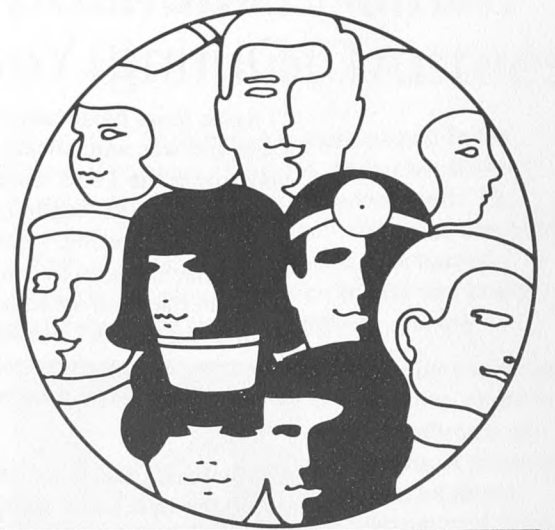


# BARNES

Barnes Medical Center, St. Louis, Mo.

# HOSPITAL February, 1969 BULLETIN



## Speakers' Bureau Begun by Barnes; 40 Topics Available

Speakers on a variety of health care subjects are now available to groups in the community through Barnes Hospital's newly organized speakers' bureau. Members of the medical and administrative staff of Barnes plus volunteer leaders will give the talks, many of which are illustrated by slides.

Each topic is briefly described in **Barnes Speaks To You**, a booklet announcing the speaker service, available without charge from the public relations department. Employees should feel free to inform the program chairman of any organizations to which they belong of this new hospital service.

Forty topics are available in five general areas: How Barnes Serves The Community, Hospital Careers, Volunteer Services, Health Care Problems, and You and Your Health.

Thirteen different talks will explain how Barnes functions. Speakers on medical subjects, such as plastic surgery, substitute organs, recent advances in nuclear medicine, and new approaches to care of the unborn will describe types of medicine and surgery practiced at Barnes.

Persons working in the various hospital fields will discuss hospital careers in nursing, medical technology, dietetics, administration, etc. Volunteer leaders will discuss the rewards of being a hospital volunteer. Physicians and administrators will talk about problems in health care, such as why it costs so much to be sick, and how the patient may most effectively find his way through the medical care system.

Requests for speakers should be made to the public relations department. There is no charge for the service or the speakers. Robert E. McAuliffe was the first Barnes representative to meet with the public under this new program. He spoke to the Crestwood Kiwanis Club January 30 on hospital costs.



Reaching into the temperature-monitored refrigerator, Mrs. Irene Dorner, supervisor of the blood bank

on the second floor of Barnes, checks a unit of plasma to be sure it is safe to give out.

## A Blood Shortage: What Causes It? What Can Be Done to Prevent It?

Radio and television bulletins for blood donors dotted the Christmas and early January newscasts, as hospital blood banks and Red Cross chapters across the country experienced an acute shortage of blood for hospital patients. At one point, officials in New York City reported their blood reserves were down to a two-day supply.

Barnes' blood bank inventory was low during the national crisis stage; however an alarming situation did not develop until late in the national shortage period at which time Barnes made extensive use of its professional donor list to cover the shortages, according to Mrs. Irene Dorner, supervisor of Barnes' blood bank. A major factor contributing to the blood shortage was the Hong Kong flu epidemic which, not only cut into the number of potential local donors, but due to its national scope, made it impossible for blood banks to augment their dwindling blood supplies from other areas of the country. Also, there is always a shortage of blood during the holiday periods as donors are vacationing or have busier schedules than at other times of the year.

The usage of blood is fairly constant, according to Mrs. Dorner, and shortages result more frequently from donor fall-off than from increases in the amounts needed for hospital use. However, careful planning on the part of the medical staff is necessary in any shortage situation. Elective surgery requiring large amounts of blood

may be postponed and doctors are careful to conserve extra blood units whenever possible.

Barnes met the acute blood shortage with units supplied by the Red Cross, by patient replacement and through donations by Barnes Hospital professional donors. Normally, about two-thirds of the 14,000 units of blood transfused annually in the medical center is supplied by the Red Cross (the primary blood procurement agency for the city of St. Louis.)

The remaining one-third is obtained through the patient replacement system which puts the responsibility on the patient to replace the blood he borrows while hospitalized. The patient can ask family, friends, co-workers, etc. to help him replace the blood at a rate of two units (500cc's per unit) for the first three transfusions followed by a one-to-one replacement system thereafter. The blood need not be of the same type as the patient's. The replacement program does not affect an individual who has Red Cross coverage.

The professional donor is called in when Red Cross and patient replacement blood supplies do not meet the demands or in situations where patients require fresh blood and/or labile components. A list is made up of individuals who have previously had their blood typed and recorded on a file card which is referred to when the

(Continued on Page 8)

Barnes Hospital  
Department of Public Relations  
Barnes Hospital Plaza  
Saint Louis, Missouri 63110

## Barnes Speaks to You





# Laboratory Technician Recalls Terror of Budapest Life During Years Leading Up To The Hungarian Revolution

"I was a news broadcaster on the free Hungarian radio and was announcing the Russian occupation during the 1956 revolution when soldiers found the station location, forced their way in, and started shooting. I continued my broadcast with a machine gun in one hand and the microphone in the other while bullets ricocheted around the room," recalled Eugene Bajnok Petrovics, a laboratory technician at Barnes who lived in Budapest during the Hungarian Revolution.

Mr. Petrovics was taken prisoner and rode all day in the tank not knowing where he was going. It was late evening before the tank stopped and the Army officer told him to get out and set him free within feet of the Austrian border. After crossing the frontier, the refugee was taken by military ambulance to Rome, where he was hospitalized with gunshot wounds incurred during the scuffle at the radio station. Mr. Petrovics was kept in a detention camp for two years, then he came to the United States and St. Louis under the sponsorship of an aunt who lives here. He has been with Barnes for 9 years.

Mr. Petrovics said he never knew why the Russians had helped him escape, although there were many soldiers sympathetic with the Hungarian movement. The lab technician told of a Russian Army General who, during the siege, saw hundreds of children gunned down in the streets of Budapest by his soldiers. The General went to his barracks, locked the front door and began



Eugene Petrovics, technician in the chemistry laboratory, was captured then released by the Russians during the Hungarian Revolution.

handing out rifles and ammunition to the Hun-

garians through the windows. Mr. Petrovics also saw Russians drive tanks into the center of town and then desert them for the student revolutionists to use.

However, the middle-aged Hungarian was also witness to mass murders and shelling of Red Cross ambulances, and killing of doctors and nurses who had come to gather the wounded and dead.

Because his father was the anti-communist mayor of a large Hungarian town, Eugene's family was always under close surveillance. One day his brother was sent to the nearby grocery to get some bread and never returned. Two years later the family received a short note from him postmarked Siberia. After the revolution Eugene was able to get his brother out of the country and to the United States, where he now lives.

Mr. Petrovics was well-known in his native country as he began writing poetry at the age of 10, which was reprinted in the local newspaper. He also did some acting as a young man.

As a university student Mr. Petrovics studied classical languages and later became involved in the revolutionist movement, writing pamphlets for the Freedom Fighters in addition to broadcasting on the underground station during the 1957 uprising. Mr. Petrovics is currently writing his autobiography which will be published in English.

## 1969 Pay Periods

Period	Starts	Ends	Payday
1	Dec. 29	Jan. 11	Jan. 17
2	Jan. 12	Jan. 25	Jan. 31
3	Jan. 26	Feb. 8	Feb. 14
4	Feb. 9	Feb. 22	Feb. 28
5	Feb. 23	Mar. 8	Mar. 14
6	Mar. 9	Mar. 22	Mar. 28
7	Mar. 23	Apr. 5	Apr. 11
8	Apr. 6	Apr. 19	Apr. 25
9	Apr. 20	May 3	May 9
10	May 4	May 17	May 23
11	May 18	May 31	June 6
12	June 1	June 14	June 20
13	June 15	June 28	July 3
14	June 29	July 12	July 18
15	July 13	July 26	Aug. 1
16	July 27	Aug. 9	Aug. 15
17	Aug. 10	Aug. 23	Aug. 29
18	Aug. 24	Sept. 6	Sept. 12
19	Sept. 7	Sept. 20	Sept. 26
20	Sept. 21	Oct. 4	Oct. 10
21	Oct. 5	Oct. 18	Oct. 24
22	Oct. 19	Nov. 1	Nov. 7
23	Nov. 2	Nov. 15	Nov. 21
24	Nov. 16	Nov. 29	Dec. 5
25	Nov. 30	Dec. 13	Dec. 19
26	Dec. 14	Dec. 27	Jan. 2, 1970

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Constance C. Barton, Director  
Lucy Z. Martin, Associate Editor

## 1969 Plans Outlined at Barnes and Allied Meeting

The functions of intensive care units and results of a recent emergency room study were subjects of the program at a meeting of Barnes and Allied Hospitals Society Jan. 16 in Clopton Auditorium.

Dr. John Brooks explained the stroke unit on the third floor of Wohl Hospital and Dr. Brent Parker went over plans for the cardiac care unit now under construction on the eighth floor of the Rand Johnson Building. Dr. Parker said the new cardiac unit will contain 15 beds, with 13 private and one semi-private room. Also part of the area will be a computer area, laboratory space, offices, and a nursing station.

Dr. Parker then introduced Dr. Gerald Wolff, who will serve as director of the cardiac unit. Target date for completion of the eighth floor renovation is August of 1969.

The need for a respiratory unit was explained by Dr. Glenn Weygandt, one of the directors of this facility. Dr. Weygandt said that care of persons on respirators is much more effective if handled in areas staffed by specially trained personnel. He said this was the experience in a similar unit at Massachusetts General Hospital, and, in the months since the Barnes respiratory unit was initiated, this has been substantiated with patients here.

"The idea of intensive care areas is not new, said Dr. Clarence Weldon, in explaining the cardio-thoracic intensive care unit on the second floor of Rand Johnson building. "It is based on the premise that you take the sickest patients and put them together with the best equipment and highly trained personnel and there is a dramatic increase in the rate of survival. These areas are like small hospitals within a hospital."

Dr. Weldon cautioned that the patient must be closely watched for psychotic symptoms when he is in an intensive care area. "People in these areas are very sick, and it is not a pleasant

place, psychologically. The doctor must be attune to his patient's mental outlook while he is in an ICU unit."

A study of the emergency room was discussed by Dr. John Collins, chairman of the emergency room committee of the Joint Medical Advisory Committee. Dr. Collins showed figures by slides which indicated an increase of 15 per cent each year in emergency room visits. In 1968, he pointed out, there were 26,000 visits, as compared to approximately 24,000 in 1967. "This means use of the emergency room doubles every six years," he said. "There are 62 patients per day, seven days a week, in the emergency room."

Some of the plans for the emergency room were outlined by Dr. Collins. These included moving x-ray films, requisitions and reports by use of a pneumatic tube system between the second floor of Mallinckrodt building and the emergency room to make more room, plus more efficient x-ray service. Closed circuit television enabling an emergency room doctor to consult with a radiologist without either of them leaving his own area will also be initiated.

Barnes director Robert E. Frank told the doctors that preliminary plans are now complete for the new East Pavilion building, and it is anticipated construction will begin in mid-1969.

Plans for the clinic to be established by the division of health care research at Washington University Medical School were discussed by Dr. Gerald Perkoff. He said that approximately four or five thousand families will be included in the clinic study. An obstetrician, internist, and pediatrician will be included in the group, and will probably begin seeing patients late this summer.

Dean Kenton King, M.D., of the school of medicine, announced the formation of a new pre-clinical specialty at the school of medicine. The new subject is genetics, and is the first specialty addition in several years.



## Absenteeism and Contagium Big Problems in Hospital Hong Kong Flu Epidemic

How do you feel if you've got the Hong Kong flu? The symptoms are chills alternating with fever, and an uncontrollable desire to iron shirts, according to hospital wits who've had ample opportunity to diagnose their friends this past month as various strains of the flu reached epidemic proportions around the country.

Dr. Carl G. Harford, Barnes associate physician and consultant in virology, reported the virus laboratory isolated a large number of Hong Kong strains in hospital patients and sick employes suffering from the flu this past December and through the first half of January. An increase in pneumonia cases at Barnes resulted from the flu; however, it is impossible to determine in each case whether a virus initiated the pneumonia reaction, Dr. Harford said. Generally, the Hong Kong flu was not fatal, but its rampant contagium put large numbers of people on the sick list for a week or more during the busy Christmas period.

In December, 1968, there were 153 more patient admissions to the hospital than during the same period in 1967. Provisional admitting diagnosis on 83 of the patients admitted in December and

100 people a day. Medical records experienced a 10 per cent absenteeism rate for one to two days through the entire six-week period. Dietary reported a total of 58 confirmed cases of flu from their 306 employes which amounted to 2044 hours of absenteeism. Housekeeping recorded 23 flu cases with the majority of those sick the week preceding Christmas. In the two-week pay period ending December 28 a total of 5337 hours of sick leave was paid by the hospital.

In many instances the drop in employe count corresponded with the lower patient census, typical during the Christmas season. Six nursing divisions were closed during the holidays which offset to a large degree the temporary reduction in employes. However, the divisions scheduled to re-open December 28 were not opened until January 5 due to the high employe absences.

As the Hong Kong virus strain was identified only last fall (the virus is thought to have been brought into the country in September), there has not been sufficient time to develop adequate amounts of vaccine to immunize major portions of the population. However, all Barnes house staff members and nurses who were in daily contact with patients received the vaccine, as did persons in high risk groups (such as geriatric cases with heart or lung diseases, etc.)

On December 27 a visitor restriction policy was posted on each nursing division and released to the local press as a protective measure to Barnes patients. Visitors were limited to members of the patient's immediate family. Only one person could see the patient at a time, and for not longer than 15 minutes. The restrictions were lifted two weeks later.

Dr. Harford said there is no way to predict a recurrence of the Hong Kong flu. In the two previous pandemics of influenza there were three waves in 1918 and two in 1957. In the 1918 epidemic it is estimated that 10-20 million persons died of the flu. Antibiotics hadn't been invented and as the United States was in the middle of World War 1, large numbers of people were assembled in groups who might not have had contact in peacetime.

Deaths resulting from the 1957 Asian flu bout were not as great as in 1918, but the deaths were often caused by the flu virus itself which is not susceptible to therapeutic agents.

If another wave of the Hong Kong flu inundates the country within the next few months, those who had it this time or were protected by the shots will be immunine. However, immunity lasts only one year, and is effective for only the one strain. Another type of flu virus rampant in the population could start a second epidemic.



The A2-Hong Kong-68 flu bug.

43 of those admitted between January 1 and the 19 were related to the flu. Diagnosis ranged from flu-bronchitis to pneumonia-influenza, flu, and bronchial asthma.

Figures on the total number of employes home sick with the flu are not available, however personnel health reported seeing 659 employes from December 1 through January 19, an average of 25-30 per day compared to their usual patient load of 15-18 daily. As Dr. Glaser became sick on December 29 and the greatest number of employes were forwarded to the screening clinic after that time, the December figure of 543 employes who reported to personnel health is more significant than the overall total.

Specific departments were hit harder than others. Nursing reported that 30 per cent of their forces were out Christmas week, accounting for over

## Chambers Named to Board of Trustees

Maurice R. Chambers has been named to the board of trustees of Barnes, Methodist Bishop Eugene M. Frank recently announced. Mr. Chambers, who is president and chief executive officer of Interco, Incorporated, was named to fill the vacancy created on the Barnes board last July by the death of Edgar M. Queeny.



Mr. Chambers is active in many civic, church and philanthropic organizations. A native of St. Louis, he joined the International Shoe Company in 1949. In 1956 he became vice president in charge of sales, and was named president of International Shoe in 1962. He became chairman of the board of Interco in 1965.

The Barnes Hospital board of trustees includes 15 community leaders. The chairman

is Robert W. Otto with Edwin M. Clark as vice-chairman. Other members are: Charles E. Claggett, Richmond C. Coburn, Edwin R. Culver, III, Irving Edison, Joseph Griesedieck, Robert P. Hermann, Judge Ivan Lee Holt, Jr., Gale F. Johnston, J. Wesley McAfee, Spencer T. Olin, W. R. Persons and Raymond E. Rowland, Sr.

Members of the board are officially appointed by the Methodist bishop, as stipulated in the will of Robert Barnes, whose bequest made possible the construction of Barnes Hospital in 1914.

## Radio System Installed As Warning Device

A short-wave system for emergency communication that enables medical personnel at the scene of a disaster to talk directly with personnel at Barnes has been set up through a 40-watt repeater station constructed atop Queeny Tower.

The United States Air Force Military Affiliate Radio System (MARS) has located relay equipment at Barnes to extend the transmitting capacity of short-wave messages coming from Scott Air Force Base an additional 30-35 miles by use of a repeater. (A repeater receives a message on one frequency and re-transmits it on a stronger frequency.) Local MARS operators also use the relay system to transmit non-priority military messages from soldiers to their families. Queeny Tower's height and obstruction-free location made it an ideal site for the construction of the relay system.

In the event of a disaster, the MARS personnel have worked out a system to provide a short-wave hook-up to the hospital via the repeater from the emergency area. Three MARS operators will report directly to Barnes to handle equipment here and others will go to the scene and set up mobile short-wave radio equipment.

The relay system can then be utilized to alert the hospital as to preparatory measures to be taken when a number of patients will be coming to Barnes for emergency treatment. It is also helpful in establishing a priority system of distributing patients among other hospitals that have the facilities and personnel to handle them when the disaster occurs.

Barnes is the only hospital in the area to have a relay disaster system. The closest available systems are located in Chicago, Kansas City, and 30 miles southwest of Springfield, Missouri.

## Cancer Research Takes Ackerman to South Africa



Lauren V. Ackerman, surgical pathologist-in-chief, has taken a year's sabbatical to do cancer research on the Bantu tribe in South Africa. Sponsored by grants from the American Cancer Society and the National Cancer Association of South Africa, Dr. Ackerman is studying the

epidemiology of cancer of the breast and esophagus on the tribesmen and women.

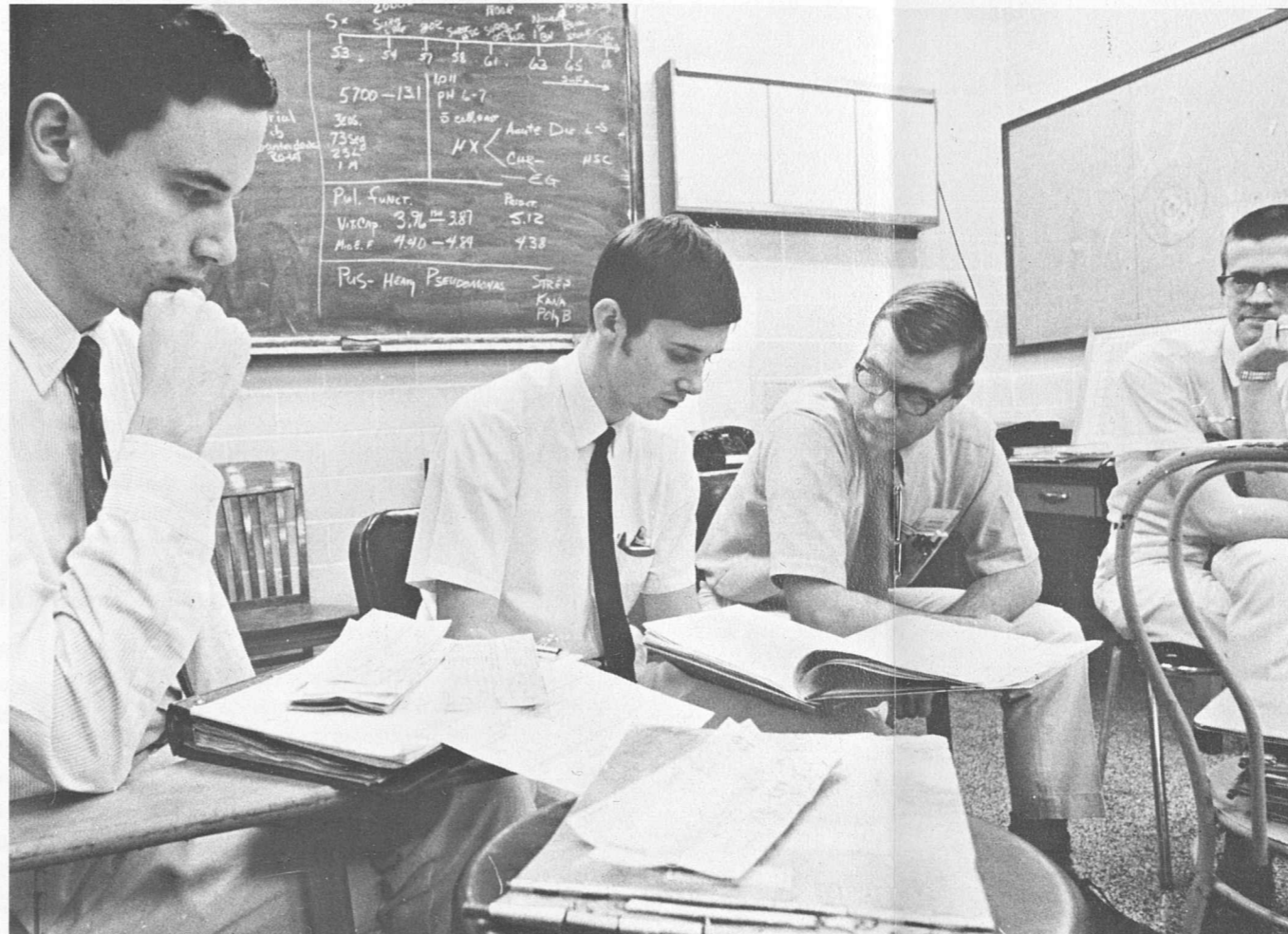
On January 14 Dr. Ackerman and his wife left for Johannesburg where the doctor has appointments as visiting professor of surgical pathology at the University of Witwatersrand and visiting research fellow at the South African Institute for Medical Research in Baragwanath Hospital.

Dr. Ackerman has made two previous trips to South Africa, in 1961 and 1966.

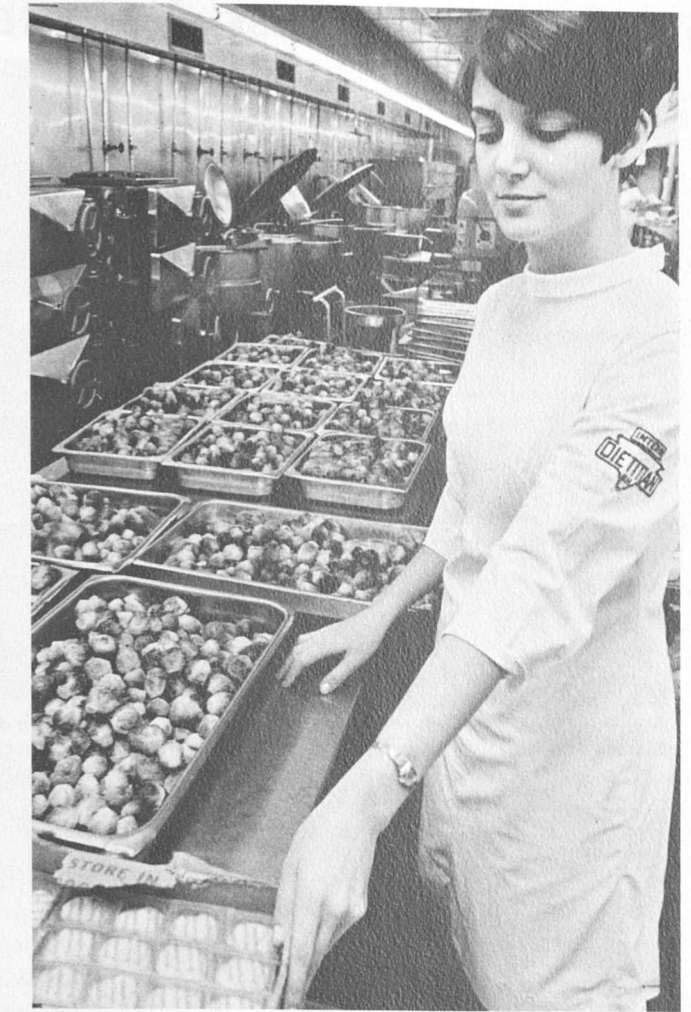




Six-month courses in cytology are offered annually in a laboratory classroom at Barnes by Washington University personnel. Teaching supervisor Mrs. Jan Brockway points out respiratory material on a slide to student Mrs. Marva Harvey (front) and Miss Joanne Johnston in the second floor Barnes classroom.



Informal chart reviews with a resident help the medical students relate their textbook diagnoses to actual symptoms and cases. Resident Reuben McBryer (third from left) talks to students Robert Bruce, John Armstrong and Tom Nevins in a classroom near their ward service. The interns and residents are also under instruction on the post-graduate level as each resident is responsible to the chief of his service.



Training in the supervision of food service workers and checking on the flow of food production are the responsibilities of dietary intern Miss Marcia Stamp. Experience in therapeutic and administrative dietetics are offered to qualified students with a bachelor's degree in Barnes' dietary program.

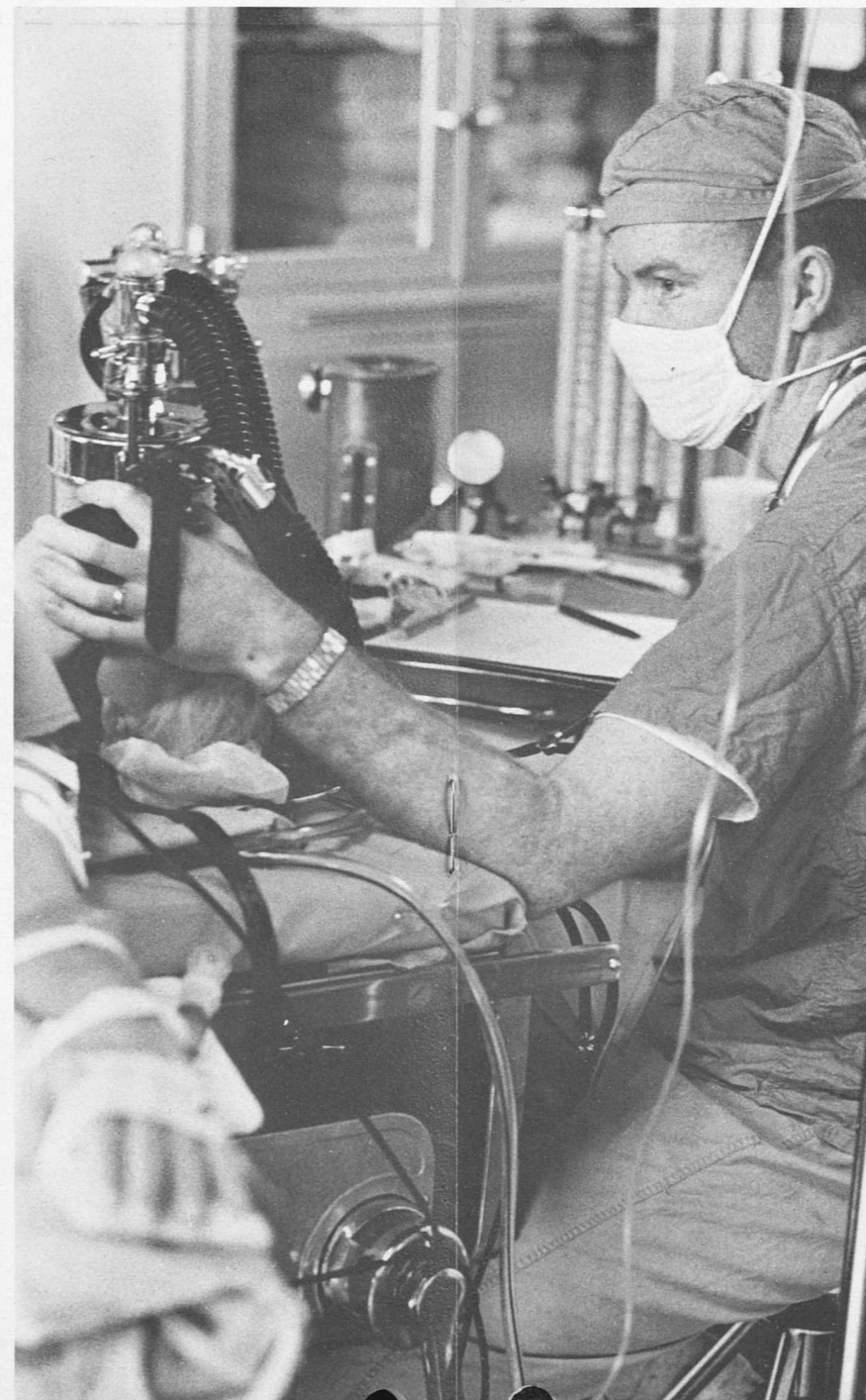
Washington University undergraduate and graduate nursing students work throughout the medical center during the latter years of their college careers. As the University nursing school will be closed after the 1968-69 school year, graduate student Miss Sandra Whitaker is in the last class to study at Barnes.



Miss Sandra Drebes is a first-year student at Forest Park Community College where an associate of arts in nursing degree is awarded after two-years of nursing study. She comes to Barnes weekly for clinical experience throughout her degree program.



Forty students from Southern Illinois University at Edwardsville are new additions to Barnes' classroom. Two mornings a week nursing undergraduates such as Miss Joan Garvert, assist on patient floors under the direction of staff personnel.



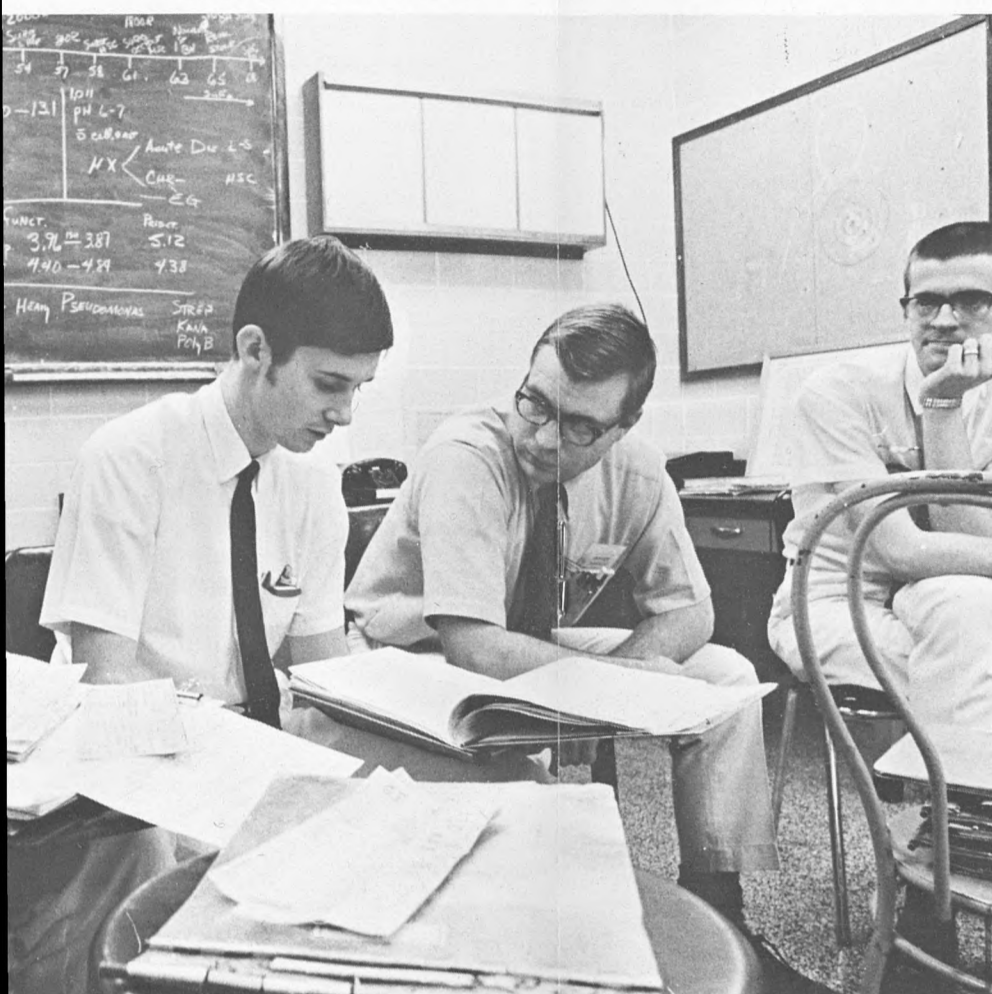
First-year anesthesia student David G. Raleigh spends 75% of his day in the operating rooms under the supervision of a staff anesthetist. Anesthesia is a two-year post-graduate course for registered nurses.



Barnes own nursing school is located adjoining the medical center and has a combined enrollment of 225 students. Freshman Miss Diana Lewandoski is an easily identifiable member of the student forces wearing the new blue and white uniform.



Informal chart reviews with a resident help the medical students relate their textbook diagnoses to actual symptoms and cases. Resident Reuben McBrayer (third from left) talks to students Robert Bruce, John Armstrong and Tom Nevins in a classroom near their ward service. The interns and residents are also under instruction on the post-graduate level as each resident is responsible to the chief of his service.



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# They Learn by Doing

Taste-testing a new molded salad recipe . . . learning to visually distinguish the physiological differences between Jacksonian and petit mal seizures . . . making minor adjustments on the ether flow to correspond to the patient's erratic breathing pattern—each is an important facet in the education of a dietetic intern, student nurse and future anesthetist that can be learned only by personal experience.

To teach the textbook intangibles of exactly when a recipe tastes "right", and how much pressure on the ether bag is "enough", requires facilities and equipment not available in authentic detail in the classroom. To bridge this gap between textbook and treatment, areas of Barnes are used under the direct supervision of qualified teachers to educate future professionals in the health care fields.

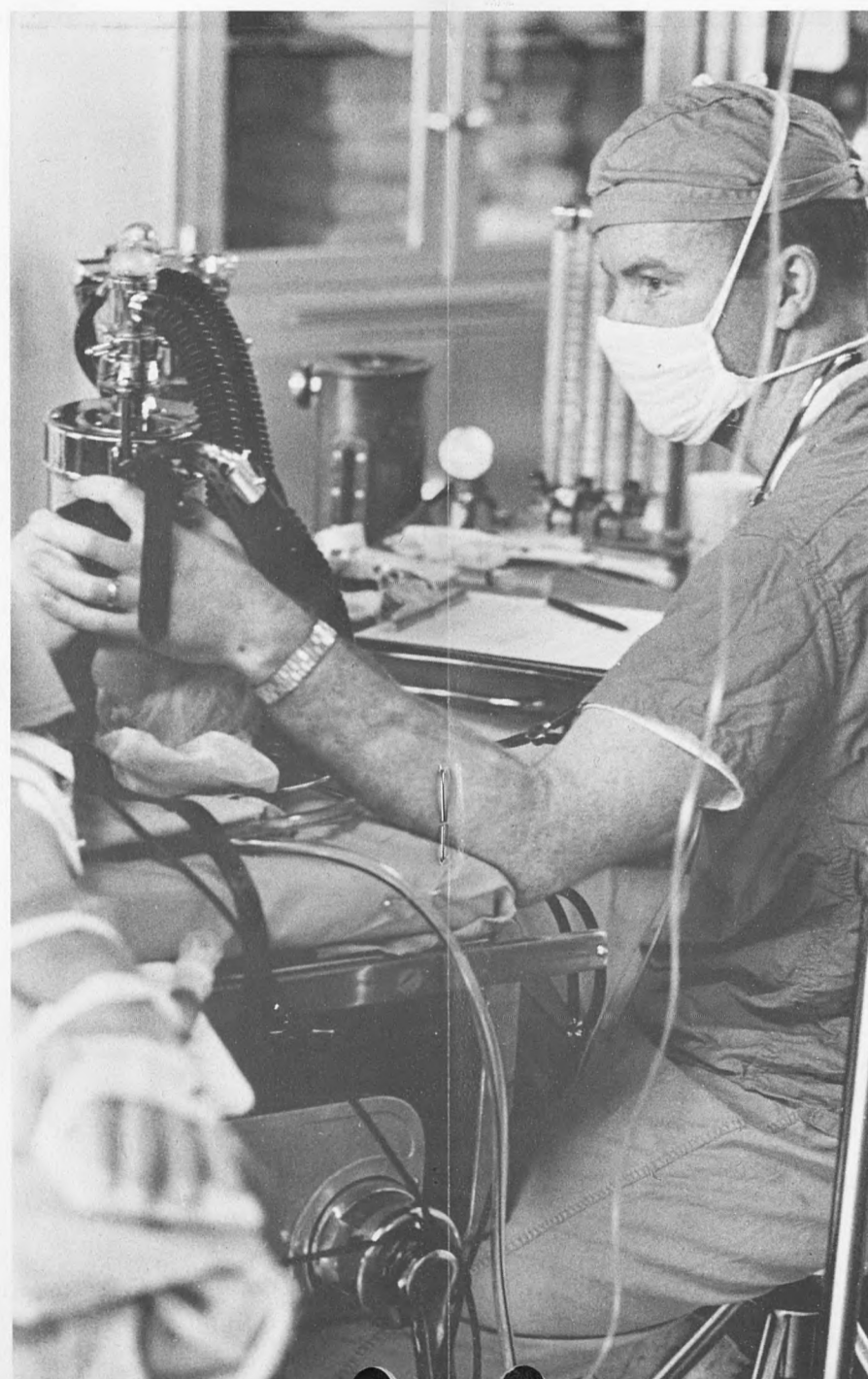
Barnes Hospital operates its own accredited schools of anesthesia, dietetics and a certificate program in nursing, completely within the medical center. Classes are conducted here; hospital experience is gained here. Often the student lives here and his entire orientation is geared to Barnes facilities.

Training in physical, occupational and recreational therapy; social service; medicine; and nursing under a degree program, are offered by Washington University on its own campus with a specific number of hours of clinical experience to be taken at least in part at Barnes to fulfill the degree requirements. (An exception is Washington University's cytology school which is conducted completely at Barnes by WU personnel.

Other schools, such as Forest Park Community College and Southern Illinois University in Edwardsville require that their nursing students spend all classroom hours on their respective campuses. In addition they come to Barnes (or other designated hospitals) at least two days a week to work with professional personnel in applying what they've learned in class.

Often it's only a patch on the sleeve or a different colored cap that distinguishes the many student groups from the professional within the medical center. The intern in his "whites," carrying his easily recognizable black bag is a familiar sight most often associated with the teaching hospital concept. Yet, at Barnes, the house staff is just one segment of a large heterogeneous student body whose textbook training is supplemented by practical experience on the patient floors, in the laboratories, service and treatment areas of a fast-moving, diversified medical center.

First-year anesthesia student David G. Raleigh spends 75% of his day in the operating rooms under the supervision of a staff anesthetist. Anesthesia is a two-year post-graduate course for registered nurses.



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## DOCTOR'S NOTES



■ James L. O'Leary, neurologist-in-chief, received the William Lennox Award from the American Epilepsy Society at the annual Society meeting held in New York December 5. The award, consisting of a \$1,000 prize and an engraved certificate, was presented to Dr. O'Leary for his studies on brain function, clinical investigation of epileptic patients and leadership in improved patient care.

■ Hugh Chaplin, associate physician and rehabilitation-in-chief, has been elected president of the Little Symphony Concerts Association of St. Louis.

■ An all day symposium on Shock is being sponsored by the St. Louis Heart Association Saturday, February 22 at the St. Louis Medical Society Auditorium. Eleven physicians will speak on various aspects of cardiology and shock.

■ William Powers, associate radiologist, and Kenneth Price, assistant physician, have been chosen cancer and heart associates respectively for the bi-state regional medical planning program by the newly-appointed director William Stoneman III.

■ Charles L. Witte, assistant surgeon, recently won the Greater St. Louis Open Chess Tournament held at the Downtown YMCA. He competed against 35 players from the Missouri and Illinois area.

■ "Neighborhood Health Centers" will be the program title at the February 18 meeting of the St. Louis Medical Society. The speaker will be Dr. John Rumsey of San Diego.

## HOSPITAL HAPPENINGS



Plans for construction of a four-story addition to the Mallinckrodt Institute of Radiology plus a new five-story building to the west of the Institute at a combined cost of \$3 million has been announced by Dr. Juan M. Taveras, Institute director. Work is scheduled to begin February 1 with a completion date of April, 1970.

Mrs. Viki Bozniak has been named assistant librarian in charge of out-patients in the medical records department. She assists Mrs. Kay Bartley who has assumed the supervisory responsibilities for the entire department.

Robert E. Frank was re-elected secretary of the Hospital Association of Metropolitan St. Louis by the board of directors at a business meeting preceding a dinner on January 20. Dr. Sylvia Sorokin, Ph.D., business consultant and economist, spoke to the group on "Human Relations in Hospitals."

Mrs. Isabella Conrad, 25 years old, has been chosen messenger of the month for February. Mrs. Conrad, who has been at Barnes since September, 1967, is an escort messenger and relief operator in the dispatch department.

## A Proven Success: Volunteers in the OR



Reassuring a patient about to enter surgery is Mrs. Sidney Rosenberg, who volunteers one day a week

"At first, we didn't know what to do with ourselves—we felt in the way," said Mrs. Sidney Rosenberg, chairman of the Barnes volunteers who work in the operating room. "Now we could use additional help. They really depend on us down here," she reported with a wide smile.

Evaluating the volunteer program in the operating room after a little over a year's trial service, the surgical staff voiced their hearty approval of the system and described the volunteers as "conscientious," "quick to pick up routine," and "a great help in an area that must have the manpower to swing into action at a moment's notice." The volunteers, too, feel their job is important and are quite enthusiastic about it.

"The personal relationship between a patient nervously anticipating surgery and the warmth and individual concern of the volunteer is the greatest reward of the program," said Joseph Greco, associate director and administrator for the volunteers. "The last person the patient sees before going into the operating room and the first one she sees back in her room after the surgery is the volunteer. Her image is very important. She acts as a personal representative of the entire community, as she's there completely by choice and the patient knows it," he explained.

The idea of placing volunteers in the operating room was initiated in November of 1967 at the suggestion of Dr. Walter Ballinger, surgeon-in-

chief, who has seen a similar program work in another hospital. Representing the views of the operating room committee, assistant director Nancy Craig compiled a list of suggested duties and procedures for volunteers interested in the workings of the operating room. The original duties were expanded as the women became more adept at their jobs, and staff development instructors initiated a continual educational program to teach new procedures and techniques. All of the volunteers had had previous hospital experience in other areas of Barnes, and several were inactive registered nurses.

In addition to talking with patients before surgery and accompanying the women to their rooms after operations, the volunteer does a good deal of work directly on the operating room floor. She assists the floor secretary by answering the telephone and taking messages, which she then delivers to doctors and nursing personnel. The volunteer transfers specimens every hour to the pathology substation and delivers cultures to the bacteriology laboratory. She also picks up and delivers articles from the pharmacy and central service.

Five volunteers each work one day a week from 8 a.m. to approximately 1:30 p.m. Volunteers Mrs. Rosenberg and Mrs. William Margerin have been with the program since its inception. The other members of the team currently are: Mrs. George E. Dixon, Mrs. August A. Busch III, and Mrs. Jonathan J. Knight.

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## Harry K. Alexander Killed in Auto Crash; Set Up Medical Service Here in '42

Dr. Harry L. Alexander, who was killed in an automobile accident January 5, was responsible for setting up the private medical service at Barnes in 1942.



The first of its kind in the Midwest, the organization of the private service was widely copied throughout the world. Working with Dr. Barry Wood, then physician-in-chief, Dr. Alexander divided the department of medicine into private and ward services with separate house staffs to care for each division.

Dr. Alexander was 81-years old and associate physician emeritus when his automobile apparently crossed the centerline colliding with another car near Pembroke, Kentucky, early this year. Dr. Alexander was killed in the crash and his wife subsequently was brought to Barnes with a broken leg and facial injuries.

An internationally-known allergist, Dr. Alexander was on his way to Florida for a vacation and to finish a book on the history of allergy when the accident occurred. He had previously authored several books on immunology and allergy, and was editor of the *Journal of Allergy* from the time the publication was founded in 1929 until 1950. He retired from active practice in 1952.

Dr. Alexander acted as consultant to the Veterans Administration in the construction of new hospitals. He also served for six years as chairman of former Mayor Tucker's hospital advisory committee. Dr. Alexander received his bachelor of arts degree from Williams College in 1910 and his doctor of medicine degree from the College of Physicians and Surgeons, Columbia University, in 1914.

In addition to his wife, Dr. Alexander is survived by a son, Lewis, and two daughters, Miss Beverly Alexander and Mrs. Richard Wood.



# What Happens to Children Living With Psychotic Parents? Data Shows How Family Sickness Affects Them

What effects do living with a psychotic parent have on any children in the family? Are the youngsters able to adapt to the unusual home situation or does the patient's illness irreparably hamper their development? Until three years ago there were no answers to these questions, however Dr. E. James Anthony, assistant psychiatrist



Dr. E. James Anthony

at Barnes, has undertaken a study to determine the extent to which a mentally ill person affects the personality of children in the home.

Generally, it was found that the patient's behavior had a very definite relationship to the stability of the child; however, the degree of stability varied in proportion to the severity of the parent's illness.

In clinical studies with children from 3 to 18 years of age, it was found that the more seriously disturbed the parent, the less disturbed the child. For purposes of the study, parental illness was divided into one of three classifications: malignant, intermediate and benign.

Illness in the malignant group included parents who were unresponsive and neglectful of their children, often displaying infantile behavior. The investigators found the children in this group more tolerant of the family situation and less affected by it. Outward calm and even affectionate indulgence toward the ill parents was characteristic.

An example of this type behavior was illustrated by two children, ages 7 and 9, who were found leaning against a wall sharing a cigarette. When the investigator inquired about the mother, the boy cautioned, "Take care you don't hurt old Annie when you go in. She lies on the floor by the door."

The intermediate parents, those with paranoid and simple schizophrenia, incorporate their delusions into the family life to the great bewilderment of the children. Dr. Anthony described the

confusion and bitterness of the children of a paranoid schizophrenic father who turned his home into a beleaguered fortress in which the family mounted "watches against the enemy," and weapon training was rigorously enforced.

The third category, clinically the least seriously ill, accounted generally for the most severe reactions in the children. "When the parents were alternately 'normal' and psychotic, the child showed prepsychotic and parapsychotic behavior and sometimes even extreme primitivism stemming from the parental psychosis," Dr. Anthony explained.

In one such case, a father, convinced that a five-year-old daughter was the product of an extramarital affair, treated the child with alternate beatings and caresses, equally frightening in intensity.

The investigator finds hope in the observation that these affected children are found to respond favorably when removed from the influence of the psychotic parent. Although removing the child from the parent seems to reduce the stress and environmental danger, it also deprives the child of the positive benefits of sharing a home situation with a loved one.

Susceptibility in a child toward sharing symptoms of the parent's psychotic behavior, either while young or later in life, is increased by certain risk factors outlined by Dr. Anthony. When the genetic risk of mental illness is great, boys tend to be more susceptible than girls; small, thin children more susceptible than healthy, ro-

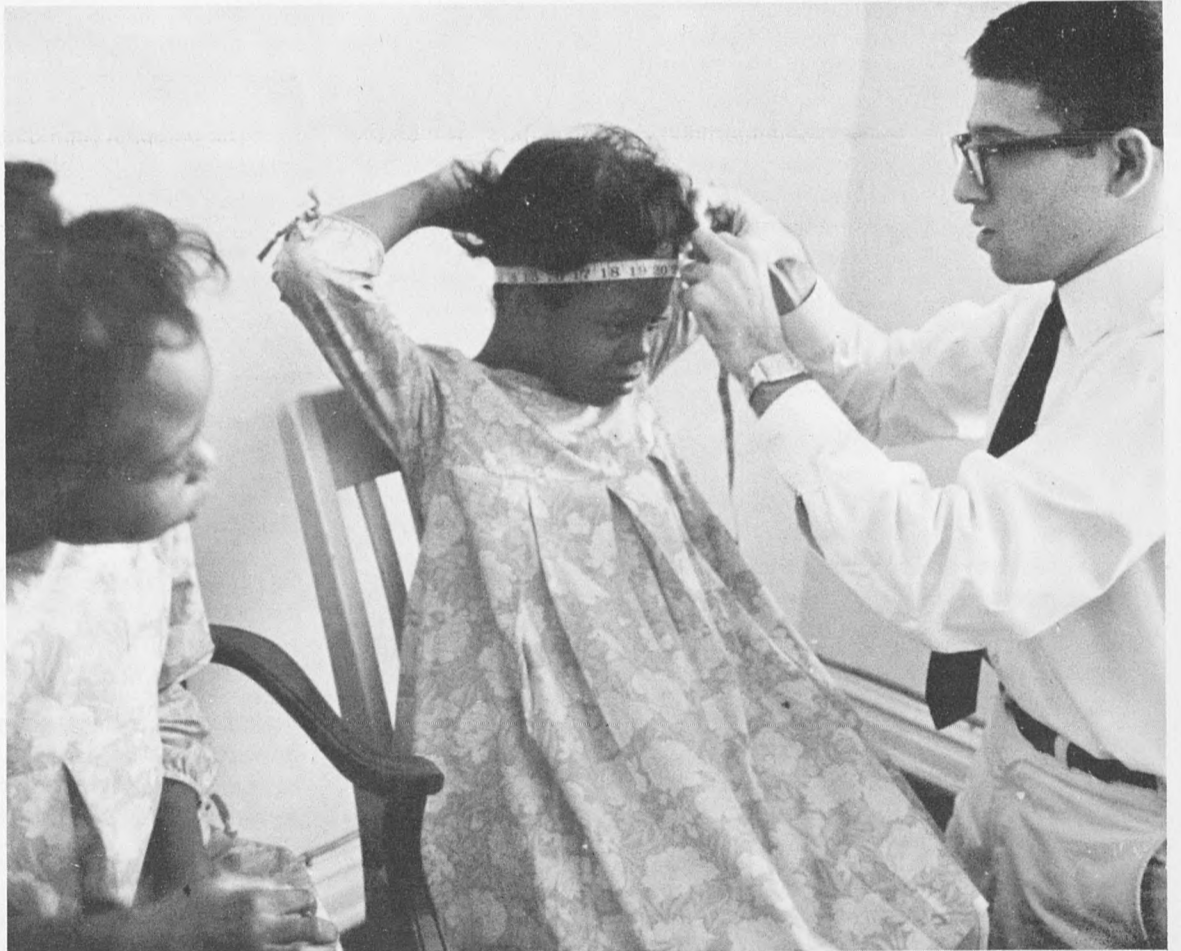
bust children. Children from the ages of 4 to 7, 9 to 11 and 14 to 16 are also more apt to evidence symptoms of mental illness. Of course, environmental factors, such as family organization, poverty, dirty surroundings, are all contributing factors too.

It is often hard to pre-determine the children with the greatest risk potential as "there is a high degree of family tolerance for unusual attitudes and behavior," Dr. Anthony said. In the "sub-culture of psychosis" the children learn to adapt themselves to a double standard of reality conforming to realistic expectations at school and elsewhere while maintaining an irrational orientation within the home. Frequently, the non-psychotic parent coaches the children in the concealment of bizarre happenings.

Under Dr. Anthony's direction substations and demonstration clinics are being set up in mental hospitals to initiate follow up services for the children as soon as the parent is admitted for treatment.

Some of the therapy methods used with these young patients are shock, trauma, intervention, drug, and replacement. Help is given not only to those children who already display overt psychotic characteristics, but also those who appear highly susceptible to mental illness later in life.

Successful results in working with children who originally displayed abnormal symptoms resulting from association with a psychotic parent raises the question of the inevitability of inherited mental illness. Possibly it can be prevented.



As the physique of a child of psychiatrically disturbed parents may play a part in determining her vulnerability to the parent's disorder, the twins above are being "somatotyped" by a Washington

University medical student. The children are part of a control group in a five-year study to gather data on inheritance, particularly of manic-depression.

## Status Changes Announced

Changes in status for six physicians at Barnes have been announced by Robert E. Frank, director. Added to the attending staff roster is Maureen Archambault, of Springfield, Ill., assistant radiologist, as of January 1. Names to be deleted from the roster are: Harry Alexander, associate physician emeritus, who expired January 5 (see story page 6); and Arthur Sakamoto, assistant physician who resigned December 27.

## Nursing Office Introduces Newspaper

**The Briefing**, a monthly newsletter edited by the department of nursing, has recently been introduced as a communications tool for members of the Barnes nursing staff.

The first issue of the newsletter was published in November, 1968, edited by Jeanne Wright with Kay Sanders and Mary Lee Hager as associate editors. Members of the nursing department serve as reporters. News of promotions, birth and

birthday announcements, reports on educational programs attended by staff members, explanations of nursing procedures, etc., are included in the mimeographed 8½ x 11-inch page format.

The name of the paper, which uses the "HB" logo introducing the word "Briefing," was suggested by Mrs. Louise Ittner. A licensed practical nurse, Mrs. Ittner won \$10 for submitting the winning name in a departmental contest.



## Creativity in Nursing Field Exemplified by Barnes Neurosurgical Instructor

"I think a nurse feels truly creative when she can work with a physician in solving a patient's care problems instead of merely following procedures routinely," said Barbara Therrien, small dark-haired instructor in the Barnes Nursing School.

Exemplary of the "new breed" of nurse who seeks additional creative outlets in her profession, Miss Therrien recently had an article published in the *American Journal of Nursing* in which she took the initiative to explain a new surgical procedure and its related nursing care. She then asked Dr. James Salmon, Cincinnati physician who has performed the procedure, to describe the surgical technique. The article entitled "Percutaneous Cordotomy for Relief of Intractable Pain" was published in the December, 1968 issue of AJN by-lined by Miss Therrien over the doctor's name.



Barbara Therrien, R.N.

The article describes a surgical procedure of severing the fibers in the spinal cord which carry pain by use of a spinal needle in order to alleviate suffering in the terminal stages of long-term diseases. Miss Therrien gave the case history of a 30-year old female cancer patient who had three major operations in addition to a series of cobalt treatments. She was admitted with intractable pain in the abdomen and lower extremities and was restless, depressed and cried frequently, requiring constant attention and careful nursing care. The patient looked forward to the cordotomy which was done in x-ray and the procedure went smoothly. Fourteen days after admission the woman was discharged with none of the old pain and no medications.

An awareness of a surgical procedure which in this case is a tremendous aid to the nurse who often feels helpless when caring for a patient

with unrelenting pain and is news in the medical field, is characteristic of the increasing interest in specialized nursing care by those who are a part of it.

"Neurosurgical nursing isn't easy and it certainly isn't for everyone," Miss Therrien cautioned. "It requires patience and a willingness to voluntarily learn a great deal about a very complicated field. Also the mortality and morbidity rates are higher than in other nursing fields and you're often working with an unconscious patient. On the other hand, I find it very exciting to be involved with work on the brain—the control box for an individual's personality and mental abilities.

"The doctor's attitude toward his nurses is very important in the specialties as you are in constant contact with the neurosurgeon. Also, because the field is small, you become a closely-knit group. Because pressure in the skull can build up quickly and cause permanent brain damage if not immediately recognized, the neurosurgeon depends greatly on his nurses to keep a constant check on the patient and be able to recognize the slightest change in significant areas.

"In addition to the inter-dependence between the neurosurgical nurse and the doctors, our specialty field offers a gratifying relationship with the patient. The patient is often comatose and thus dependent on the nurse, so we must be particularly careful to anticipate his needs and administer the best possible care. Often the outcome of a patient's illness is affected by the caliber of nursing care he receives during the period he is unconscious," the instructor explained.

Miss Therrien's article in the *Journal of Nursing* was an attempt to elicit an awareness among nurses of the neurosurgical and neuromedical fields. Last fall she founded the American Association of Neurosurgical Nurses and over 250 nurses have since applied for admission.

## Blood Bank (Continued from Page 1)



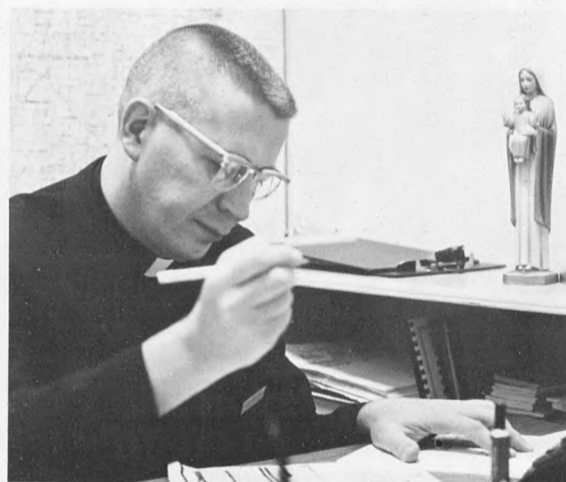
Miss Carol Lerch, lab technician.

need arises. The donor then comes to the hospital and is paid for his inconvenience.

The rationale behind all procurement programs is based on the short shelf life of whole blood once it is removed from the body. Whole blood or red blood cells can be used only for 21 days before they must be broken down into its components or derivatives which are also used. (A process of freezing red blood cells is being evaluated and experiments have shown it to be feasible for up to eight years; however its uses are limited and very expensive.) Packed red cells and other components serve many needs. Red cells are used for patients whose fluid intake must be kept to a minimum and fresh frozen plasma, cryoprecipitate and platelets are used for various bleeding problems. Derivatives, such as gamma globulin, are used in the prevention and modification of measles and hepatitis.

Methods such as plasmapheresis are used to conserve donors when only special components such as platelets are needed. By this method the donor can be used up to three times per week because the red cells (the withdrawal of which limits the number of times a donor can be used) are returned to the donor.

There is active community interest in St. Louis in establishing a centralized inventory of available blood to keep outdated at a minimum. Through this set-up, each hospital in the area would have access to information on blood supplies throughout the entire city. In an emergency a hospital would quickly know if and where the type blood needed were available.



## Second Catholic Chaplain Appointed To Hospital

One of two Catholic chaplains at Barnes is the Reverend Joseph B. Wolf, who came to the medical center late last fall from Malcolm Bliss Mental Health Center. Father Wolf assists Robert M. Krawinkel in fulfilling the religious needs of Catholic patients and employees at Barnes.

Father Wolf served as assistant pastor at the Church of St. Genevieve at St. Genevieve, Missouri, from the time he was ordained in 1954 until 1960. He then went to Washington, D. C., for a year's training as a psychiatric chaplain prior to a six-year appointment at the State Hospital in Farmington, Missouri.

## Five College Credit Courses Offered For Spring Term

Five college credit courses ranging from anthropology to algebra will be offered this spring from 5-7:30 p.m. week-day evenings in the nursing school.

Available through the extension division of the University of Missouri, the courses are open to any person eligible to register for courses at the university. Eligibility may be determined by con-

tacting the St. Louis campus at Normandy. Tuition for a course is \$20 per credit hour. Each course is worth 3-hours credit.

Courses offered for the spring semester are: Anthropology, General Psychology, Literary Types, Government in Modern Society, and College Algebra. Some courses are extensions of those begun in the fall.



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