

BARNES

Barnes Medical Center, St. Louis, Mo.

HOSPITAL BULLETIN

March, 1969



Plans Are Finalized for East Pavilion

Since plans for the 14-level East Pavilion were first announced, a number of revisions and refinements have been made in the schematic drawings. The final preliminary plans are now complete and were displayed at an open house for the medical staff and hospital employees on Friday, January 31 in Classroom 1200. Ground-breaking ceremonies are anticipated for this summer and the project is expected to take two years to complete.

The East Pavilion will represent a unique approach to hospital ownership. Specific levels of the structure will be owned by the Trustees of Barnes Hospital, while others will belong to the Trustees of Washington University, further strengthening the ties between the two organizations. As far as can be determined, this will be the first "condominium" ownership of a hospital in the United States.

Through extensive planning with many members of the medical, nursing and administrative staffs, it was possible to incorporate the most efficient and up-to-date methods for delivery of hospital care in the final design. Each service will have treatment rooms and an intensive care area that will allow close supervision and isolation of the most seriously ill. All rooms will have piped oxygen and suction outlets, as well as private bath facilities.

A ground level will have boiler rooms and mechanical facilities. Shafts will be installed so that an automated materials handling system to distribute linens, food, pharmacy supplies, etc., may be added later.

The main lobby, admitting office, central supply area, housekeeping storage, and other supporting services will be at ground level. General business offices will be on the third level.

Twenty-one operating rooms, five delivery rooms, and eight labor rooms will be located on the fourth and fifth levels. The fourth level operat-

The East Pavilion will represent a condominium approach to hospital ownership.

ing rooms will be used for eye, ear, nose, throat, and neurosurgical patients. The fifth floor will accommodate maternity and gynecological patients.

The fourth and fifth level operating and delivery rooms have been designed for closed circuit television which can be monitored in the auditorium and classrooms for teaching purposes.

Eight patient floors, each with 25 semi-private and 8 private rooms, are planned. Obstetrical and gynecological patients will occupy the sixth, seventh, and eighth levels; ear, nose and throat patients will use the ninth level and eye patients will be on the tenth and eleventh levels. Neuro-medical patients will use the twelfth level, neuro-surgical patients the thirteenth.

The fourteenth level will be a mechanical floor for air conditioning and other equipment installations. Additional features of the building include a 130-seat auditorium, an archives room, visitors' lounge, and a classroom on each patient floor to facilitate teaching.

The East Pavilion will replace all patient care facilities (excluding clinics) in the Maternity and McMillan buildings. The medical patients now cared for in Barnes (1418 and 2418) will be moved to Wohl Hospital and the neuromedical and neurosurgical patients now treated there will be moved to the East Pavilion. The vacated area in Barnes will be used for expansion of the Barnes central diagnostic laboratories. The McMillan and Maternity buildings, owned by the University, will be converted into teaching and research facilities.

Plans for the East Pavilion, and the overall concept of a long-range plan for a West Pavilion with 19 stories and seven more stories to be added to the East Pavilion, were made public in April, 1968. Since that time, a fund-raising drive has been underway under the chairmanship of Ray-

Eight floors with 25 semi-private and 8 private rooms are planned for the initial building.

mond E. Rowland, Barnes trustee, and former Ralston Purina Company president, board chairman and chief executive officer. As of March 1, \$5,653,586.18 has been pledged to the fund. This includes nearly \$100,000 pledged by the hospital employees. Additional funds for the project will come from Washington University for its share of the facilities.

Monkey Shines . . .



The rhesus monkey shown above is a member of one of the most valuable species of research animals known to man. It was in the animal's blood that the Rh factor (named for the monkey) was isolated—a discovery that has led to saving the lives of countless newborns whose blood is incompatible with their mothers. In a master study on alcoholism, the monkey is one of the subjects under observation to determine alcoholic tolerance and subsequent effects on behavior. The jet near the animal's mouth is his source of water supply. (See story page 3).

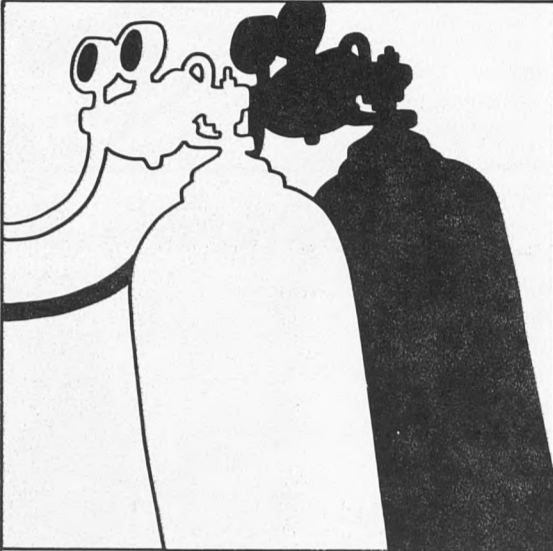


Dr. Ralph B. Wolf, (left) associate obstetrician and gynecologist, discusses the details of one of the OB-GYN floors to be located in the new East Pavilion with assistant director, Tom Winston. The entire

OB-GYN clinical facilities will be relocated in the new building and Maternity will be turned back to Washington University for research purposes, as will the building now used by maternity.

Contributions to Barnes Tribute Fund November 1-February 15

Following is a list of honorees (names in bold-face) and contributors (listed below name of honoree) to the Barnes Hospital Tribute Fund from November 1, 1968 through February 15, 1969. Contributions to the tribute fund are used for improvements in patient care, teaching, and research throughout the medical center. Donations may be made by sending checks, payable to the Barnes Hospital Tribute Fund, to: Tribute Fund, Barnes Hospital Plaza, St. Louis, Mo. 63110.

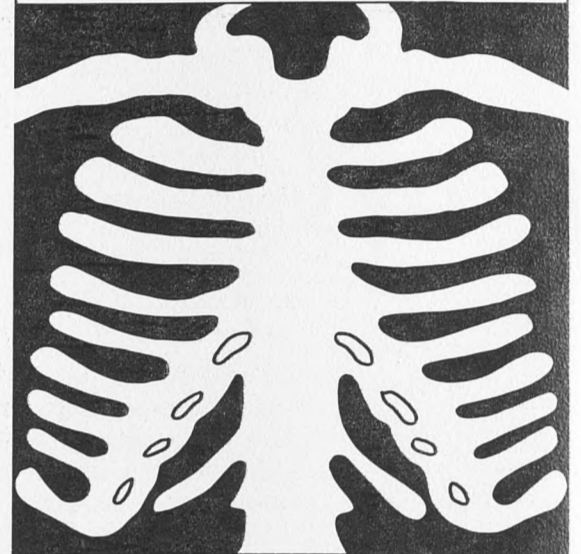


IN MEMORY OF

Mrs. George Applebaum
Jayne and Nick Carter
Mr. David Biederman
Mr. and Mrs. Leonard Hornbein
Mrs. Albert G. Blanke
Mr. and Mrs. John H. Hayward
Mr. Archie Bregman
Mr. and Mrs. Joseph Fox
Mr. Edwin R. Culver, Jr.
Mr. John C. Baine
Mr. and Mrs. Robert Cochran
Mr. William Benton McMillan
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Mrs. Shiel Dunsker
Mrs. Irene Eyermann
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Mr. William Henry Harris
Mr. and Mrs. Lee Roy Harris
Chaplain and Mrs. George A. Bowles
Dr. and Mrs. G. Robert Bowles
Mr. and Mrs. James F. Wiggins
Mr. Harry W. Herron
Mr. John Brakebill and family
Mr. George T. Higgins
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Mr. Carl Hohengarten
Mr. F. G. Nicolay
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Mr. and Mrs. Fred S. Heywood
Mr. Morris Honigberg
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Eleanor May Isaacs
Mr. and Mrs. Richard Levis, Jr.
Mr. Arthur Jones
Mr. and Mrs. Leonard Hornbein
Mr. Robert Leiken
Mr. and Mrs. John Friedman
Mrs. Carl E. Lischer
Dr. and Mrs. William D. Perry
Dr. and Mrs. Henry G. Schwartz
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Mr. Gene Theiss
Mrs. Bessie Lowenhaupt
Dr. and Mrs. Joseph J. Gitt
Dr. and Mrs. Richard Prager
Mr. and Mrs. Abraham Uchitelle
Mr. J. A. McDonald
Mrs. A. H. Wallace
Mr. Cuyler McGinley
Mrs. Earl M. Johnston
Mr. John B. Mitchell

Mr. and Mrs. James G. Alfring
Mr. Francis O'Brien
Mr. Roger Signor
Mr. Edgar M. Queeny
Mr. Harold Boeschstein
(Boeschstein Foundation)
Mr. Samuel Allen Rieg
Eleanor, Roger, Louis, Chris Rieg
Mrs. Joel Rogers
Mr. and Mrs. Henry Lowenhaupt
Mrs. Guy Stoughton
Mr. and Mrs. Robert Cochran
Mr. Walter E. Williams
Miss Helen Schwartz
Mr. and Mrs. Edwin Schwartz
Mrs. John Fuchs



IN HONOR OF

Barnes Hospital Volunteers
Women's Auxiliary
Missouri Baptist Hospital
Dr. Harold Cutlet
Mrs. Carolyn B. Goldman
Mr. Joseph Glaser, Jr.
Mr. and Mrs. Edward G. Platt
Mr. Leonard Hornbein
Mrs. Fred Z. Salomon
Mr. and Mrs. Harry Loeb
Mrs. Sophie I. Bernstein
Mrs. Ira Wittelshofer

Motor Service Provides Hospital Transportation

Two buses, a station wagon, motor scooter, and a truck comprise the inventory of the little known division of safety and security called motor service. Initiated six years ago in the dispatch department to transport nurses on the night shift to and from work, the service has since expanded to include almost every area of the hospital on occasion. Three licensed watchmen serve as drivers for the five vehicles averaging a total of 700 miles per week.

Emergency runs for supplies and equipment parts are a major function of the courtesy cars. Other needs are handled, too. Gluten bread made

at a particular bakery is picked up for the dietary department. Items are transported to and from the warehouse storage area for housekeeping. Blood requested from other hospitals in the area is taken from the blood bank and delivered by a security driver. Specimens from other hospitals sent here for analysis are returned by Barnes motor service.

Service to groups is handled by the two buses or station wagon. Student nurses are regularly transported to training areas, such as the Missouri School for the Blind and the Visiting Nurse

Association. Renard patients are taken on outings to historical areas of the city, parks, opera, baseball games, etc., as a change from the daily hospital routine.

From 10 p.m. to 12:30 a.m., a driver transports nurses getting off the 3 p.m. to 11 shift to their homes and picks up those on the 11 to 7 a.m. shift. Handled through the nursing office, registered nurses who do not have access to public transportation or have poor connections with bus or cab service are picked up and delivered by the armed driver.



A three-wheeled police-type vehicle has been purchased by safety and security to patrol the peri-

meter of the Barnes complex. Security guard Yewell Robinson is one of the three drivers.

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

Effects of Liquor Studied in 5-Year Alcoholism Program; Experiments Disprove Popular Drinking Theories

In large aquariums in Renard drunken goldfish glide on their backs, nose dive to the bottom of the tanks, and wobble from side to side in one experiment of a five-year research program set up to study the psychological, sociological and chemical effects of alcoholism.

Goldfish, monkeys, and adult humans currently are undergoing a series of diversified clinical tests from which psychiatrists hope to pinpoint some of the reasons behind excessive drinking. Financed by a \$1½ million grant from the National Institutes of Mental Health, the project is under the direction of Dr. Samuel B. Guze assisted by doctors Donald Goodwin, George Winokur, Vernon Perez, George Murphy, Lawrence Sharpe, and others.

In the alcohol-permeated water goldfish initially exhibit definite drunken patterns (loss of equilibrium, confusion, etc.) but after an hour's time they become acclimated to the environment and resume their normal behavior. Once the fish establish a tolerance to the alcohol, psychiatrists can measure the chemical changes in the fish's brain that appear to correlate with the tolerance.



Experiments with goldfish have shown that learning patterns taught when alcohol is in their tank water (and thus in the fish's bloodstream) are more easily recalled when the fish are again placed in alcohol-permeated tanks than when placed in fresh water. Results of these experiments may disprove the notion that alcohol is totally a depressant, according to Dr. Donald W. Goodwin, investigator in the five-year master study on alcoholism.

If a similar alcoholic tolerance can be established in a human, it may then be possible to chemically reverse the process that brought on the tolerance so that an alcoholic would have the same reaction to alcohol as would an inexperienced drinker, i.e. nausea, headache, speech and motor problems, etc.

In studies with the fish it has been found that modest consumption of alcohol produces no negative change in the fish's behavior. In fact, motor performance actually improves in many cases.

Similar tests conducted on rhesus monkeys

and healthy young adult men under carefully controlled conditions produce the same general results. It appears that man, as well as fish, may perform better under the influence of small amounts of alcohol than when sober (although results differ widely based on an individual's alcohol absorption rate). These experiments may disprove the notion that alcohol is totally a depressant.

In both fish and man a learning experience taught when sober is more easily remembered in a sober state. However, if a learning pattern is taught when alcohol is in the bloodstream the information is recalled more easily when again drunk and may not be recalled at all when sober. This may occur in heavy drinkers who are prone to blackouts and who, when sober, remember nothing of their actions when drunk.

In experiments with the list a modest consumption of alcohol improved motor performance.

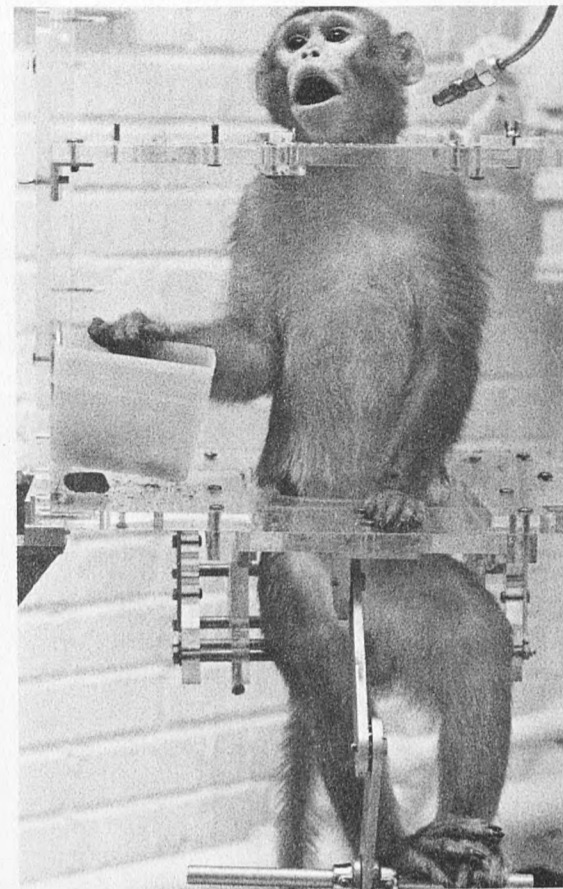
One of the problems in alcoholism studies is controlling the amount of alcohol absorbed into the subject's bloodstream, since the absorption rate of alcohol differs greatly from subject to subject. However, fish are able to maintain a constant blood level of alcohol which can be easily regulated by altering the concentration of alcohol in the tank water.

Studies are being conducted to compare the chemical components of various kinds of alcoholic beverages. In a mixed drink taste, smell, lightness, etc., come from chemicals in the beverage known as congeners. Congeners are apart from the alcoholic content of the drink and vary considerably from beverage to beverage. For example, aged bourbon has many more congeners than vodka.

In sufficient quantities congeners are harmful as they include toxic substances, such as wood alcohol. However, it is not known if the congeners in alcoholic beverages are present in sufficient quantity to cause longterm ill effects from drinking. Whether it is more harmful to drink one type of alcoholic beverage or another is one of the areas currently under study. Because some persons complain of more pronounced hangover symptoms after drinking an excessive amount of wine than bourbon, for example, an understanding of congeners may prove very helpful in aiding the studies on alcoholism.

In a random sampling of criminals, 50% were found to be alcoholics.

Another aspect in the alcoholism study involved locating and interviewing 223 male ex-convicts. The men chosen were originally studied nine years ago in another study to determine the prevalence and types of psychiatric illness present among a random sampling of criminals. In the 1960 study, about one half of the men were



In an important study to make alcohol unappealing to heavy drinkers, animal subjects are being given small amounts of alcohol so their actions can be carefully recorded. Unlike the driver who has had one for the road, the monkey is restrained by a specially-made chair so he can injure neither himself or others. Normally, the animals are kept in cages with care comparable to most zoo residents.

found to be alcoholics, though there was little incidence of psychoses.

In the 1968 follow-up study fifty percent of the men were again found to be alcoholics, although many were defined as cases of "alcoholism in remission," past alcoholics who now drink moderately or not at all. The alcoholic criminal is one element in society psychiatrists hope to help through the results of their experiments.

An interesting sidelight to the two sets of interviews with the criminals showed that the trauma of imprisonment and the social stigma of being an ex-convict did not increase the incidence of psychoses, such as manic-depressive illness or schizophrenia, among the men tested.

It is reported that an alcoholic goes through endless punishment for liquor. He continues to take one drink after another, even though it makes him sick, in an effort to rid himself of the depression brought on by the alcohol. By studying the effects of alcohol in the brain, the psychiatric team hopes to find a chemical way to reverse the depression brought on by the alcohol, and abort the alcoholic's desire to take a drink in the first place. Among the mentally ill alcoholism is the second greatest cause of suicide.

Doctors Will Have Their Day March 31

A red carnation has long been a means of easy identification, as in the standard late 40's movie situation when the leading lady knew she would recognize her dashing and handsome blind date by the red carnation he'd be wearing in his wide lapel.

Today carnations are still used for identification as will be evidenced March 31, when doctors in the medical center will be presented red boutonnieres in honor of Doctors' Day, a day set aside to show appreciation to the medical staff. "Doctors' Day" is actually March 30, but since it falls on a Sunday, the event will be celebrated Monday.

Barnes Auxiliary traditionally honors the doctors, according to Mrs. Gerald Canatsey, chairman of the March 31 activities. In addition to giving out flowers, doughnuts will be served in the doctors' lounge, courtesy of the volunteers. Arrangements also have been made to place "Doctors' Day" notices supplied by the St. Louis Medical Society on patient trays, and the March 31 news capsule will describe the day's events.

Individual celebrations are being planned on some of the nursing divisions and in Queeny Tower doctors' offices. Some women are taking their bosses to lunch, others are planning to send cards, write testimonial prose or poetry.



Mrs. Gerald Canatsey



Mrs. Mabel Kelly



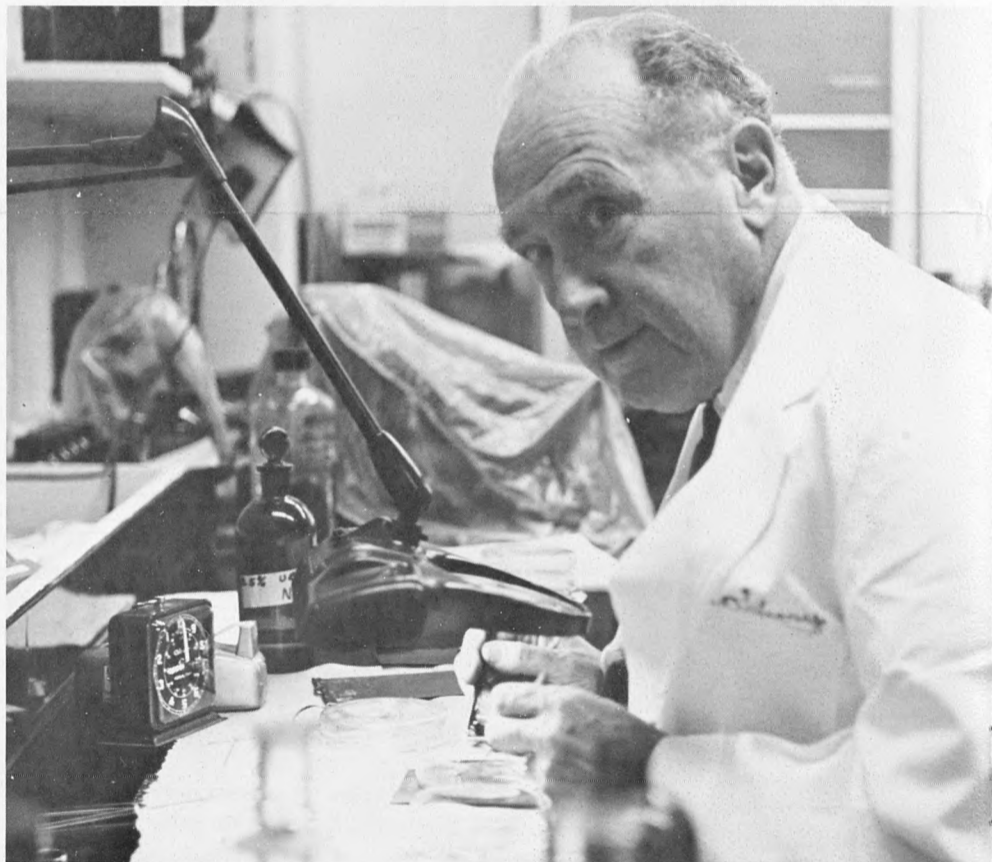
Miss Donna McHugh



Miss Patricia Reilly



Miss Margaret Corcoran



Dr. James O'Leary

In Support of Shillelaghs, Sinn Fein and Celli Dance

It's that time of year again. And all the Ramseys, Nielsons, Cantonis, Marshalls and other non-Irish types are patiently suffering through mid-March while the McGeehans, Kellys, and O'Briens pay annual tribute to their patron saint, Patrick of Ireland.

An informal survey conducted at Barnes uncovered quite a few descendants of the Emerald Isles. Although there are some Sullivans and Kennedys who insist they've never uttered "Erin go bragh!", names like Robert Emmet Martin McAuliffe and Mabel Mary Agnes Kelty Kelly leave little doubt as to their ancestry.

Robert Emmet was an Irish patriot after whom Barnes' controller was named. The story goes that the courageous fighter who is commemorat-

ed by statues and monuments throughout the country was hanged by the English while defending his homeland. In carrying on the tradition of Irish names Bob McAuliffe's children are called Megan, Emmet, Nelly and Michael sounding like an assemblage of leprechauns at the shamrock ball. (An example of Irish persistence might be mentioned here, as Mrs. McAuliffe is German, but there's not a Wolfgang or Helga in the entire crew.)

The parents of urology resident Dr. Robert Duggan named two of their children "Pat and Mike" but the Duggans ran out of Irish names long before the baptism of their 17th and final offspring. Dr. Duggan reported that large families were not unusual in his area of Buffalo, N. Y., and another Irish brood reached a total of

19. (However, a Polish couple beat both families with 20 offspring.)

By February 24 Mabel Mary Agnes Kelty Kelly, head nurse on the fifth floor of Wohl Clinic, already had a shamrock pinned to her white uniform. She'd also finished decorating the floor divider with greenery, cardboard leprechauns and three-dimensional top hats and was in the midst of planning a corned beef and cabbage dinner for the members of her department. When asked if there were a number of Paddies in the medicine clinic, she declared: "EVERYONE'S an Irishman on St. Pat's Day!"

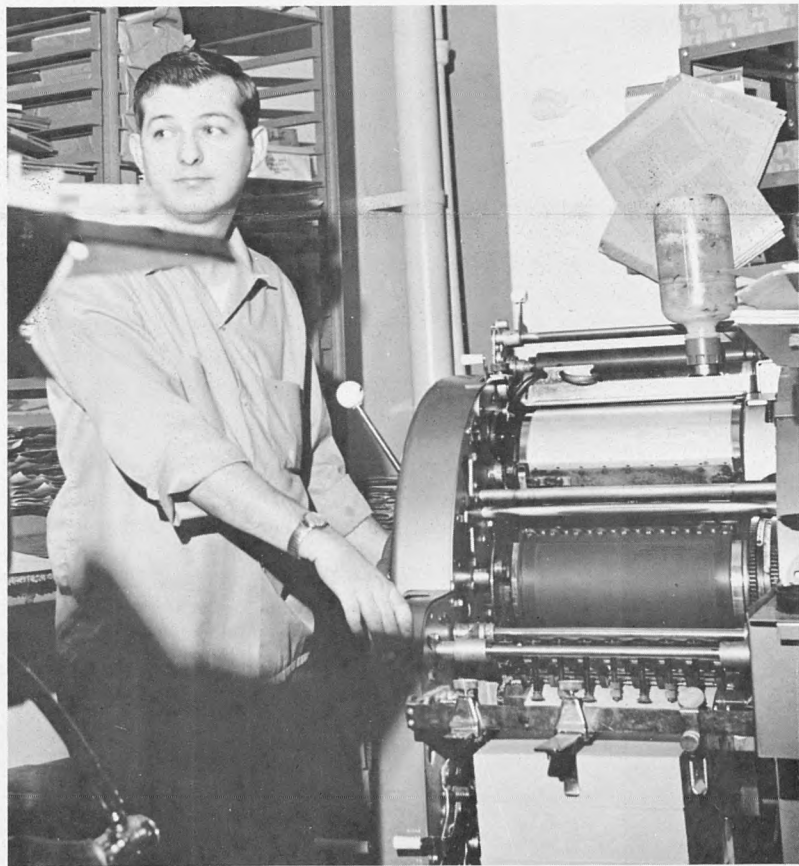
Some Irish definitions that won't be found in your Funk & Wagnell's were provided by Margaret ("Corky") Corcoran, secretary to Dr. Justin



John Courtney



Finan McDermott



Don McGeehan



Robert McAuliffe

rs

Cordonnier. "Lace Curtain Irish keep fruit on the table when no one's sick in the house and Shanty Irish let pigs run wild in the parlor," according to the descendent of County Cavenne. And an "Orangeman" or "Left-Hander" is an Irishman who isn't Catholic, said Miss Corcoran speaking with a bit of a brogue.

Apart from his stature, Dr. James O'Leary, neurologist-in-chief, looks like a leprechaun with his twinkling eyes and ebullient spirit. Pure Irish on both sides of his family, Dr. O'Leary has been to Ireland several times and has considered a permanent visit, but his people have been here since before the Civil War.

Expressions of loyalty to St. Pat seem to change with the age of the celebrant. While in high

school Donna McHugh, a technician in inhalation therapy, used to dye her hair green as a sign of her parentage, but she now confines her loyalty to wearing a green blouse or scarf.

Finan McDermott in the optical shop collects Irish records. Not the Americanized "When Irish Eyes Are Smiling" variety, but "Slattery's Mounted Flut," "Cottage by the Lea," "Let Erin Remember," and "Irish Jaunting Car." (The mounted flut, by the way, were a brigade of Irish renegade soldiers who proved to be more cautious than brave.) "Mac" is an undisputed Irishman—both his grandparents and his mother emigrated to America from County Cork. Mary Patricia Ann Reilly, assistant purchasing agent, invites over 100 wearers of the green to an annual St. Patrick's Day party. She says

Irishmen are traditionally fun-loving folk whose favorite toast is: "I hope to be in heaven an hour before the devil knows I'm dead."

Volunteer director, Dorothy Kelly, whose husband claims the Irish background in the family, admits she doesn't know a donnybrook from a babbling brook but was treated royally during her visit to Ireland last summer. "The name helped a wee bit," she added.

Just as in every Patrick O'Brien movie, there's always an Irish cop. And we have one too. John Powell Courtney of safety and security has spent 19 years in the business. Named after a 1903 St. Louis Brown's Irish ballplayer, Courtney says there are only two kinds of people in the world: the Irish and those who wish they were.

DOCTOR'S NOTES



■ Carl V. Moore, physician-in-chief, spoke to the Buffalo, New York, Academy of Medicine last month on "Immunologic Mechanisms in Disorders of the Blood."

■ John E. Hobbs, associate obstetrician and gynecologist, and Alan Robson, assistant pediatrician, were recently inducted into Alpha Omega Alpha on the faculty level.

■ John D. Vavra, assistant physician, spoke March 5 on "The Encounter with Peter" in special Lenten services held in the First Congregational Church of Webster Groves.

■ A seminar on Neighborhood Health Centers was presented February 25 at the St. Louis Medical Society Auditorium. Herbert Domke, John Grant, Parker Word, William Stoneman III, Fred Sargent, and Kenneth Bopp comprised the panel.

■ Stanford Wessler, associate physician and physician-in-chief at Jewish, and John Collins, assistant surgeon, spoke on "Shock in Pulmonary Embolism" and "Hypovolemic Shock" respectively at the February 22 Symposium on Shock at the St. Louis Medical Society Auditorium.

■ "Management of the Urinary Tract Following Pelvic Surgery" was the title of a talk by Richard F. Mattingly, chairman of the OB/GYN Department of Marquette School of Medicine sponsored by the St. Louis Gynecological Society.

■ Robert Karsh, assistant physician, spoke to the Business and Professional Women's Club of St. Louis recently on the "Effluence of Affluence."



HOSPITAL HAPPENINGS

Major David H. Wood of the United States Air Force has received the Bronze Star in recognition of his exemplary leadership, personal endeavor and devotion to duty in Vietnam. A veterinarian, Major Wood was also cited for setting up a sentry dog referral service and upgrading the sanitary standards in food service facilities at the Cam Ranh Bay Air Base. Major Wood is the son of Mrs. Elizabeth Wood, secretary of the anesthesia department.

Miss Mary Nichols, administrative dietitian in charge of the tray assembly unit, recently attended a seminar in Detroit, Michigan, on "Managing for Improved Morale and Productivity."

Miss Beverly Nelson has been selected dispatch messenger of the month for March. An 18-year old escort messenger, Miss Nelson has been with the department since July of 1968.

The nursing department now has a conference room available for nursing personnel on the fourth floor of the student residence that will accommodate up to 12 persons for meetings, discussion groups, etc. Arrangements for use of the room should be made through Miss Vose's secretary.

3 Dietitians Complete Year of Internship



Three recent alumnae of Barnes graduate program in dietetics taste test canned fruits in a routine rating and checking of specifications procedure prior to the completion of their one-year intern-

ship. From left are: Phyllis Lawrence, Marcia Stamp and Mrs. Barbara Lanning, who graduated January 30 at a ceremony held in Clopton Auditorium followed by a tea for family and friends.

Registration Requirement Instituted for Dietitians

In a giant step to further professionalize the vocation of dietitians, the Dietetic Internship Council voted to set up a program of dietary registration. The action was taken at a recent meeting of the Council in Chicago attended by four representatives from Barnes.

According to the new ruling, all current members of the American Dietetic Association will be automatically registered, but they will be required to participate in future educational programs to maintain their registration. The purpose of the ruling is to upgrade the dietary profession by making it mandatory for practicing registered dietitians to stay up-to-date in their field.

Beginning in January, 1970, newly graduated dietitians will be required to pass an examination given under the auspices of the ADA to become registered. However, membership in the ADA will still be open to all dietitians who either have master's degrees or have completed their dietary internships, regardless of whether they are registered.

Barnes dietitians who attended the Chicago meeting of the Dietetic Internship Council are: Mrs. Doris Canada, dietary director; Mrs. Helen Starch, educational director; Miss Joyce Hoover, and Mrs. Jane Sullivan, therapeutic dietitians. The D.I.C. is composed of faculty members of the nearly 70 institutions in the country with dietetic internship programs. The council provides continuing education programs for its members and works to improve the educational standards of dietetic interns.

Four Graduate in Cytology

Four medical center students graduated February 28 from the school of cytology conducted by Washington University on the second floor of Barnes. The graduates must now complete a six-month internship program before they will be eligible to take a test for registration as cytotechnologists.

The graduates are: Mrs. Irma Watson, Mrs. Marva Harvey, Mrs. Joanne Suthoff and Miss Joanne Johnston. With the exception of Mrs. Harvey, the class members will take their internship in the cytology lab here.

Barnes Baby Boom—All in One Family

After eight childless years of marriage, Canary and George Dickerson adopted a baby boy. Three years later, to their great delight, Mrs. Dickerson became pregnant. The following year Mrs. Dickerson again became pregnant, and the following year, and the following . . . On February 20, 1969, Mr. Dickerson drove the now-familiar route to Barnes to pick up his wife and their tenth child, Kelvin.

All of the children have been born in Maternity and all except the last under the care of Mrs. Velma Jones, now a head nurse consultant.

When Mr. Dickerson was asked if he planned on an even twelve offspring, he chuckled and shook his head from side to side: "They AREN'T cheaper by the dozen," replied the U. S. postal service employe.



Getting a look at their new brother, the nine Dickerson children gather around their mother in the lobby of Maternity. Joyce, 13; Gwendolyn, 12; Fred, 11; Stanford, 9; Arstine, 8; Paulette, 6; Sandra, 5; George, 4, and Brenda, 2, were all born in Barnes. The George Dickersons have another son, Arnold, 17, who was adopted after they had been married eight years and were childless. The family lives 512 Hinsdale Court in Rock Hill.

'More Can Be Done for the Cleft Palate Child' Says Surgeon Who Started Interdisciplinary Clinic for Total Care

Visiting a local elementary school, a social worker spotted Susan Knight standing apart from the other children on the playground. In talking to the second grader, the social worker noticed Susan cocked her head to one side as if she had trouble hearing; and, when she spoke, said "thix" for "six" and "one" for "run." A puffy lip scar indicating childhood surgery was noticeable and Susan's school health record showed she had undergone both cleft lip and palate operations before she was two years old. The record also gave evidence of rampant tooth decay and the dentist had scrawled "little hope of saving many of her teeth" across the page of Susan's chart.

"Susan is typical of nearly all the post-cleft palate children of her age that are brought to the clinic for their first follow up treatment since surgery in infancy," said Dr. John E. Hoopes, plastic surgeon-in-chief and initiator of the interdisciplinary cleft palate clinic in operation since last July.

"There's a distinct lack of awareness of the residual dangers to the cleft palate patient."

"Susan's condition today isn't the result of neglectful parents or of incompetent surgery," Dr. Hoopes explained. "In fact, she had excellent treatment—her lip was repaired at three months of age and her primary palate operation took place at 18 months, the ideal schedule for a congenital palate case." "However," he stated, "after the primary palate surgery, Susan's parents and even her pediatrician assumed everything that could be done for the child had been completed."

"This is the problem," the soft-spoken surgeon said. "There is a distinct lack of awareness of the residual dangers to the cleft palate patient that necessitates constant follow-up treatment until adulthood."

It was pointed out that children with cleft palates are more susceptible than the average child to chronic ear infections which can result in deafness if left untreated. Inflammation of the tonsils, adenoids and upper respiratory tract are more common. Excessive tooth decay requiring extensive attention, oral surgery and orthodontia is nearly always found in cleft palate patients. Secondary surgery to the scar tissue of the lip and palate, plus work on other areas of the face such as the nose, are also required as the child grows.

Speech impediments that could have been corrected with therapy beginning in the early years are allowed to develop into permanent patterns of expression. "Seventy percent of the cleft palate cases can be successfully treated with a combination of primary surgery and speech therapy," Dr. Hoopes stated. "Of the remaining 30 percent, secondary surgery will result in acceptable speech for 70 percent of that group, leaving only 10 percent of the total who will never have adequate speech."

One child in every 850 is born with a cleft palate or lip. During formation of the embryo a fissure develops in the mouth opening a passageway between the mouth and nasal cavities. Depending on the severity of the cleft it may range from a deep furrow to a gaping hole and extend from the teeth all the way back to the throat. To a degree, cleft palates are hereditary but the presence of a cleft in a parent doesn't indicate it will be present in any of the children. In fact, it probably won't be — the hereditary relationship isn't usually that direct. More often, the parents of a cleft palate child can't remember any incidence of cleft palates in either of their families.

"There are numerous examples of cleft palate children in the Ozarks who have had no medical attention of any kind since their primary palate

surgery, and by the age of fifteen are completely deaf, toothless, and unable to talk intelligibly," Dr. Hoopes reported.

At monthly sessions held in the basement of Children's Hospital, eight to ten private and clinic patients are seen individually by a plastic surgeon, pediatrician, dentist, hearing consultant, ear nose and throat specialist and a social worker. "The myriad problems that may be associated

One child in every 850 is born with a cleft lip or palate.

with a cleft palate case are too complex to be treated by one physician," said Dr. Hoopes. "Specialists in each field are mandatory for complete care."

Consulting specialists in the clinic include: L. Woodrow O'Brien, director of the Lasky Center for Oral Cancer and Cleft Palate at the Washington University Dental School; Frank Kleffner, director of the Speech Clinic at the Central Institute for the Deaf; Dorothy Jones, pediatrician at Barnes and Children's Hospital; Lindsay Pratt, Barnes otolaryngologist; and Dr. Hoopes. Specialists from other fields such as neurology and genetics may be called in for consultation. It is hoped that in the future a psychiatrist will join the clinic team and group therapy sessions can be initiated.

Following the morning clinic visits, an afternoon conference is held to discuss each patient and his treatment. Every specialist reports his findings to the group and a rehabilitative program is outlined according to the most immediate needs of the child.

Cost to the patient for the long term concentration of specialized medical treatment is very expensive; however, through Children's Hospital, the Missouri Crippled Children's Service has provided extensive financial aid to medically indigent families.



A plastic surgeon . . . pediatrician . . . dentist . . . and speech pathologist are among the team of professionals involved in the interdisciplinary clinic set up to treat the complex residual problems that occur with cleft palate cases. Left to right, Dr. John Hoopes, plastic surgeon-in-chief, checks Duane

Thompson who has had primary surgery on his palate and soon is due for a secondary operation to minimize the scar tissue. Next, pediatrician, Dr. Dorothy Jones, checks the child's overall health record paying particular attention to nutritional deficiencies and bone development. Dentist Dr. L.

Woodrow O'Brien examines another young patient, Carolyn Mack, for dental caries and improper tooth formation, frequent problems in the cleft palate patient. Speech pathologist Dr. Frank Kleffner mouths words for Duane to imitate as he feels the sounds against the doctor's lips. Early

speech therapy is a necessary part of the cleft palate program so bad speech habits can be corrected before they become ingrained speech patterns when the child learns to talk in sentences. Other specialists, for ear, nose and throat, hearing and family problems, also see each cleft palate patient.

Patient Accounts, Controller's Office Moved

In the first phase of a plan to centralize all business offices of the hospital, the controller's office and the patient accounts department moved into new quarters off the Barnes lobby the last week in February.

"The most important improvement in the new arrangement," controller Robert E. McAuliffe said, "is the installation of six interview booths where patients may discuss their financial problems and arrangements in private and confidential surroundings. Our patients can now be discharged in an atmosphere as attractive and

professional as those in which they are admitted and cared for during their hospital stay," he emphasized.

Future plans for the consolidation of business operations within the hospital call for moving the McMillan patient accounts and cashiers section and the accounts payable and payroll departments into the space now occupied by the Wishing Well and part of the present lobby. These changes are scheduled to occur simultaneously with the completion of the East Pavilion.

Evans Returns to Pharmacy



Mr. Gordon Evans has returned to his position as assistant chief pharmacist at Barnes. He previously held the position in January of 1967 before he left St. Louis for a two-year tour of duty with the Army. A 1963 graduate of the St. Louis College of Pharmacy, Mr. Evans has been employed at Barnes since his graduation. He is 27 years old and married.

Students Speak Out on Patients, Profession and Procedure

Students—of all kinds—are being heard in many ways these days. Because March 16-22 is Student Nurse Week, the BULLETIN initiated an interview with five Barnes' student nurses, to find out what they think about their profession today.

Q. Are you given enough responsibility as a student?

BOBBI GRACE, SENIOR: "We have three months of ward management during which time we're responsible for half a floor—from 12 to 16 patients under the supervision of a head nurse."

KAREN DENNISON, SENIOR: "We even make assignments to the R.N.'s and they report off to us. We have to make reports on what they do."



Bobbi Grace

Q. How do the patients react to students helping them?

SUSAN PILCHER, JUNIOR: "They like it. Nine out of ten patients can't tell a student from a nurse. Anyway, patients are delighted to have someone young that's going to spend time with them."

CHARLA FOUNTAIN, SENIOR: "And we have more time to spend than the R.N.'s."

BOBBI: "So many times the patients ask: 'When are the students coming back?'"



Susan Pilcher

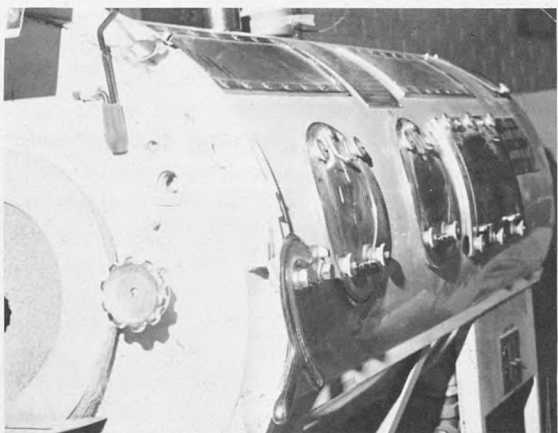
Q. Was it hard to learn to maintain a professional involvement toward a patient?

SUSAN: "I think we're steered away from the word 'professional' involvement because it seems so cold and is such a hands off word."

KAREN: "The first day we're here we learn the difference between sympathy and empathy. Our

Iron Lung Becomes Museum Piece

An iron lung donated to Barnes in 1948 by the Daughters of America is now an artifact in the St. Louis Medical Society Historical Museum. "The fact that the iron lung is now a museum piece," said chief inhalation therapist Sam Giordano, "can be considered a commentary on the rate of growth of medical progress in the past 20 years." The lung was a veteran life-saver of the 1940's and 50's before the development of the Salk vaccine which wiped out polio here.



The iron lung was an early respirator. The patient was placed entirely inside the mechanism and nurses attended to his needs through portholes on the side of the machine. The iron lung was

Q. How do your friends view the nursing field?

CHRISTINE RICHTER, FRESHMAN: "I don't think some of the kids understand that nursing is a profession and we're proud of what we're doing. They think all we do is carry bedpans."

SUSAN: "Most of my friends think nursing would be a lot harder than their college courses and say they couldn't take it and that you have to have brains to get through."

Q. Why did you enter the nursing field?

BOBBI: "I enjoy being with people. Truthfully, I derive satisfaction from nursing."

SUSAN: "Like every kid I wanted to be a nurse, but after two years of college I decided I wanted to do it through a three-year program rather than a college program."

CHRIS: "It's the only thing I wanted to be. I'm happy helping others and there's nothing else that really interests me. I don't think I could stand being a teacher and I have no secretarial skills."

KAREN: "I had a very idealistic attitude when I first came. I thought all nurses were like 'super-nurse' but soon learned differently. I've learned to accept people and also to accept myself."



Karen Dennison

Q. What don't you like about your nursing program?

CHRIS: "Nursing care plans! They're very frustrating to a freshman because you have to list a 'need' and a 'problem' for each patient even if you only see them for a few minutes and you have so little time to write it all up."

BOBBI: "You stay up all night!"

CHARLA: "Problem solving is ingrained in you from the very beginning and the nursing care plans really do help you learn why you're doing things."

BOBBI: "Right. And that's why we're professionals. We're not just doing it; we know why we're doing it. That's what makes us different."

SUSAN: "At first it's hard to think of even one or two problems for a patient; later you can think of lots. You just need the time to write them all down. It's easy—it just takes about five hours!"

heavy, bulky, and made patient care difficult, but it was the most effective treatment device for the polio patient whose lungs were affected. The respirators now in use are much more sophisticated and sleek than the older models. They don't enclose the whole body and the patient can be easily reached during treatment. "With the new equipment we can do a much better job of controlling the respiratory pattern

Q. How would you advise potential future student nurses?

CHARLA: "You can't go into nursing just because mommy or daddy thought you should be a nurse. You have to like it yourself."

KAREN: "There's too much emotional stress."

SUSAN: "It's the only profession you have to like or you couldn't stay in it."

CHRIS: "The dropout rate is terrific—only 70 out of 108 seniors are left; only 50 out of 89 juniors. You have to really want to be a nurse. Some kids leave to go to smaller, easier schools."

Q. What about social life for a nurse? Is it comparable to a campus situation?

KAREN: "There's more of a cultural emphasis here."

BOBBIE: "So many of the students are engaged or married! Out of 70 senior students, we have 10-12 who are married."

CHRIS: "We only have two who are married but quite a few are engaged out of the 100 girls in the freshman class."

BOBBI: "But you have to take into account that most of the girls are from small towns. In my class only five girls are from cities the size of St. Louis."

Q. What about your uniforms? How do you like them?



Charla Fountain

SUSAN: "Putting them together's a pain in the neck—everything has to be buttoned on."

KAREN: "I like the starched look."

BOBBI: "Some universities have white shirt-waist-type dresses but I like ours better. Now that I know what I can do I don't care what I have on, but when I was

a freshman and junior I felt more secure in my bib and apron."

and in a much more scientific and accurate manner," Mr. Giordano stated.

Use for the respirator has expanded greatly within the last ten to fifteen years. A respirator is used following open heart surgery as standard operating procedure. It is also used in cases of severe trauma when there are chest injuries; in a number of neurological cases; and for some medical disorders, such as emphysema.



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