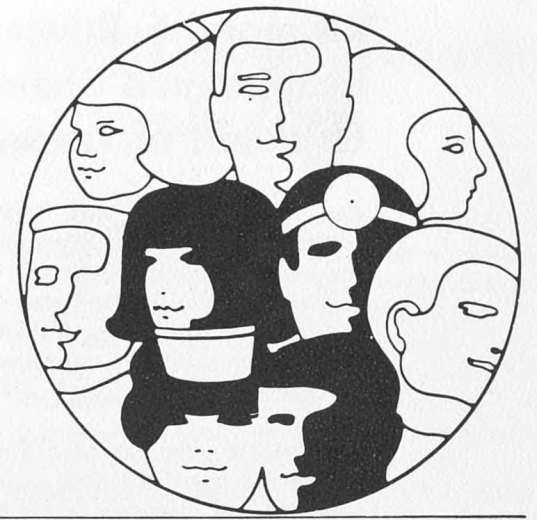


# BARNES

Barnes Medical Center, St. Louis, Mo.

# HOSPITAL BULLETIN

May, 1970



## Hospital Auxiliary Installs New Officers At Annual Meeting

"Birth-control pills present a minimum, but definite risk; however, the advantages of the pill outweigh the disadvantages," said Dr. Willard M. Allen, obstetrician and gynecologist-in-chief at Barnes, at the annual spring luncheon of the Barnes' Auxiliary held April 23 at the Stadium Club.

"Will the Pill Fill the Bill?" was the topic of Dr. Allen's talk. Dr. Allen served on a Food and Drug Administration ad hoc investigating committee in 1963 which studied the relationship between women taking oral contraceptives and cases of pulmonary embolisms (blood clots of the lungs).

"Taking the pill is 10 times safer than having a baby. Of the 9-million women taking the pill, only 118 fatalities were reported over a three-year period. The risk from pregnancy is much greater. While 10 women per million on the pill died, about three women per 10,000 died because of pregnancy complications," he said.

Dr. Allen said the pill is the most effective



New officers of the Barnes Auxiliary were installed at the annual Spring meeting April 23 at the Stadium Club. Mrs. Raymond Meisenheimer, auxiliary president, left, discusses a financial report with the new officers. Seated next to Mrs. Meisenheimer are, left: Mrs. George DuBois, correspond-

ing secretary; Mrs. Frank Shobe, vice president, center; and Mrs. William G. Moore, Jr., treasurer. Standing is Mrs. Burton M. Wenneker, assistant treasurer. Mrs. H. Rommel Hildreth, a new vice president, was not present when the photo was taken.

pill to illustrate the pill's effectiveness as a contraceptive. "No pregnancies occurred in a group of fertile women, who were taking the

(continued on page 2)

## Miss Joan Hrubetz Named New Director at School of Nursing

Miss Joan Hrubetz, assistant director of nursing education, has been appointed director

of the Barnes' School of Nursing replacing Miss Helen McMurtry, who resigned recently

to accept a position with the National Nurses' Christian Fellowship, a group that works with nursing students and graduate nurses on college campuses and at nursing schools in the Midwest. Miss McMurtry served six years here as associate director of the School of Nursing.

Miss Hrubetz was graduated from St. John's Hospital School of Nursing and remained there as a staff nurse for one year after graduation. She then attended St. Louis University where she obtained her bachelor's degree in nursing.

After three years as a clinical instructor at St. Louis City Hospital, Miss Hrubetz came to Barnes as an assistant director in nursing service. In March, 1965, she transferred to the School of Nursing.

Miss Hrubetz, was selected as one of the outstanding young women in America in 1965 and she was included in that year's edition of **Outstanding Young Women of America**. In addition, she was one of the first volunteers to offer assistance in the Retreat for Shut-Ins, a service organized by a former Barnes' chaplain for persons whose disabilities prevent them from attending the usual religious and social functions of the community.

Leon Cecil, a former counselor at a St. Louis vocational rehabilitation center, has been hired by the School of Nursing as director of admissions. Cecil will be responsible for recruitment and counseling.



Miss Joan Hrubetz, who was recently named director of the school of nursing, left, discusses plans for an upcoming nursing school activity

with students, Miss Marjorie Gross, center, and Miss Vicki Hill.



## Raymond E. Rowland Reappointed Chairman Of Board of Trustees

Raymond E. Rowland was re-elected chairman of the Barnes Hospital Board of Trustees at the board's annual meeting Tuesday, April 21. A year ago, Mr. Rowland was chosen chairman of the board, succeeding Robert W. Otto who was elected to fill the unexpired term of Edgar M. Queeny, who died July 7, 1968.

Mr. Rowland, who has been a member of the Barnes board for eight years, is former president and chairman of the board for Ralston Purina Co.

The board elected Irving Edison as first vice chairman and treasurer of the board, and Edwin Clark was selected as second vice chairman. John Warmbrodt, Barnes' deputy director, was reappointed secretary.



■ Two Barnes' surgeons, Dr. Arthur E. Baue and Dr. Clarence S. Weldon, have been granted fellowships in the American College of Cardiology, the national medical society for specialists in cardiovascular diseases. The doctors are among a group of 181 from the U.S. and Canada recently admitted to the College's highest membership classification. Membership requirements are based on several years of practice and specialty certification.

■ Dr. Relton McCarroll, associate surgeon at Barnes, has accepted a full-time faculty position as a professor of orthopedic surgery at Washington University School of Medicine.

■ Dr. William M. Landau, professor of neurology at Washington University and associate neurologist at Barnes, will succeed Dr. James O'Leary as head of the department of neurology in the school of medicine. Dr. O'Leary, who was named the first head of the department in 1963, will continue in active physiological and anatomical research after relinquishing his administrative duties. He was one of the earlier developers of the electroencephalogram (brain wave) test in the United States, and established the Barnes Hospital EEG laboratory on the second floor of Wohl.

■ Dr. Cramer Reed, a Wichita surgeon and a graduate of the Washington University School of Medicine, has been named dean of Wichita State University's new college of health-related professions.

**Auxiliary** (continued from page 1)  
pill, in 10,000 cycles," he said.

During the business session, two checks, one for \$80,000 and another for \$1,250, were presented by Mrs. Raymond Meisenheimer, president of the Auxiliary, to Irving Edison, vice chairman and treasurer of the Barnes' board of trustees, to help equip two facilities at Barnes.

The \$80,000 donation, which was raised through Auxiliary projects, was part of a \$400,000 pledge to furnish and equip a new coronary intensive care unit. The \$1,250 donation will help furnish a lounge for the patients and their husbands in the maternity section of the new East Pavilion addition that is under construction.

## Barnes & Allied Assn. Installs Dr. Muschany As President; Hears Talk on Coronary Care



Dr. Arthur Stein, retiring president of Barnes and Allied Hospitals, left, receives a plaque as a token of his year's service to the organization from Dr.

Norman Muschany, Barnes obstetrician-gynecologist, who is the group's new president.

Dr. Norman Muschany was installed as president of Barnes and Allied Hospitals Society during their spring meeting April 16. Preceding the business session, the group heard Dr. Gerald Wolff, director of the Barnes Coronary Care Unit, discuss the function of the new facility.

Dr. Wolff told the group that in the six months since the opening of the unit, almost all coronary deaths have been due to shock, or to pump failure, rather than arrhythmia, which is the irregular, unproductive, beat of the heart which often causes death in unmonitored patients.

"Researchers have found that between 30 and 35 per cent of all diagnosed coronary cases die after admission to the hospital, when they are not monitored in a coronary care unit," he said. "This mortality rate is reduced to about 19 per cent in an effective coronary intensive care unit."

Other interesting facts concerning the Barnes unit which Dr. Wolff pointed out were that males outnumber females 3 to one, and the average number of days in the unit before the patient is moved to other parts of the hospital is nine. "This is somewhat longer than the average, because in our facility we have a

graduated care section where less critical patients go for a day or two before we move them out to the other areas of the hospital," he said.

Dr. Wolff also explained the team-care concept, where all members of the medical team — nurse, house staff, attending physician, all share vital responsibilities for care of the patient. He told the group about the computer function in the unit, and how it contributes to the patient's care and well being.

Arthur Stein, retiring president of Barnes and Allied, was presented with a plaque by Dr. Norman Muschany, Barnes obstetrician-gynecologist who is the new president. Dr. Muschany complimented orthopedic surgeon Stein, saying, "I hope I can live up to the fine example set by Dr. Stein."

Other new officers installed were Norman Knowlton, president elect; Malcolm Stroud, vice president; and Richard Bradley, secretary-treasurer. The other two retiring officers, Leonard Berg, secretary treasurer, and Kirk Osterland, vice president, were presented plaques by Dr. Muschany. Three new council members were elected. The newly-elected are: Dr. Minot Fryer, Dr. Robert Royce, Dr. Tom Staple.

## Six Students Complete Requirements in Anesthesia



Six students recently completed requirements to graduate from a two-year anesthesia course. Graduates seated are, left: Mrs. Lisa Dugan, Mrs. Harriet Thomas, Miss Elizabeth Hoyt. Standing

are, left: Mrs. Dean Hayden, director of the School of Anesthesia; Miss Joann Lucas, Miss June Booker, Miss Diane Edwards and Miss Louise Grove, educational director.



## Technique to Monitor Induced Labor Gradually Gaining Acceptance After Many Years of Laboratory Research, Clinical Application

"Daylight Obstetrics" is accepted as a routine procedure by Barnes' patients. More than 700 expectant mothers delivered their babies, during the past three years by "Monitored, Oxytocin-Induced Labor," between 9 a.m., and 5 p.m., at the Research Suite of the delivery floor at Maternity Hospital.

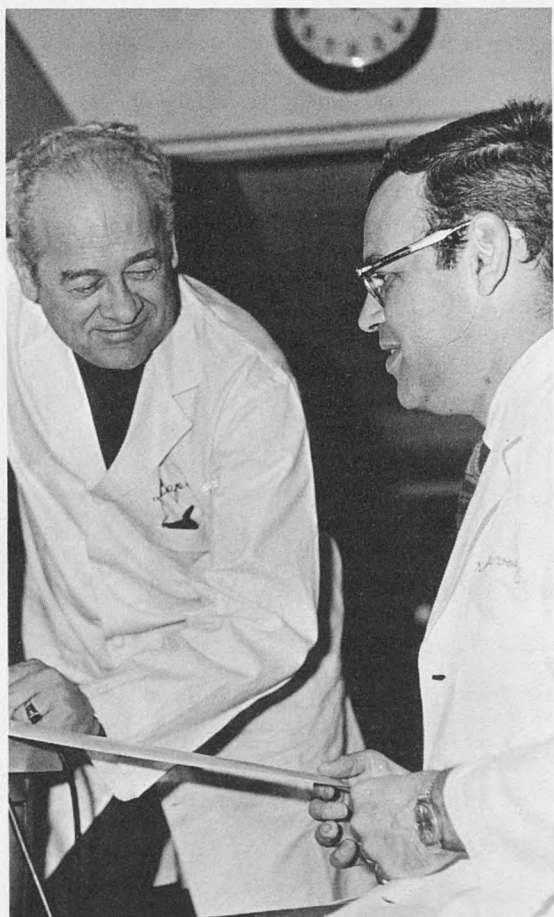
"As the 'microballoon technique,' which is used here for the monitoring of labor, gains acceptance by physicians and patients, there should be corresponding increase in the demands for this 'extensive care' obstetric service. Therefore, in the new East Pavilion addition, several labor rooms will be equipped with monitoring devices," said Dr. Arpad I. Csapo, professor of obstetrics and gynecology, Washington University School of Medicine.

He is the leader of the team of clinicians and scientists who developed the conceptual background and the methods of induced monitored labor, as it is used at Barnes.

Until March, 1970, the research efforts of the "labor suite" were financed entirely by Dr. Csapo's federal grants, as part of a study, focused upon new concepts in the management of labor. This study is based on 20 years of laboratory research, previously conducted at the Carnegie Laboratory in Baltimore and the Rockefeller Institute in New York, Dr. Csapo said. However, a recent contract makes Barnes Hospital responsible for billing the patients for the extensive-care nursing services that are provided.

"During the last two weeks of pregnancy, labor can be safely induced in most patients. Good clinical work-up, complemented by monitoring the intra-uterine pressure, pinpoints the candidates who are ready for induction, as well as the potential 'induction failures.' Induction in the small latter group is postponed, unless the postponement jeopardizes the health of the mother or that of the fetus.

"There are numerous advantages of monitored induced labor. For example, the patient and her family can make final domestic preparations,



Dr. Arpad Csapo, who directs the monitored induced labor units on 4 Maternity, left, and Dr. Jacques Sauvage, who conducts the inductions, follow the progress of a patient's labor cycle by checking monitored tracings.

and a good night's rest is granted to the expectant mother before her delivery. The private physician and the labor suite are alerted in advance and can plan staffing. The husband is permitted to stand by until the final moments of delivery, creating a relaxed atmosphere of mutual trust and confidence. False and prolonged labors and the obstetric complications of mother and newborn are greatly reduced," said Dr. Csapo.

Dr. Jacques Sauvage, who conducts the



Mrs. Judy Gamblin, staff nurse in the induced-labor section on 4 Maternity, left, admires a new arrival, Marcus Hossack, who is being held by his mother, Mrs. Larry Hossack, 4623 Poepping. The baby is the second child born to the Hossack

inductions, said, "Our figures show that monitored, induced labor — as we practice it here — averages 5 hours and 23 minutes (in a mixed group of multi and nulliparous patients). This is about one half of the time demanded for spontaneous labor."

Dr. Csapo said, "The essence of well-conducted induced labor is to provide the patients with one of her own hormones (oxytocin), at an appropriate time in pregnancy, when the baby is fully developed and the regulatory conditions of the uterus permit rapid delivery. The monitoring of uterine activity not only allows refined assessment of the patient's 'readiness' for labor, but good clinical diagnostic work-up which cannot be substituted by instruments. Thus, the administration of oxytocin, a few days before spontaneous labor, merely triggers and shortens a process which otherwise would have occurred more slowly a few days later."

### Shipping Strike May Delay East-Pavilion Completion

The recent shipping strike, which caused a shortage of concrete for construction projects in St. Louis, may have delayed completion of the new East Pavilion addition because by mid-April, no concrete was available for the pouring of some 400 foundation piers at the construction site, according to James Claywell, administrative engineer.

Claywell said it would be some time before an assessment could be made of the effects of the strike, on meeting the completion date for the building, but it is a possibility that the strike could prolong the project.

Discussing the progress being made at the construction site, Claywell said that as of April 15, about 95 per cent of the demolition to adjacent Barnes' buildings had been completed.

Dr. Sauvage said, "There are other methods for monitoring labor, but they are either unsuitable for routine use, or are not sufficiently accurate. The extraovular microballoon method used at Barnes consists of a pressure sensor (similar in size to the first joint of a person's little finger) which is placed in the uterus, outside of the fetal membranes. It is connected with the recording instrument by a teflon catheter. When the uterus contracts the sensor is compressed and its fluid pressure increases.

This pressure change is converted electronically into a curve and is displayed on the recording paper. Thus, the attending physician knows precisely what the cyclic intra-uterine pressure is, before and during the entire course of labor. During several thousand studies, this recording method was found to be safe, simple, accurate and reliable."

According to Dr. Csapo, "Another advantage of monitored, induced labor is that the tracings provide accurate information about the oxytocin requirement demanded for mimicking the uterine activity of spontaneous labor. The rate of clinical progress and the optimum time for anesthesia are also indicated by the pressure curves."

family by oxytocin induced labor and the microballoon monitoring technique. "I'm all in favor of the induced labor technique — there is no other way," said Mrs. Hossack.

### 5 Employees Honored During 'Nurse Week'

Barnes and other hospitals in the Third District of the Missouri Nurses' Assn., which comprises the St. Louis area, honored the registered nurses on their staffs during Nurse Week observances, April 19-25. There are about 525 registered nurses on the Barnes staff. The Barnes festivities included several events held in the Employees Cafeteria.

Five Barnes employes were recognized for their long service records as registered nurses. Mrs. Ruth Berg, a nurse on 7100, was honored for her 28 years of service, while Mrs. Bertha Beckwith, R.N., assistant residence director, and a Barnes employe for 42 years, was given recognition. She spent 36 years on nursing service before assuming her duties at the residence hall.

Others honored were: Miss Leva McCollum, patient-care consultant, 27 years as a Barnes' employe; Mrs. Ruby Bailey, head nurse on 6 Maternity, 26 years; Miss Ann Campbell, special services consultant, 26 years as a Barnes' employe.



# what can one employe do?

## Pollution fight extends to Barnes Hospital hallways

Pollution — that ugly word that means waterways swollen with refuse, cities dusky with smog, and all the garbage that uncaring individuals dump into our world without a thought to how they spoil its beauty — also applies to our own surroundings at Barnes. Pollution, Barnes style, is crumpled potato chip bags and empty soda cans in the stair wells. Carry-out food trays dumped unheedingly in the halls. Discarded coffee cups filthy with cigarette butts in corners. This kind of unthinking misuse of public areas would be serious in any business. But hospital employes know how important cleanliness is. They are well conditioned to keeping their persons and work areas clean. But, on his break or lunch hour, the discipline easily can slip and an employe, to whom it is second nature to keep spotlessly clean on his job, will carelessly leave a sodden napkin in a windowsill in a hallway. That's pollution. It's also pollution to drip ice cream, or drop other food, while carrying it through the hallways.

The employe cafeteria, cheerful in its new paint and decor, is a pleasant place to eat — lunch or a snack. Employes may bring a carry-out lunch into the cafeteria if they wish. The McMillan snack bar is another area where food can be consumed in a pleasant atmosphere. There are other areas around the complex set aside for employes to eat. It's not just persons employed in the Barnes Hospital complex who contribute to littering. Guests and patients are also guilty of this breach of good manners. "If employes and visitors would eat in the designated areas, and make use of litter barrels provided, it would improve the hospital's appearance and make the housekeeping job a lot easier," said Dillon Trulove, assistant director.

What can one employe do? He can help by asking others, fellow employes, patients or visitors, to pick up their litter. And if he can't do this, he can keep from being part of the problem himself. He can pick up his own litter, out of a basic respect for himself — and the people around him.



A.



B.

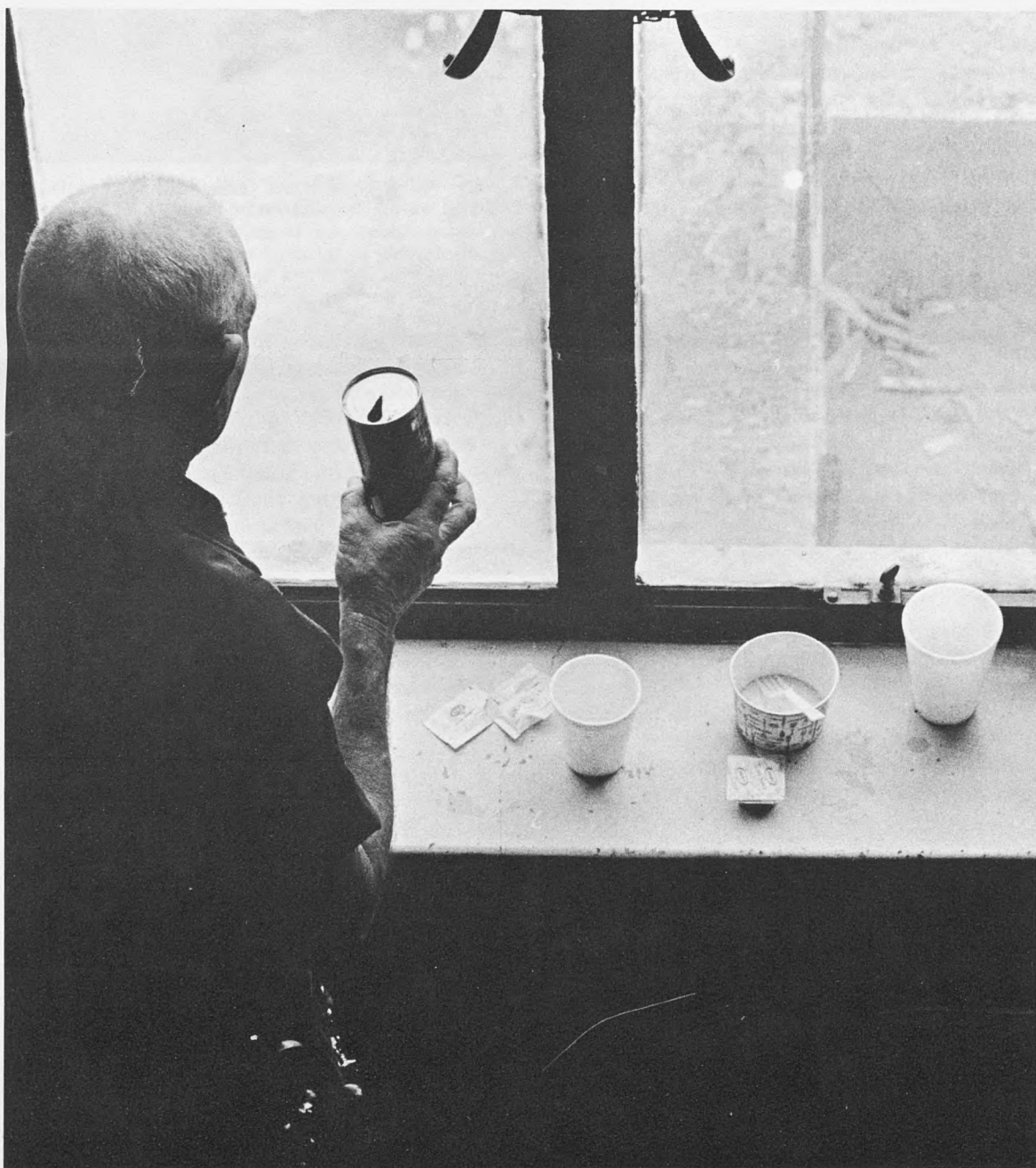
A. Eating a drippy ice-cream cone in the Barnes' Lobby, Mrs. Sandy Limpert, a clerk in patient accounts, demonstrates one way of polluting the hallways.

B. Mrs. Limpert eats an ice-cream cone on a nearby park bench where food spills and stains pose no "pollution" problems.





D.



C.



E.

C. Eating on the stairways is another pollution problem that occasionally arises at Barnes. This Barnes employe volunteered to help public relations stage this picture, to dramatize the effects of pollution.

D. Taking a lunch break in one of the many designated areas for eating are two operating-room nurses, Mrs. Irene Pollard, left, and Mrs. JoAnn Workman.

E. These employes are enjoying the newly redecorated atmosphere in the Employees Cafeteria.



## Barnes' Dr. Frank Walton Recalls Career; Highlights During 42 Years As Surgeon

A career of 43 years as surgeon ended for Dr. Franklin B. Walton early in 1970. He put aside his scalpel for the last time and took a look at what has happened to the practice of medicine and the specialty of surgery in the years since he graduated from Washington University School of Medicine in 1927.

"This was an exciting time to practice medicine. We saw the development of antibiotics, the changes in techniques which we learned from World War II.

"Then, new developments continued until we were doing routine procedures which would have been considered miraculous just ten years before."

**Dr. Walton's career began with his training as a resident of Evarts Graham, the Barnes chief surgeon who has become known as the "Father of Modern Chest Surgery." He considers this association the greatest privilege of his professional life.**

"I was one of Dr. Graham's early residents," Dr. Walton recalled. "I'll never forget the day I was appointed to this position. Dr. Graham always called all the interns merely, 'doctor.' Then, one day, he summoned me to his office. When he walked to the door, looked at me, and said, 'Come in, Frank,' I knew I had the appointment to work with him."

Except for a short time during his training when he was the first visiting resident at Yale-New Haven Medical Center, Dr. Walton spent his entire professional career at Barnes.

A 1927 graduate of Washington University Medical School, Dr. Walton took his undergraduate studies at Shurtleff College in Alton, which now is part of Southern Illinois

University. In 1950, Shurtleff awarded the Barnes physician an honorary doctor of science degree. In medical school, Dr. Walton was elected to Alpha Omega Alpha, honorary medical fraternity.

**"There are only a few men around any more who were members of the WU class of 1927," Dr. Walton said. "John Hobbs, Louis Aitken, Hugh Wilson and Frances Steward are, I think, the only ones." Dr. Walton has served as secretary of the class for many years.**

When Dr. Walton became certified by the American College of Surgeons, there were only 46 board certified surgeons in the U.S. "Today there are about 12,000," he said. The gentle, portly doctor was instrumental in the early years of the Society of University Surgeons, serving as its president in 1938.

When the Japanese struck Pearl Harbor in 1941 and war was declared, Barnes doctors had reorganized Base Hospital 21, as it was called during World War I, into the 21st General Hospital. As war clouds had gathered earlier, this group of Barnes doctors and nurses organized a reserve unit on a stand-by basis.

Less than three weeks after Pearl Harbor, Dr. Walton and the others in his group hastily donned ill-fitting ready made uniforms, because there was no time for special tailoring. "Ceremonies were held in the lobby of Barnes Hospital on Dec. 29," the surgeon recalled. "Dr. Bordon S. Veeder presented the flag of Base Hospital 21 to the new unit, 21st General Hospital, right under the bust of Robert Barnes. This flag was presented to Barnes after World War II by Marshall Joffre, French war hero, in ceremonies in front of the hospital."

after 19 years of service to Barnes and the Mayfair-Lennox Corp. Mr. Staats served as administrative manager of the Queeny Tower ambulatory care section, while his wife was a hostess in the Queeny Tower Coffee Shop.

Mrs. Helen Bailey has been chosen "Messenger of The Month" by the dispatch department. She has been employed here for three months, and she plans to attend night school.

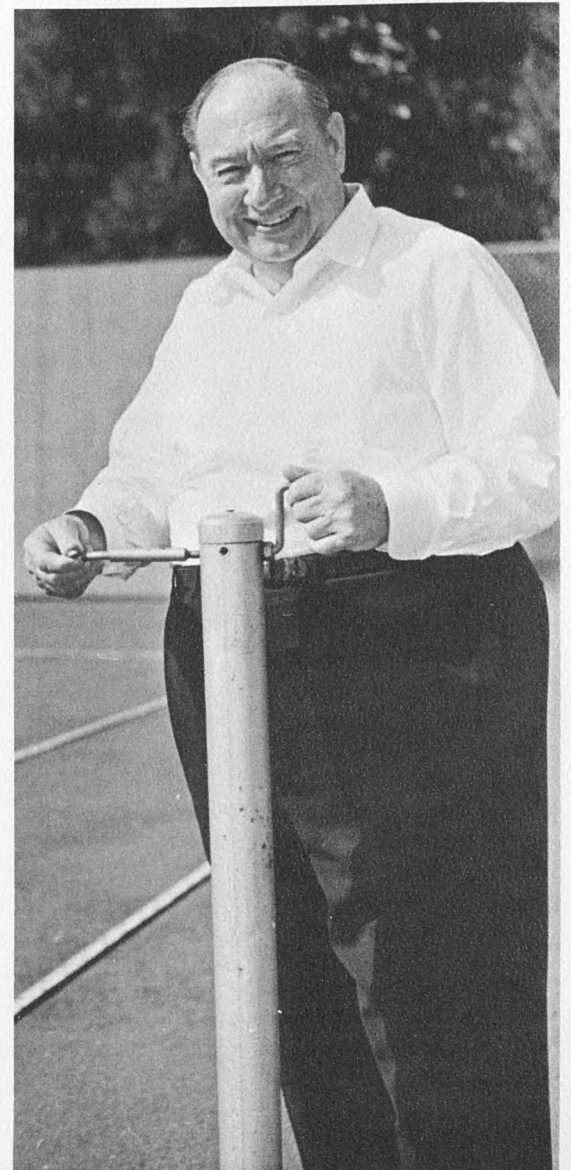
Two expectant mothers, Mrs. Jose Santander, 4317 Gibson, and Mrs. Mario Lema, 3915 Jamieson Ave., whose husbands are cousins, each gave birth to baby boys on April 14 in Maternity Hospital.

**A sign on a car in the medical school parking lot last month read: "Attention, Tow-Truck! This car has an anti-tow mechanism! As soon as the wheels are lifted off the ground, it blows up!"**

Miss Nancy Craig, assistant director, was recently elected to the Metropolitan Board of Directors of the YWCA.

The gold carpet, from the Barnes' lobby to the Queeny mezzanine, has been replaced by a new green and blue patterned carpet, similar to the carpet in Queeny Lobby and the Queeny mezzanine. The gold carpet had worn and it needed to be replaced, said Dillon Trulove, assistant director.

Robert E. Frank, director of the hospital, was recently reappointed to the Missouri Regional Medical Program Advisory Council by Gov. Warren E. Hearnes. His term will end June 30, 1973. Gov. Hearnes also appointed Sen. Albert M. Spradling Jr., of Cape Girardeau to a term on the Council which was formerly known as the Advisory Council of Heart, Stroke and Cancer.



Dr. Frank Walton will have time for tennis since his retirement after 42 years as a Barnes surgeon. Above, he is shown on his tennis court, displaying a turnbuckle which he designed for his tennis net. "The turnbuckle is a nautical sailing device that I adapted to permit measured adjustment of the net," he said.

The Barnes Hospital doctors and nurses (there were 55 nurses from the Barnes Hospital School of Nursing), went first to North Africa. Dr. Walton left on Jan. 10, 1942. After serving at Ft. Benning, Ga., his group was sent to Eritrea, south of Cairo, where they set up a hospital in a former Italian war camp.

**The group in which Dr. Walton was serving, called the 21st Station Hospital, was sent to Iran at Hwaz, on the Persian Gulf, where they cared for troops who were supplying the Russians.**

When the war in Europe ended in May, 1945, Dr. Walton was a full colonel and the unit had received the Meritorious Placque Award. He spent 4 years, three months and 15 days in service before returning to civilian life.

For 14 years, Dr. Walton served as assistant dean of Washington University Medical School. But throughout his career, his first interest was general surgery. "If I had a preference, I guess it was for pediatric surgery," he admitted. "I operated on a lot of babies, many of them so new their fathers hadn't paid the bills yet for bringing them into the world."

**Now Dr. Walton will spend his time reading, caring for the 20 apple trees on his home in west St. Louis county, and raising tomatoes and flowers. "I'll also play a little tennis," he said. He and Mrs. Walton will visit their daughter and son-in-law in Mexico, Mo., and enjoy their grandson and granddaughter. They will vacation at Ephraim, Wis., near Green Bay, where they will do some sailing.**

But they won't be moving away. "I'm not attracted by retirement communities in sunny climates," he said. "I'll stay here in St. Louis where I have enjoyed many good years."



Miss Bonnie Perry, a 1945 graduate of the Barnes' School of Anesthesia, was recently appointed the new technical director of the respiratory therapy department at Southern Nevada Memorial Hospital at Las Vegas, Nevada. Miss Perry is also reported to be the only registered inhalation therapist in the state of Nevada.

Her new duties will include technical supervision and administration of the respiratory therapy department and pulmonary function laboratory. In addition, she will assist in the organizing of a respiratory intensive care unit.

Mr. and Mrs. Earl Staats retired here recently

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Constance C. Barton, Director  
John Manley, Associate Editor



# Office Emergencies: How to Cope Effectively With Them

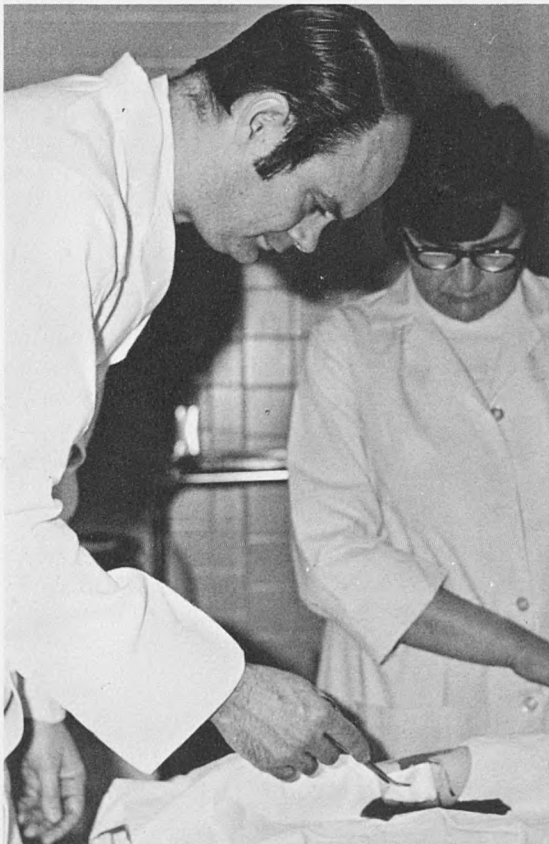
"Each year, office accidents account for more than 40,000 disabling injuries. It would be a sad paradox if a stricken Barnes' employe became a fatality simply because someone failed to cope intelligently with an office injury — administering the proper first aid to the stricken victim and summoning the proper medical personnel from the hundreds of professionals at Barnes," said Edward Thurman, safety and security co-ordinator.

Although office emergencies seldom occur at Barnes, they are something to think about. Heart attacks, convulsions, fainting and severe cuts are some of the many office emergencies. Knowing the proper treatment to administer at the scene of an injury, could save time and possibly someone's life.

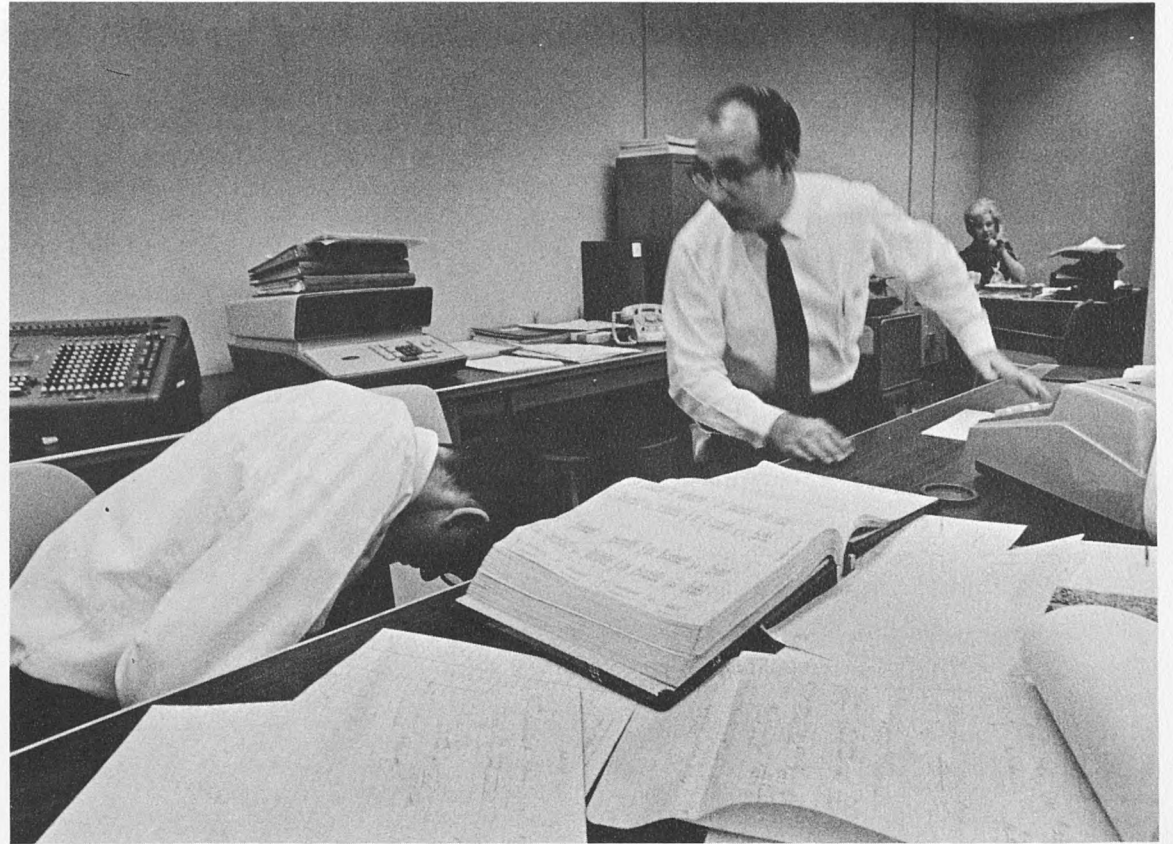
Three Barnes' physicians, who regularly deal with emergency treatment of patients, offer the following first-aid information which could be valuable for all employes to know.

Dr. John A. Collins, surgeon, said the essentials of good first-aid practices revolve around four important principles:

1. "There should be no obstruction of a victim's breathing passages and airways. If a victim cannot breathe, he will not survive, no matter what else is wrong with him.
2. "Circulation of blood is essential. This creates a problem for the layman, because it may be difficult for the untrained person to determine if the heart has stopped beating. Attempts to revive a victim by the application of closed-chest heart massage, can cause serious injury, and, therefore, should be used as a last resort. As a rule, a person who is suffering severe chest pains should go immediately to a physician.
3. "Bleeding from superficial cuts can usually be stopped effectively by applying pressure to the wound with a sterile, or at least, a clean cloth.
4. "The proper handling of victims with fractures, especially spinal fractures, is important. Additional, more serious injuries could be produced during the improper movement of a victim. Especially in cases of suspected spinal injury, it is best to leave the



Dr. John A. Collins, surgeon, treats a cut on the arm of a patient in the emergency room. Miss Jackie Webb, head nurse in the emergency room, assists.



"Quick! Call for help," cries Leslie Darner as he rushes to the aid of his stricken fellow Barnes' employe, William Westmeyer, during a mock demonstration in the controller's office. Using the

victim where he was stricken, and summon medical aid.

**"In instances of apparent stoppage of the heart (no pulse, no breathing, no signs of life), closed-chest heart massage should be performed on the victim by pressing the lower part of the front of the chest against the back, with the patient lying on his back on the floor, in a regular cadence of 60 times a minute. At the same time, air exchange must be carried out by mouth-to-mouth breathing. Once a pulse is established, chest compression should be stopped. Professional medical help must be sought at once and the people most experienced in these techniques should perform them."**

Another physician, Dr. John Long, ward medicine, said, "Time is of crucial importance in reaching and properly treating the heart victim. Heart-attack victims often have difficulty in breathing. Usually, a person can go no longer than three minutes without breathing or else brain damage occurs. It is of utmost importance that a victim's breathing airways be open. This can be accomplished by placing the victim on his side and turning his head. This prevents the victim's tongue from sliding to the back part of his mouth and choking."

Dr. Collins said that one of the big problems of the layman who is trying to cope with an office emergency is determining the proper course of action to take when a victim is found unconscious from an unknown cause. He noted that this occasionally occurs when a person faints and no one is nearby.

"If it is known that a victim has fainted, he should be left alone after being turned on his side and his air passages cleared, and medical help summoned. The person administering the first aid, should check for vomiting to insure the victim will not choke on his own fluids.

**"It is also important to listen to the breathing patterns of the unconscious victim. Noisy and coarse breathing usually indicates something serious could be wrong. The closed chest heart massage should not be given to victims of fainting,"** Dr. Collins said.

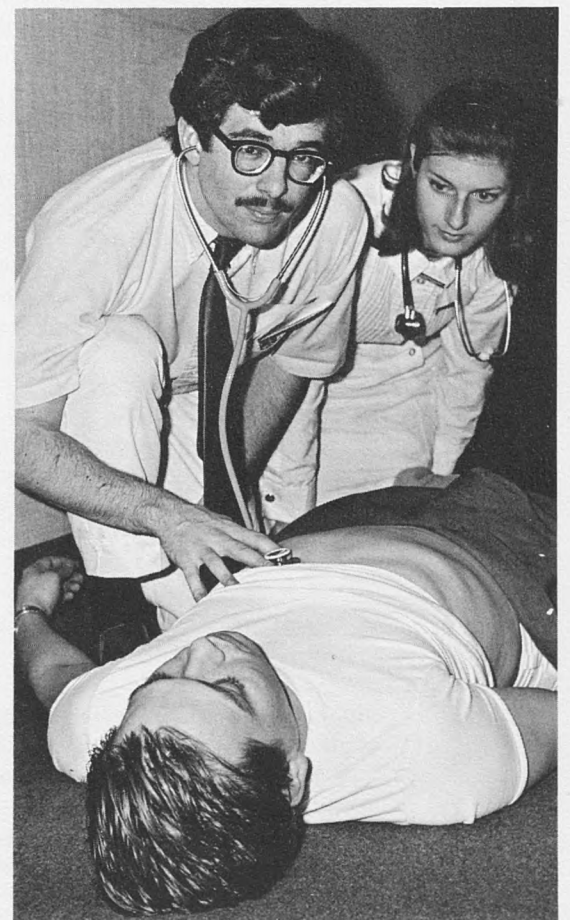
An epileptic seizure or a convulsion is another type of office emergency that may occur. Dr.

telephone is Mrs. Gen George, an accountant. Knowing the proper procedures to follow in the event of an emergency would eliminate confusion, save time and possibly save someone's life.

Leonard Berg, a neurologist, said the best treatment would be to roll the patient on his side because of the tongue-swallowing problem, and pad the victim's head to prevent him from banging and injuring his own head.

"I do not encourage sticking something in a victim's mouth to prevent him from biting his tongue. Unless a victim shows signs of actually trying to swallow his tongue, an object placed in the mouth would be a breathing obstruction. Trying to force an object into someone's mouth, who is having a seizure, could cause injury to the struggling victim's gums and mouth," Dr. Berg said.

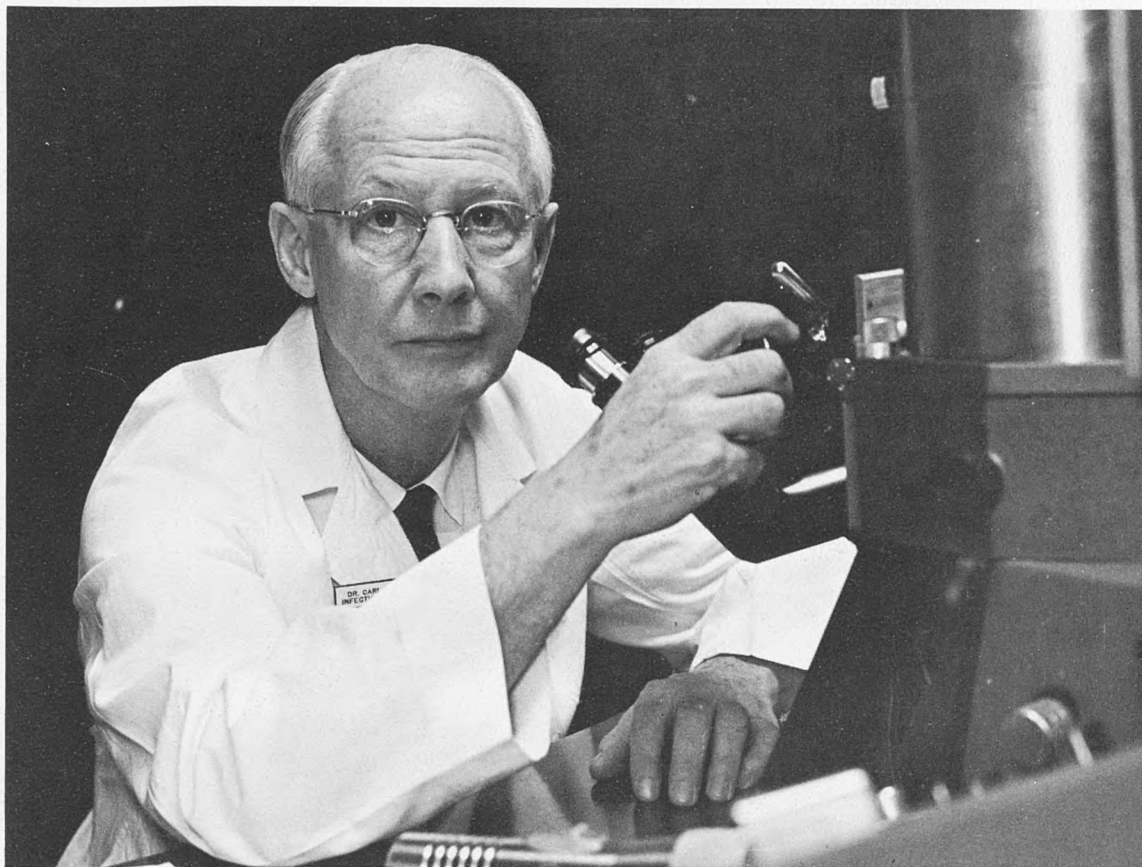
Another office injury that an employe might sustain is a severe blow to the head. Dr. Collins said, "These individuals should be checked by a physician, especially if the victim was unconscious."



Preparedness is essential in coping with emergency injuries. Dr. John Long, ward medicine, and Miss Donna Herdon, a nurse in the cardiac care unit, demonstrate first aid techniques with a volunteer.



## Barnes' Doctor is Father of John Hartford, Writer-Singer



Dr. Carl Harford, a Barnes physician, is the father of country music singer-composer, John Hartford, a former St. Louisan who wrote the song, "Gentle on My Mind." One hundred eighty-three artists have recorded the song.

"Gentle on My Mind," the song that helped launch singer Glen Campbell to fame, was written by John Hartford, also a well-known country music singer-composer who is the son of Barnes' physician, Dr. Carl G. Harford.

Many people at Barnes are unaware of the relationship between the two because of the difference of the "t" spelling of the two names. Dr. Harford proudly acknowledges the kinship: "John is, indeed, my son. He was advised by a recording company to add the 't' to the spelling of his name to avoid possible confusion over the regular 'Harford' spelling.

"My wife and I are quite proud of John, not only because he is a successful individual, but for the way he stands up for what he believes in — he has a mind of his own," Dr. Harford said of his son whose talents are in such demand that he has achieved a high degree of artistic freedom to do as he chooses.

John, 32, who formerly attended John Burroughs High School and later Washington University, has a secretary who spends half her time turning down requests for John to score films or make public appearances. John has stated publicly: "If I dig the film and what it's trying to say . . . I can always find time to write the song. If not . . . well, that's what this freedom is all about."

Hartford always had and still has a good relationship with his parents. "He occasionally stops by St. Louis to see us, and quite frequently he will call us late at night on the telephone," Dr. Harford said.

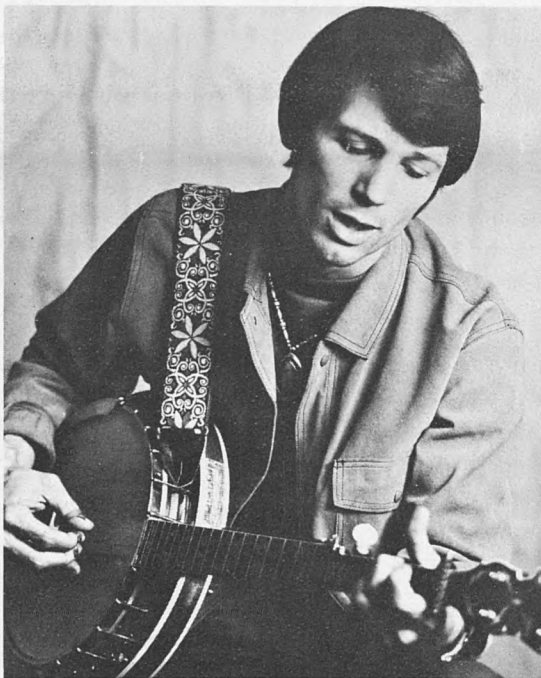
Dr. Harford said that he and his wife tried to stress the importance and value of work to John during his childhood.

"John earned spending money by doing chores around the house. Once he wanted a pirate-type double barreled cap pistol, so we established a few work tasks for him, mowing the lawn and taking out the garbage. It took awhile, but John finally got the pistol.

"He bought his first banjo, a used one, at an early age and this was his prized possession. During his teenage years, we thought his interest in country music was only a passing fad. However, it was not just a whim.

Sometimes John would take the family car on treks through the Ozarks to listen to the top fiddlers and to play his banjo with them.

"John loved the Mississippi River and he decorated his room with pictures of the river.



Talented John Hartford writes a song, sings and accompanies it, and even does the art work on the album cover. He has written seven albums and scored several motion pictures.

In fact, he worked as a night watchman and as a deck hand on the levee. He later purchased a \$600 banjo with the money he earned.

"John is a gregarious person; he loves to be with people. He is constantly talking with people, listening to the cadence of their speech patterns — things that could help him compose a song," his father said.

"John bought a tape recorder which he carries with him almost everywhere he goes. He'll turn it on at any time he thinks something is interesting. Maybe he'll be eating lunch with a friend and in the course of conversation tape an interesting comment to play back later."

Hartford is in constant demand for college concerts because most of his songs are directed to young people today. One hundred eighty-three artists have recorded "Gentle on My Mind." Young Hartford has written seven albums. "John composes the songs, sings, accompanies them, and even does the art work on the album cover. Although his mother plays the piano and his sisters play musical instruments, it must be said that John developed his own talent through the years," said Dr. Harford.

### Ten Laundry Employes Simulate Injury Victims In Recent Disaster Drill

Ten Barnes' employes, located in the laundry section, added a touch of realism and "true grit" to a recent disaster drill at the hospital by simulating victims of a boiler-tank explosion. Thirty minutes prior to the unannounced drill, these employes were selected to participate in the drill as victims and told the nature of their "injury."

During the disaster drill, the victims acted out their roles so well they received plaudits from their supervisors and those individuals in charge of the drill. The "victims" of the blast were taken to the emergency room, delivery room, or surgery, depending on the extent of their injury.

**Most of the victims were suffering from burns. However, one was suffering from a fractured ankle; another casualty was an expectant mother who was about to deliver; and another was hysterical.**

Employes who participated as victims in the drill were: Miss Mamie McAlister, Frank Knox, Mrs. Lula Emerson, Mrs. Florence Hopson, Mrs. Faye Lewis, Roosevelt Long, Mrs. Shirley Cole, Mrs. Lillie Perry, Miss Mary Garner and Robert Randle.



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