.

At the March program, Barnes dermatologist Dr. Maxine Tabas will offer tips on warning signs of skin cancer, preventive measures, and when to see a dermatologist, as well as information about types of skin cancer and available treatments, including the specialized Mohs surgery technique offered at Barnes.

The "Ask the Doctor" programs are designed to give interested persons the opportunity to explore options, learn about charges and insurance coverage, ask questions and hear about the latest technology available—without the expense of an office visit. The informal talks include slides and printed material, as well as time for individual questions and answers.

Although the programs are free of charge, advance registration is required by calling the public relations department at 362-5290. Free parking is provided in the subsurface garage immediately south of the hospital.

Arneson portrait added to corridor gallery

A painting of Dr. Axel Norman Arneson, obstetrician-gynecologist emeritus, was recently added to the portrait gallery of distinguished doctors displayed in the first-floor corridors. Painted by talented area artist Gilbert Early, the portrait was presented to Dr. Arneson by the department of obstetrics and gynecology at an unveiling ceremony December 5. The painting was donated by Dr. Arneson's professional colleagues and friends, and now hangs outside the doctors' lounge.

A 1928 graduate of Washington University School of Medicine, Dr. Arneson joined the Barnes medical staff in 1934 after serving obstetric/gynecologic and surgical internships at the hospital complex. He also served a fellowship at Memorial Hospital in New York City. Dr. Arneson received certification from the American Board of Radiology in radiation therapy in addition to certification from the American Board of Obstetrics and Gynecology. Dr. Arneson, recognized by his colleagues as a pioneer in the research and treatment of gynecologic malignancy, took emeritus status in 1985.

Lights, camera, action!

The cameraman switched off the bright light and nodded in satisfaction as the actors relaxed and removed the surgical masks they were on during the operating room set. Taping of the year-long project was complete.

This setting was not the "St. Elsewhere" stage or some local production studio, but an empty operating room at Barnes Hospital on a quiet weekend morning. And the cast and crew had reason to feel at ease in the sterile environment of the set—they were off-duty operating room nurses working on a special project on aseptic (sterile) techniques.

Aseptic techniques entail the strictly defined and rigorously enforced operating room practices designed to keep the areas, personnel, instruments and patients free from contamination. The meticulous steps to this critical level of sterilization were the subject of a videotape created by Barnes operating room nurses to be shown to every new employee, medical student, resident and intern before entering the OR.

In mid-1985, Barnes Hospital's aseptic technique policy and procedures committee, chaired by labor and delivery head nurse Trish Geldbach, carefully reviewed the sterile OR practices, and looked for a new way to effectively communicate the aseptic techniques to staff members involved in the operating rooms. The idea of an instructional videotape to be shown during new employee orientation was born and the committee determinedly set forth to bring the idea to reality.

The project was a year in the making as the committee, comprising representatives of all operating room, labor and delivery, and outpatient surgery areas, divided responsibilities among members. Joy Williams, outpatient surgery assistant head nurse, headed the scriptwriters, while Dan Henkhaus, staff nurse in the orthopedic ORs, offered his talents as camera man and editor-in-chief. Other committee members and OR personnel were recruited as actors in the five segments covering the proper techniques in the areas of OR dress, sterilization, gowning and gloving, scrubbing and flash sterilization in the ORs.

"I think this project has been very rewarding for all involved," said Ms. Williams. "We're proud of what we accomplished and we truly enjoyed making the project work."

"There was a real commitment of time, energy and personal resources to this undertaking," added Ms. Geldbach, "and it is this commitment that has made it a success. We look forward to the critics' reviews!"
In spite of its perfect design, the heart can fall prey to any number of natural and artificial clots of recirculated blood through its chambers. What is this sim- ple pump which sends oxygen-rich blood throughout the body to sustain cell life, and which pushes carbon dioxin-laden blood into the lungs for rejuvenation. Watertight valves within the heart snap open and shut in simultaneous per- fection to keep the blood separate and flowing in the right direction. A natural pacemaker controls the heartbeat and subsequent rate of blood pulsing through the chambers. In an adult, the incredible pump beats an average of 100,800 times during a 24-hour span, sending 2,000 galo- ns of recirculated blood through its chambers.

The heart is actually a hollow, four-chambered organ embedded in the center of the chest has long been the object of fascination and idealism. Poets, lyricists and authors through the ages have romanticized the heart as the eternal sym- bol of love, life and courage. What is this sim- ple pump which sends oxygen-rich blood throughout the body to sustain cell life, and which pushes carbon dioxin-laden blood into the lungs for rejuvenation. Watertight valves within the heart snap open and shut in simultaneous per- fection to keep the blood separate and flowing in the right direction. A natural pacemaker controls the heartbeat and subsequent rate of blood pulsing through the chambers. In an adult, the incredible pump beats an average of 100,800 times during a 24-hour span, sending 2,000 galo- ns of recirculated blood through its chambers.

In spite of its perfect design, the heart can fall prey to any number of natural and artificial threats: malformations during fetal develop- ment, rhythmic disruptions, viruses or diseases which attack the muscle or valves, increased blood pressure, pacemaker breakdown, muscle deterioration, heart attack caused by blockage in the coronary arteries . . . the list goes on.

Many of these conditions which spelled an au- tomatic death sentence years ago are chal- lenged by the latest medical and surgical ad- vances available today. At leading medical in- stitutions like Barnes, new doors to recovery are opened every day and many procedures once considered difficult have become routine. The Barnes heart service offers a complete range of medico-surgical treatment, along with pa- tient education and cardiac rehabilitation pro- grams. At the hospital, heart patients are cared for in specially designed nursing divisions, in- cluding a technologically sophisticated cardia- cian intensive care unit, step-down unit and exclu- sive division for cardiothoracic surgery patients with an adjacent intensive care unit.

Evaluation of the heart’s condition begins with a comprehensive assessment of heart function and efficiency available in Barnes’ cardiac diag- nostic laboratory. Possible tests include elec- trocardiograms, which record electrical impul- ses of the heart; echocardiograms, which use sound waves to offer a visual presentation of the working heart; holter monitors to record heart rhythm; and stress tests to accelerate the heart rate for observation.

Additional procedures involve thallium studies to determine sufficiency of blood flow; stress ra- diouclide ventriculograms (RVGs) to judge the percentage of blood ejected in each beat; PET scans to non-invasively assess heart damage; electrophysiology mapping studies; and car- diac catheterization, an invasive technique which precisely pinpoints valvular leakage and coronary artery blockage. During catheteriza- tion, a thin, flexible tube is inserted through a blood vessel in the arm or leg and its passage is viewed through a fluoroscope, sometimes aided by the use of harmless dyes.

An important factor following testing and di- agnosis is patient education about the heart problem and treatment options. An active patient education program at Barnes offers printed materials, audiovisual presentations, one-on-one instruction by a nurse specialist, group classes and follow-up support meetings. Patients also are instructed in preventive care.

For many heart conditions, medical interven- tion is the solution. Anti-hypertensive medica- tions help control high blood pressure, diuretics rid the body of excessive fluid, nitroglycerine dil- ates narrowed blood vessels, blood thinners ease blood flow. Beta blockers regulate abnormal heart rates and calcium blockers control arte- rial spasms.

Exciting breakthrough drugs of recent years— streptokinase and tissue-plasminogen activator (t-PA)—can be administered intravenously to patients in the early stages of a heart attack to minimize the amount of heart muscle death. A heart attack occurs when coronary arteries are blocked and blood cannot reach the heart mus- cle. Resulting tissue damage is irreversible and the amount of heart function remaining is one of the most critical determinants of survival.

Streptokinase and t-PA work by traveling through the bloodstream and dissolving blood clots at the blockage site to restore normal blood flow before too much irreversible damage occurs. The medications usually take effect within seven to 30 minutes after injection. T-PA dissolves clots more selectively than its streptokinase predecessor, causing less gener- alized bleeding elsewhere in the body. Barnes and Washington University medical school re- searchers played a critical role in early t-PA research and Barnes cardiologist-in-chief Dr. Burton Sobel is nationally known for his work with the drug.

Another relatively new form of medical inter- vention for a select group of patients with cer- tain forms of coronary artery disease is balloon angioplasty, a technique similar to cardiac catheterization. After guiding a catheter intra- venously into place under fluoroscopic control, a
surgery calls for use of the heart-lung machine using a vein graft from the patient's leg. Bypass on the heart is coronary artery bypass surgery, among the most common surgical procedures utilized during the procedure.

Today's compact and lightweight pacemakers can automatically correct abnormal heart rhythms. Most circuitry is lithium battery-powered and can last five years or more. Pacemakers can emit pulses at a constant and fixed rate, or may fire on demand when the heart does not spontaneously contract at a minimum rate. When severity of heart damage demands more than medical intervention, patients still have many treatment options in the field of surgery. Among the most common surgical procedures on the heart is coronary artery bypass surgery, which re-establishes blood flow by providing alternate vascular channels around the blockage, using a vein graft from the patient's leg. Bypass surgery calls for use of the heart-lung machine to take over the patient's breathing and circulation functions so the heart may be immobilized during the procedure.

Faulty heart valves today can be completely replaced with artificial or specially treated pig valves, found to be most like that of humans. Few operations have had as beneficial an impact on the quality and length of patients' lives as valve replacement to restore the delicate balance of blood flow in the heart.

Since the arrival of cardiothoracic surgeon-in-chief Dr. James L. Cox in 1983, Barnes has become the leading center in the nation for surgical correction of cardiac arrhythmias. Dr. Cox, with electrophysiologist Dr. Michael Cain, has perfected the technique to correct Wolff-Parkinson-White (WPW) syndrome. In WPW syndrome, one or more extra electrical pathways exist between the upper and lower chambers, causing a short circuit that produces recurrent, potentially life-threatening fast heart rhythms. The Barnes surgery team has mastered the careful mapping, location and severance of the extra pathways to return former WPW patients to normal lives.

Another dramatic advance in cardiothoracic surgery is the development of heart transplant procedures. The Barnes heart transplant program began in January, 1985, when 42-year-old Larry Elders of Hudsonville, Michigan, received the hospital's first heart transplant under the hand of Dr. R. Morton Bolman. Since then, more than 50 such transplants have been performed (including two at Children's Hospital). The procedure calls for complete replacement of an irreversibly damaged heart that is continuing to steadily deteriorate.

Some diseases of the heart or lungs are so severe that both vital organs deteriorate completely, necessitating a simultaneous heart and lung transplant. The first heart-lung transplant at Barnes was performed by Dr. Bolman in November, 1986, on a 25-year-old mother and graduate student from Carterville, Illinois.

Critically ill heart transplant candidates at Barnes may gain precious time through the use of the Jarvik-7 artificial heart as a bridge to transplantation. The temporary device will be used only to sustain a transplant candidate whose own heart fails before a suitable human donor heart becomes available. The air-driven pump, which is connected to an external power source by two lines above the patient's abdomen, will benefit a very select patient group. Members of Barnes' cardiothoracic surgical team have received extensive training with the device and are awaiting final FDA certification, expected within the month.

Another device in place at Barnes is the ventricular assist device (VAD), which does not replace the patient's heart, but is connected to the organ to augment blood flow for a limited period of time while the natural heart recovers. The device offers the most promising assistance to a small percentage of heart surgery patients who have difficulty when being weaned from the heart-lung machine. The VAD, the size of a small fist, remains outside the body connected by special catheters.

No cardiac care service is complete without a rehabilitation program in which specially trained healthcare professionals develop individualized strengthening and endurance-building exercises. Under the supervision of the personal attending physician, as well as the rehabilitation team, the post-cardiac care patient follows a safe path to recovery.

The best treatment for many cardiac disorders is preventive care to stave off the debilitating effects of such environmental factors as obesity, smoking, stress, excessive amounts of cholesterol, and physical inactivity. A doctor can recommend an individualized healthy heart program based upon personal health factors and lifestyle.
Sad news, Barnes has lost an Obstetrician-gynecologist: Dr. Charles Gulick dies

Dr. Charles R. Gulick, Barnes obstetrician-gynecologist, died January 18 at his home following a long illness. He was 68 years old.

Born in Sturgeon, Missouri, Dr. Gulick received his undergraduate degree at Central Methodist College in Fayette and his medical degree at St. Louis University. After serving an internship at DePaul Hospital in Bridgeton and residencies at St. Joseph’s Hospital in Kirkwood and at Barnes, Dr. Gulick joined the Barnes medical staff in 1948. He was a past-president of Barnes Hospital Society and of the Missouri Obstetric and Gynecological Society.

Gifs to Barnes Hospital Funds

Listed below are the names of persons (honorees in boldface) who have made contributions to the period December 6, 1986, through January 4, 1987.

Auxiliary Tribute Fund

Mrs. Jules Berrieke
IN MEMORY OF:
Mrs. Sarah Cody
D/M Thomas B. Ferguson

Ann Dec. sister of Madge Gettner
Barnes Hospital

D/M William N. Otto
Charles E. Claggett
D/M Thomas B. Ferguson

D/M Fred Reynolds, M.D.
Nancy Craig

D/M Frank Shoie, M.D.
Nancy Craig

D/M Edith Siebert
Carol Bill, Bill & Suzy Gruetznamer

IN HONOR OF:
Dottie Schaefer’s Birthday
Morhae & Charles Eyermann

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Heart Inspiring Trophy—Clay Hyland (left), captain of the Heart Transplant Association softball team, presents a commemorative trophy to Barnes president Max Poll and heart transplant social worker Darlene Judd. The trophy, on display on the heart surgery nursing division to encourage future heart transplant patients, commemorates the team’s 13-11 victory in a celebrity game played October 18 in Waynesville, Missouri.

Bulletin
Barnes Hospital Plaza
St. Louis, Missouri 63110