New telemetry system acquired for Barnes ER

In addition to being one of the top hospitals in the United States, Barnes is designated a regional emergency hospital and has recently acquired a sophisticated emergency room telemetry system. Similar in concept to that used in the television series "Emergency," it provides an important two-way radio communications link with paramedics in ambulances enroute to Barnes and doctors in the emergency room.

The $16,000 Motorola system consists of a base station and antenna located atop Queeny Tower and a monitor and radio in the emergency room, all connected by internal telephone lines. The system provides ambulance drivers with the opportunity to notify the emergency room that they are on their way to Barnes. It also lets paramedics ask for medical information which helps them stabilize patients at the scene and to send EKG's over the monitor system so that they can be analyzed at the hospital.

"In case a patient on his way to the hospital is having problems, we can give direct response on how to correct them long before the ambulance gets here," said Joe Burke, emergency room head nurse. "It may allow us to save more lives."

Barnes emergency room nurses monitor the screen and residents provide medical advice. Similar to how a telephone works, the telemetry system allows Barnes personnel to talk and listen at the same time. A doctor can interrupt when he needs additional information. A permanent record is made of all transmission and EKG's.

There are eight UHF channels assigned by the Federal Communication Commission for ambulance-hospital use only.

Barnes brings life to Arkansas boy

Loy Moody, who has been a patient at Barnes Hospital many times over the past several years, can now do things—such as swimming, hunting and fishing—that he has never been able to do. Thanks to treatment with a carbon dioxide laser system which was donated to Barnes 2½ years ago specifically for him, doctors recently found the boy's bronchial tubes free of the disease that had made his life a struggle for survival.

The eight-year-old Arkansas boy suffered from papillomatosis, benign tumors which grew in his windpipe. From the time he was eight months old until he first came to Barnes, doctors had been surgically removing the growths, an operation that had to be repeated every three months in Little Rock, Ark. A trachea tube inserted through a small hole in his throat at the age of three provided him a passage for the air he could not get past the tumors to his lungs. The tube kept him alive during the years that doctors tried to eliminate the growths.

Once the laser destroyed the tumors, Loy began breathing normally, through his mouth and nose, as the trachea incision began to heal.

Loy first came to Barnes with Mrs. Ruby Durham, a neighbor in Arkansas. She and her husband, who have no children of their own, had fallen in love with him and had gotten permission from his mother, Mrs. Carolyn Cox, and his stepfather to bring him to St. Louis for treatment. They met with otolaryngologists at Barnes who did an initial operation in which Loy's trachea was split and cleaned. They felt that the use of a laser would have a better record of preventing recurrence. Mrs. Durham was told that Loy could be taken to either Chicago or Boston for the laser treatment. Being discouraged, she told her former boss about it and he donated the $35,000 to purchase one for Barnes.

It was just recently that it was made known that the laser had been donated by W. R. Persons, former chief executive officer of Emerson Electric Co. and former Barnes director.

"Really, the laser beam has done it. Without it, I'm sure that he would never have survived," Mrs. Durham said. Since Barnes received the laser equipment, it has been used about 20 days each month.

Although Loy recovered from the growths, he has a deep, throaty voice. Doctors are unsure what his adult voice will be like. Loy's first concern was not about his voice, however, but was what activity to do first. "I want to go swimming and hunting," he said. Not bad for a boy who was just learning how to breathe.

Harold Thayer to give Wendell Scott Lecture

Harold E. Thayer, chairman of Barnes board of directors and chief executive officer of Mallinckrodt, Inc., will deliver the eighth annual Wendell G. Scott Memorial Lecture on Monday, September 10, in Scarpellino Auditorium at the Mallinckrodt Institute of Radiology. His topic will be "The Achievement of Excellence in Patient Care."
The Scott Lecture was established in 1972 by friends and colleagues of Dr. Scott, the late Barnes radiologist and WU professor of clinical radiology, as a living memorial to his loyalty and excellence. Dr. Scott graduated from Washington University Medical School in 1902 and served his internship and residency here before joining the staff of both institutions.

Mr. Thayer has long been interested in health care both professionally and in his civic endeavors. The company he heads has been an industry leader in developing medical products and techniques and its founder, Edward Mallinckrodt, along with his son Edward, Jr., donated the funds that made possible the construction of Mallinckrodt Institute of Radiology. Mr. Thayer has served as a trustee of Washington University and as a member of the board of directors of WUMC.

Previous lecturers have been Dr. Michel M. Ter-Pogossian, the Institute's director of radiation sciences; Harvey Picker, dean of the faculty of international affairs, Columbia University, and co-founder of the James Picker Foundation; Dr. John M. Dennis, dean of the University of Maryland School of Medicine and past-president of the American College of Radiology; former governor Christopher S. Bond of Missouri; Godfrey Hounsfield, F.R.S., inventor of the EMI brain and body computed tomography scanners; Frank J. Rauscher, Jr., senior vice-president for research, American Cancer Society; and Dr. Donald S. Frederickson, director of the National Institutes of Health.

John Keppel named ICCA board chairman

Barnes Hospital patient accounts manager John Keppel was recently named chairman of the board of the International Consumer Credit Association at its annual meeting in Miami.

Mr. Keppel, who has belonged to the organization since 1964, was named third vice-chairman in 1976, second vice-chairman in 1977 and first vice-chairman last year. From 1966 to 1967 he served as president of the Midwest Hospital Credit Managers Association. A Barnes employee for 28 years, Mr. Keppel has been manager of patient accounts for the past 22 years.

The ICCA, founded in 1912, is a not-for-profit membership corporation which provides vital informational, educational and association service for over 52,000 companies in the United States, Canada and seventeen other countries. Known for approximately 60 years as the National Retail Credit Association, the ICCA is the only organization serving the entire field of consumer credit. In addition to medical-related credit executives, the ICCA includes local representatives from businesses such as Stix, Baer and Fuller, Famous-Barr and First National Bank of St. Louis.

The ICCA unites credit executives in comprehensive programs, projects and activities for the improvement of credit conditions and promotion of the credit industry. State, district and national consumer credit meetings are held each year. The Annual International Consumer Credit Conference, which will be held next June in Seattle, is the outstanding event in the consumer credit profession. Industry and professional group meetings are held to consider the best ways of promoting credit sales, obtaining satisfactory collection results and building good will.

New computer system aids in sounding alarms

Soon after the end of World War II, Barnes Hospital became the first hospital in the nation to introduce an electronic data processing system. Today, Barnes is continuing its pioneering ways in the field of computers with the introduction of the Alpha 1000, a complex computer system which immediately reports and accurately locates safety emergencies within the hospital.

"It puts all of the alarms into a single area which is easily accessible to one person and it accurately identifies the exact location of an alarm," said Bill Burkett, director of security. "In addition, the computer system is easily tested in a few seconds. Previously, an alarm had to be activated in order to test its efficiency."

The main terminal of the recently installed computer system is located in plant engineering. Both plant engineering and security have a teletype and a combination visual graphics and command unit. Security also has an annunciator, a light board which accurately indicates the location of all alarms.

Before the introduction of the Alpha 1000, which was officially turned over to Barnes on June 4, security received fire alarm calls from a conglomerate bell system. Each fire alarm pull-box in the hospital had an identifying ring in the security office; the dispatcher first had to determine where the alarm sounded from in order to determine its location. "There was little consistency to the system," Mr. Burkett said. "Each bell sounded a different building, a different office or a different floor."

Now, when an alarm is received in the security office, the computer buzzes, the combination unit indicates the type of alarm and its location, the teletype provides a print-out and the annunciator indicates where the incident is occurring.

"The Alpha 1000 responds to fire and smoke alarms as well as to problems with the sprinkler system and intrusions. Since there are security officers on duty 24 hours a day, they also receive alarms when something goes wrong with the blood bank refrigeration unit, when there are extreme high or low temperatures in the kitchen refrigerators and when the supplies of oxygen, nitrous oxide or air are low," said safety director Ed Thurman.

After receiving a fire alarm call, security officers are dispatched with the fire cart to the alarm location. If the alarm is actually serious enough to call the fire department, security officers pull the fire alarm signal in their office which is a direct line to the fire station, located approximately one mile from the hospital at Vandeventer and Forest Park.

While the fire trucks are on their way to Barnes, security calls their dispatch person to let him know exactly where the fire is located so that there is no loss of time. The fire fighters work from a prearranged plan for fighting fires at Barnes. Security officers meet them at the appropriate doors and manually operate the elevators for them. "It's an excellent system," Mr. Burkett said. "This way they don't have to answer any false alarms."

Plant engineering personnel also respond to the alarms. "We send people to all alarms except intrusions," said Don Braeutigam, director of plant engineering. "We do whatever we can at a fire and make repairs when the alarm reports a breakdown in a refrigeration unit or in the sprinkler system," Mr. Braeutigam said. Plant engineering personnel respond anytime from 8 a.m. until midnight five days a week; upon completion of the West Pavilion someone will be on duty at all times.

The Alpha 1000 system, capable of handling 100 different alarm signals, presently has 450 alarms tied into it. All of the buildings owned by Barnes Hospital use the system, although some of the buildings owned by Washington University sound just one alarm for the whole building.
when there is a fire. “In some buildings like Renard all of the fire alarms and smoke detectors are tied to one alarm in the basement of that building. When we receive an alarm that there is a fire, a security officer has to first check the board in the basement in order to locate the fire. Our computer just tells us that there is an alarm somewhere in that building,” Mr. Burket said.

“We’ve never had a major fire.” Mr. Burket said.

“There could have been a few that could have developed but because of the quick action by personnel and fast response by the fire department, they were avoided.”

According to Mr. Burket, the Alpha 1000 is only the second system of its type used in hospitals in the St. Louis area. It was installed upon the recommendation of the safety director. “With the Alpha 1000 there is no question as to where fires are located,” Mr. Thurman said. “And it complements the already efficient fire protection that is found at Barnes.”

Four long-term employees retire from Barnes

Four long-term employees of Barnes Hospital retired recently. They are Ruth Celmars and Jessie Pinkston, laundry, Barnes employees for 33 years; Angela Barbour, medical records, Barnes employee for 25 years; and Thelma Ray, 5400 LPN, Barnes employee for 20 years. Each received a Certificate of Appreciation from hospital President Robert E. Frank.

Mrs. Celmars plans to spend her time traveling, crocheting and working on her handicrafts. “I’m going to miss Barnes very much,” she said. “It’s been a very nice 33 years working here.”

Ruth Celmars  Jessie Pinkston

Mrs. Pinkston, who also plans to travel, starting with trips to Cleveland and Los Angeles, intends to “rest, rest and rest some more.” Laundry employees presented both retirees with money hats and other gifts.

Mrs. Barbour, a native of Hermann, Mo., plans to enjoy her home and possibly move back to Hermann in the future. She recalled that when she first started working at Barnes, the medical records department was located on the third floor of the Barnes building where anesthesis is now located.

Socialized medicine not working in Mexico

Efforts begun in the 1960s to improve medical care for all have backfired in Mexico and resulted in a paradox of too many doctors and too little care. One poster at a recent demonstration in front of the Ministry of Health building in Mexico City read, “42 million Mexicans without medical care . . . 8,000 doctors without work,” according to a report in Medical Tribune.

Dilution of the profession began in 1950, when the Mexican Social Security Institute established full health insurance coverage for certain groups of workers. As coverage broadened, both medically and occupationally to cover more and more persons, demand for medical services grew steadily. To meet the increased demand, 25 new medical schools have been opened since the mid-1960’s and more than 16,000 students will graduate this year. The graduates are undertrained and academic standards are considered lenient, but most significantly, the state medical apparatus can absorb only 2,000 of the new graduates and only about 1,000 can secure hospital internships.

Neither the government nor the average family can afford to pay doctors to provide the care that was promised when the national health insurance was instituted, and hospitals put patients on waiting lists for needed surgery or medical care because of overcrowding of facilities that are available.

Panic, fright are aroused when encountering snakes

Most people are unaware that out of the 52 species or subspecies of snakes found in Missouri, only five are poisonous. All are pit vipers, which means they have a small pit or depression located on each side of the head about halfway between the eye and the nostril. Heads of the pit vipers, which include the copperhead, the cottonmouth, the timber rattlesnake, the western pygmy rattlesnake and the massasauga rattlesnake, have a triangular shape. A pair of hollow fangs are located on the front of the upper mouth. Non-poisonous snakes have a round-shaped head and no fangs.

Mild snake bites can result in burning pain at the site of the bite and local swelling. Severe bites may cause burning and severe pain at the site of the bite, local swelling with rapid spread to the rest of the arm or leg, nausea with vomiting, bleeding from the bite punctures, tissue discoloration, shock and convulsions.

If bitten, a person should follow certain guidelines, according to Joe Burke, head nurse in the Barnes emergency room. First, the victim should remain calm and immobile. In order to slow down circulation so that the venom can’t spread rapidly, a tourniquet should be applied a few inches above the bite, but it should not be very tight.

If there are fang marks indicating the bit of a poisonous snake, small incisions through the puncture wounds should be made parallel with the limb and suction should be applied. The victim should be transported to a hospital as soon as possible.

Mr. Burke warned that ice or anything cold should not be placed on the wound. The cold keeps the venom at the location of the bite and thus allows the venom to cause local severe tissue damage.

Substitutes could lessen blood shortage problems

Emergency transfusions are sometimes needed to save a patient’s life. In these situations blood is required immediately. But, in the summer months when the number of blood donors is at its lowest, it’s sometimes difficult for hospitals to keep an adequate supply of blood on hand. One solution to this rapidly increasing problem would be a substitute for blood, something which researchers throughout the world have been working on for the past 20 years.

“I think that blood substitutes could be a useful adjunct,” said Dr. Laurence Sherman, director of the Barnes Hospital blood bank. “Since there has been a drop in blood donations in this region over the past two years, blood substitutes could possibly lessen the blood shortages as well as help in acute problems.”

The most obvious use for substitutes would be in emergency transfusions when blood is needed in a hurry. In addition, they could be used for regular transfusions during a period of time when there is a shortage of blood. Substitutes could also be used to preserve (keep alive) organs to be used in transplants. They could be used to treat various anemias, including sickle cell anemia.

“If you had such an agent that would stay in the bloodstream for a reasonable length of time, it would be of value in certain circumstances,” Dr. Sherman said. “A good length of time to stay in the bloodstream would be several weeks. By then the body could replace much of its own red blood cells.”

The problem with blood substitutes is that they would be just a temporary replacement for the real thing and that they could not perform all of the many functions of real blood. To be a relativeiy good blood substitute, a compound must not only carry oxygen, but it must also not adversely react with any body substance, remain suspended in water and stay in the tissues longer than needed. It would be important that the blood substitute be eliminated from the body through the normal processes of excretion, yet remain in the bloodstream for a moderate length of time so that transfusions would not have to be given continuously.

Researchers in the United States have recently discovered the use of perfluorocarbons, dense organic compounds in which the hydrogen atoms have been replaced with fluorine. These agents duplicate many critical functions of blood, including the ability to carry oxygen to the tissues without any negative side effects. One of their main attributes as blood substitutes is that they apparently don’t interact with anything. What they do well is dissolve and transport oxygen.

Perfluorocarbons have three big advantages over real blood. They can be stored for long periods of time whereas real blood has a five-week maximum shelf life, they eliminate the problem of typing and they eliminate the possibility of transmitting viral hepatitis.

Although perfluorocarbons have not been tried on humans in the United States, they have been tested on patients in Japan and Germany. Dr. Sherman pointed out that the toxicity problem would have to be researched over a long period of time to determine if there would be any long-term bad effects on the patients. “Perfluorocarbons have been found in bodily tissues later and we do not know if this will adversely affect patients. If you have to go to extensive trials to see if they have long-term hazards, then the average patient would gain very little,” he said.
Blood donors at the July Barnes bloodmobile gave a record 93 units.

The Paws That Refreshes

After the ceremonies, Mr. Auble interviewed Mr. Hartwell and Pat Nord of the Red Cross about the critical need for blood donors.
A unique wedding was held in the East Pavilion auditorium of Barnes Hospital June 22 as Barnes bloodmobile mascot Corpuscle Red took a helpmate, Leukocyte Lil. John Auble, KSD-TV personality, officiated and invited guests included employees who had donated blood during the previous year at the Barnes bloodmobile.

Purpose of the event, according to Paul Hartwell, head cashier and co-chairman with Bill Davis, personnel, of the Barnes blood drives, was to refresh employee’s enthusiasm for donating blood. “Corpuscle Red has been our blood hound mascot for about a year now and with the usual summer blood shortage upon us, we wanted to come up with something that would rekindle interest in giving blood. Although the event was meant to be humorous, it also served to remind potential donors that the need for blood is a serious and continuing one,” Mr. Hartwell said.

That message reached not only the Barnes employees who packed the auditorium for the noontime event, but also the vast audience that watches Auble’s “Newsbeat” program, which televised the wedding. Mr. Hartwell urged other organizations and corporations to come up with creative gimmicks to squeeze a bit more blood from their employees.

According to the Red Cross, 750 donors are needed every day to supply area hospitals with blood. Barnes is the largest consumer of blood in the bi-state region, using between 700 and 800 units every week. Blood can be stored only 21-35 days so a continuing supply is needed to meet continuing needs. Summer is always a critical time because the number of regular donors is reduced by vacations, plant shutdowns and layoffs, but the need continues and sometimes even rises.

Barnes conducts monthly blood drives and with the help of Corpuscle Red the number of employees participating in the drives has risen dramatically. Mr. Hartwell said he hopes that Leukocyte Lil will help retain employee enthusiasm for the blood program and through the publicity of our efforts here, raise donor contributions throughout the area. (Employees donated 93 units at Barnes July bloodmobile visit, the record amount for the monthly drive.)

The wedding began with Leukocyte Lil walking down the aisle on the arm of Bill Davis. Waiting on the stage was the groom, Corpuscle Red, along with Mr. Auble and Mr. Hartwell. RN Regina Hamilton, head nurse on 6200, served as honorary bridesmaid, an honor she won in a “name the bride” contest earlier this year.

A circlet of dog biscuits was carried by ring bearer Asim Ahmed, son of Dr. Paween Ahmed, laboratories. Asim has received more than 100 units of blood in his short lifetime for a chronic blood disease. The groom promised to allow his bride to be first at the feeding bowl each morning; in turn Leukocyte Lil pledged to comfort her mate when his nose was not moist and to help him track down donors for the bloodmobiles.

Well-wishers greeted the wedding party after the ceremonies and received dog bone-shaped cookies in doggie bags.
Shrewsbury, who plans to work at Barnes in labor and delivery, is a student at St. Louis University School of Nursing.

Today, the medical explorer post has high school members from city and county public and parochial schools. Current officers are Vicki Arbik, president; Daniel Williams, first vice-president; Jol McElray, second vice-president; Mary Kreiner, secretary; and Rochelle Pruitt, treasurer. Nancy Wilson, an instructor in the department of education and training, is the adult supervisor.

At recent meetings, explorer post members have learned about dietary careers and toured the main kitchen, heard a paramedic speak, and viewed some of his equipment and toured the medical records area of the hospital. Several of the post members plan to enter the medical profession, including Jol McElray, a student at Lutheran High School North. "I've been classified as a high honors student. This junior year, I'm active in drama club, varsity golf, art club and student council. This is my first year in medical explorers. Ultimately, I plan to become a physician," she said.

Dan Williams, a senior at C.B.C. High School, said, "I am an honor roll student and have maintained a 4.0 grade point average throughout my senior year. I have been accepted to U.M.K.C.'s six-year medical school and I plan to start in the fall. I am very interested in viewing many of the departments here at Barnes."

Some students, such as Monique Davenport, not only belong to the explorer post, but are junior volunteers at Barnes as well.

Not only does belonging to the explorer post at Barnes benefit the students in that they learn a great deal about the field of health care, it also provides them with an opportunity to meet and work with other youths with similar interests.

**Community, Employee and Patient Education Offered**

As a major teaching hospital, Barnes provides an educative environment which fosters the personal growth and development of hospital employees, patients and the community. Programs are offered by the department of education and training and they range in variety from orientation for new employees to postpartum classes for new mothers.

In an effort to provide a safe atmosphere for patients and to offer them efficient, courteous service while they are ill, the hospital requires that all new employees attend orientation. In addition, frequent lunch-and-learn discussions are held for administrative nurses, head nurses, supervisors, managers, clinical nurses and assistant head nurses to keep them informed of what's happening in the health field.

Classes for patients at Barnes include postpartum classes which offer new mothers information on breastfeeding and bathing a baby. For those with diabetes there are classes in insulin therapy, urine testing, foot care and diet therapy. Special in-house health education television programs are also available to patients in the East Pavilion and in the Renard waiting areas on channel 10.

Awareness programs for the community are just one facet of a multiple approach that Barnes takes to educate the public in health maintenance. Educating the public in health problems can reduce the length of and hold down the cost of hospital stays as well as provide an opportunity for persons to learn about the care and maintenance of their health.

Ongoing prepared childbirth classes for expectant parents provide information related to pregnancy, childbirth, infant care and hospital confinement. The content of the class is designed to be most beneficial to couples in their fifth to sixth month of pregnancy.

Alternatives for weight control, taught by a dietitian and a nurse, are aimed at the development of an individualized program designed to provide permanent weight reduction.

In other areas of public health education, Barnes offers instruction in cardiopulmonary resuscitation (CPR) for those individuals wishing certification in basic life support according to the American Red Cross and the American Heart Association. This includes instruction in one-person rescue, two-person rescue, infant resuscitation and obstructed airway maneuvers (Heimlich Maneuver).

Two years ago Barnes was selected as one of ten health care facilities in the United States to participate in a pilot venture which established hospital-based quitting programs. Conducted under the auspices of the American Cancer Society, the American Hospital Association and the American Society for Health Manpower Education and Training, the project brought national recognition to Barnes for its continuing support and success in these cessation programs. Information about the smoking habit and its physical effects is coupled with group support for the individual seeking help to break the habit.

Anyone wishing information about any of these programs should contact the Barnes department of education and training at 454-3606.

**One-day baby boom hits labor and delivery**

What's "normal" for a day in the lives of labor and delivery personnel? Last year there were 4,015 babies delivered at Barnes, averaging 11 per day. Usually, there are two to three women in labor rooms at one time. Not so for Wednesday, July 18, when an unexpected "baby boom" hit Barnes Hospital.

At one time there were 24 obstetrics patients in labor and delivery. Although 30 patients came in that day, only 23 babies were born (which is twice as many as usual), causing the labor and delivery personnel to keep extremely busy. Additional help was obtained from operating room nurses, Barnes' ten labor rooms and five delivery rooms, which are rarely all full in one day, were in constant demand. Not only were they full to capacity, but patients recovered in the anesthesia office, in the hallways and in the doctors lounge.

Despite the inconvenience, mothers and babies received adequate attention and excellent care. "We arrived for labor and delivery at the beginning of the baby boom and everyone was so busy. But, not once did we feel neglected or cut short when we needed information. They were wonderful," one obstetrics patient said.

Last year the number of deliveries started out slowly, increasing during the summer months. This has been a consistent trend at Barnes since 1972. One reason for this is that the hospital receives a large number of transfers from other hospitals in addition to the regular obstetrics patients. Quite frequently expectant mothers with health problems such as heart disease, kidney disorders and diabetes are transferred or referred to Barnes because of the hospital's reputation as a high-risk center.
IN MEMORY OF:

Abraham Tober
M/M Burt Wenneker
Loretta Ann Hird
John O. Hird
Mary Delores Laue
International Playtex
Harry A. Williams
Jennie A. Dunne
Elizabeth M. Hunt

Anne Hendsman
Mrs. Karol A. Korngold

John Mazanec
M/M Birger Dokmo

Dr. Donald H. Finger
M/M Robert Rutherford
Dr. James Bryan
M/M Burt Wenneker
M/M Robert E. Frank
Alice Marshall
Barnes Hospital Society
Mary & Frank Long
Barnes Hospital Board of Directors & Administration
Dr. & Mrs. Maurice J. Lonsway, Jr.
Nancy Craig
Dr. & Mrs. Charles L. Roper
Dr. & Mrs. Henry G. Schwartz
Dr. & Mrs. Fleming B. Harper
Dr. & Mrs. Marvin E. Levin
Mae Martin
Dr. & Mrs. Virgil Loeb, Jr.
Dr. & Mrs. Harold Cutler
Dr. & Mrs. W. Edward Lansche
Dr. & Mrs. Robert S. Goell
Dr. & Mrs. S. Wald
M/M William A. Stern

Ruth Coburn
John S. Sandberg
Ralph D. Walker
Dr. & Mrs. Ross B. Siemens
M/M William A. Borders
M. R. Chambers
Barnes Hospital Board of Directors & Administration
Alice Wuerthenbecher
M/M Irving Edson
M/M Michael H. Freund
Frank C. Magill
M/M Wayne E. Babler
M/M Edward L. Bakewell, Jr.

IN HONOR OF:

Phil Taxman's Recovery
M. M. Krupin

M/M Percy Tucker's Special Anniversary
M/M Philip L. Moss

Patient Care Fund
Pearl Bolton
Violet Hollywood
Josephine Jackman
Mary J. Scott
Virginia Lee Carter
Edry Cranberry, Jr.
Michael Litwick

Memorial Endowment Fund
Basil E. Robher
Helen J. Hinsley
Jacquelyn Toof
Emil Moelinger
Mary T. Callas

In Memory of:

Dr. & Mrs. Ross B. Ralph D. Walker
Dr. & Mrs. S. Wald
Dr. & Mrs. W. Edward Lansche

IN MEMORY OF:

Dr. & Mrs. Robert S. Goell
Dr. & Mrs. W. Edward Lansche

IN MEMORY OF:

IN MEMORY OF:

Dr. & Mrs. Harold Cutler
Dr. & Mrs. W. Edward Lansche

IN MEMORY OF:

Rita C. Beckmann
Henry & Gollea Boeger
Memorial Endowment Fund
Gollea Boeger

Annual Charitable Fund
Raymond Budo
Joyce Cross
Harriet W. Frank
M. Ingram
Letha A. Jacobs
Elsa McNulty
Henry W. Schick
May P. Stern
Harold E. Levin
Rosemarie Bozdech
William H. Deol
Minnie Froeschner
Frank B. Hall & Co.
Mr. & Mrs. Kendall Puckett
Ida Rosenstroh
A. V. Sawyer
Fred Hogue
Oliver J. Moeller
Mrs. Morris Novack

Nicholas Scharrf's Special Birthday
M/M John Isaacs, Jr.

Planned Gift Endowment
Rita C. Beckmann
Jack Suroff
Sam Pisoni
Gertrude Traylor

Henry & Gollea Boeger
Memorial Endowment Fund
Gollea Boeger

Planned Gift Endowment
Rita C. Beckmann
Jack Suroff
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Ida Rosenstroh
A. V. Sawyer
Fred Hogue
Oliver J. Moeller
Mrs. Morris Novack

Albert Sokolik
James Watson
Aaron Karchmer Oils
Dorothy May Abbott
Mary Lawson Ackosmitus
H. S. Bassett
Eleanor L. Bogley
Delberth L. Bristol
Mary Ann Calvin
Mr. & Mrs. Glen Cawthon
Fannie M. Exum
G. K. Chilcott
Clarence Hoiles
Olive Keough
Mary L. Hall
M/M Paul Risser
David R. Shell
M/M Clarence White
Joseph Wilbute

The president's office has reported the following on staff: Drs. Norman Fishman, Gerald S. Shatz, Lewis C. Fischbein and Robert J. Scheff, assistant physicians, all effective July 1; Dr. William B. Hardin, Jr., assistant neurologist, effective June 1; Dr. Frederick C. Germuth, Jr., associate pathologist; Dr. Michael J. Isserman, assistant ophthalmologist; Dr. Jeffrey T. Fierstein, assistant otolaryngologist; Drs. Jay L. Hoecker and Nancy L. Holmes, assistant pediatricians; Drs. Richard Nysewander, Paul Sheffner and Reed E. Simpson, assistant psychiatrists; and Drs. George J. O’Neil, Jr., Carolyn M. Siemens and Randall L. Heller, assistant obstetrician/gynecologists, all effective July 1, 1979.

Dr. Jack Hartstein, Barnes ophthalmologist, has been invited to be a guest speaker at the Second International Contact Lens Congress to be held in Buenos Aires, Argentina, September 17-19, 1979. He has also been made an honorary member of the Argentine Society.

Couple celebrates 50th wedding anniversary here

Eleanor and Edward Huber of St. Louis had planned to renew their wedding vows at St. Raphael's Church on July 10, the 50th anniversary of their marriage. However, a minor stroke shortly before that date resulted in Mr. Huber being hospitalized at Barnes Hospital.

The hospitalization did not delay the renewing of the vows, however; it merely shifted the location.

Before a priest and a crowd of friends and family, Mr. and Mrs. Huber repeated their wedding vows in Mr. Huber's room on the 11th floor of the East Pavilion. "They are such wonderful people," said RN Dottie Bardon. "It's obvious that they are still deeply in love and we were really happy they let us be part of their anniversary."

Although a dinner honoring the Hubers scheduled for July 8 had to be cancelled, no disappointment was expressed in Mrs. Huber's eyes during the activities at Barnes. "I'm just happy that we can be together," she said.
Donation helps fight against lupus

A check for $1,000 was presented July 25 to Barnes rheumatologist Dr. Bevra Hahn to continue research on lupus erythematosus. The check was presented by Barbara Butler, president of the St. Louis Chapter of the Lupus Foundation of America.

The check is one of three presented to hospitals and medical schools in Missouri and represents small contributions by many people according to Mrs. Butler. “We did not have an individual or a company giving us a big lump sum,” she said. “We relied on small gifts from a lot of people.”

Lupus is a rheumatic disease which primarily afflicts women and is most severe during the summer months. A person with lupus often experiences severe pain as the body reacts to what it thinks is an infection.

The local chapter of the lupus foundation has about 400 members and persons interested in more information about the disease should contact the foundation at 150 N. Meramec, Clayton.