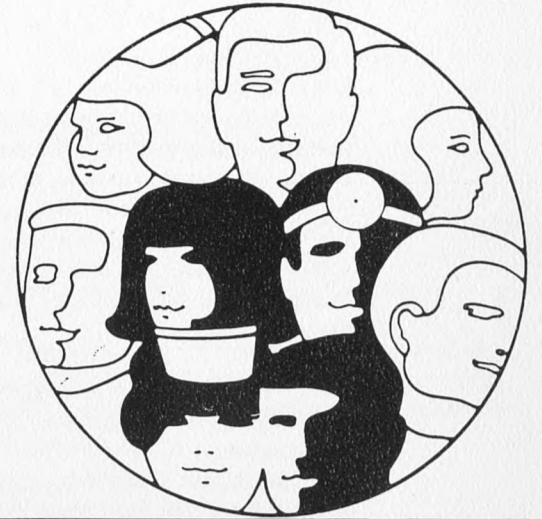


# BARNES

Barnes Medical Center, St. Louis, Mo.

# HOSPITAL November, 1970 BULLETIN



## Barnes Approaches United Fund Goal As Campaign Ends

The 1971 United Fund Drive is drawing to a close and returns to date indicate a highly-successful effort. At **The Bulletin** deadline, contributions reached \$51,834 which is 92.5 per cent of this year's United Fund quota of \$56,000. Last year Barnes Hospital raised \$55,356.

Thomas C. Winston, associate director and this year's United Fund chairman at the hospital, said that although the solicitation efforts peaked in mid-October, several hospital sections were still in the process of tallying returns and making last-minute solicitations.

"These late contributions should enable us to successfully reach the goal as we have done in each of the past three years," Winston said.

On October 26, with returns still coming in, nursing service, the division with the most employees, has turned in \$17,000 or 75 per cent of its goal of \$23,272.

The first departments to reach their division goals were personnel, purchasing, stores, forms control, print shop, methods, data processing, cashier's office, under the direction of John L. Warmbrodt, deputy director. Mr. Warmbrodt's section surpassed the quota on October 6. On October 12, Controller Robert McAuliffe's



This mutual admiration society, which was formed when United Fund poster boy Paul Palermo, St. Joseph's Institute for the Deaf, met Mrs. Marie Rhodes, left, Barnes Hospital's assistant director of nursing, and Miss Sue Hackman, director, typifies this year's UF slogan: "There is hope. It's in your hands." Paul suffered an attack of spinal meningitis when he was only 15 months old. The attack left with a 95 per cent hearing loss. Three months later he began treatment at the St. Joseph Institute for the Deaf, a United Fund agency.

departments of budgeting, general accounting, internal audit, cost-accounting, patients' accounts and fund office passed the goal.

Other departments that were among the first to reach their quotas were those under the supervision of Robert E. Frank, director; Joseph Greco, associate director, and Dillon Trulove, assistant director.

The first nursing division to reach their quota was floor 1200, under the leadership of Miss Sylvia Gaddy, head nurse.

## Seattle Medical Professor to Present William H. Olmsted Lecture at Barnes

Dr. Robert H. Williams, professor of medicine and head of the division of endocrinology and metabolism at the University of Washington School of Medicine, Seattle, Washington, will be the lecturer at the seventh annual William H. Olmsted-Barnes Hospital lecture at 8 p.m. on Wednesday, November 11, in Clopton Auditorium.

The subject of Dr. Williams' talk will be "Some Future Major Guides in Medicine." A graduate of Johns Hopkins medical school, he interned at Boston City Hospital. Later he was a resident fellow in endocrinology at Massachusetts General Hospital. Dr. Williams was also an instructor in the department of medicine at Harvard from 1940-48.

The annual Olmsted-Barnes lectures were founded in honor of Dr. William H. Olmsted, who is an assistant physician emeritus on the Barnes staff, by his former students. Dr. Olmsted, who has practiced medicine for 50 years in St. Louis, was the first to direct a series of lectures at Barnes on the use of insulin in the treatment of diabetes in 1923.

Dr. Olmsted was the co-founder and first president of the Barnes Hospital Society and founder of the St. Louis Diabetes Association.



DR. ROBERT H. WILLIAMS

## Hospital to Receive \$3 Million Bequest From Peters' Estate

Barnes Hospital will ultimately receive more than \$3 million, based on the present market value of securities from the estate of the late Oliver F. Peters, 81, a retired vice president of the old International Shoe Company, who died May 25 at Barnes Hospital where he had been a patient for two weeks. He had been treated several times at the hospital in recent years.

According to Mr. Peters' will, the bequest slated for Barnes Hospital is to remain intact in a trust fund until five years after the death of his sister, Mrs. Ella Peters Lauman, 89, who survives.

Mr. Peters' will states that Barnes Hospital should use most of the bequest to erect new buildings or wings as memorials to Mr. Peters' parents, Mr. and Mrs. Henry W. Peters.

The late Henry W. Peters was president of the Peters Shoe Co., from its formation until it merged with the Roberts, Johnson & Rand Shoe Co. to form International Shoe Co. in 1911. The company is now Interco Inc.

Mr. Peters was a vice president of the firm from 1931 to 1962 and a director from 1928 until his retirement in 1965.

## 'Watch-Woman', Added to Safety, Security Force at Barnes

Miss Catherine Florence, 22, is one of the first "watch-women" ever employed by the Barnes Hospital safety and security department. She began her new duties here in mid-September. Pro and con "women's liberation," almost everyone who knows her will agree that Miss Florence is quite capable of handling herself in almost any situation that involves physical violence.

Miss Florence is knowledgeable and proficient in the self-defense tactics of jujitsu, karate and severta, a form of French feet-fighting, that can render a would-be assailant helpless in the blink of an eye. Miss Florence's interest in law enforcement stems from the fact that her father was once the warden at the Missouri State Penitentiary at Jefferson City and her brother trains narcotics agents for the Department of Justice.

Miss Florence said, "Until a few years ago law enforcement was strictly a man's world, but today there are many opportunities, especially in advanced criminology and working with juveniles, if women have the necessary education and qualifications.

**"Women who plan to enter this field should have twice the amount of education to compensate for their lack of physical strength. In law enforcement a woman's emotions are put to a stern test, especially in homicide cases." Miss Florence plans to work toward completion of a bachelor of science degree in criminology by attending night school at the University of Missouri at Normandy.**

Part of her education—learning the tricks of



Miss Catherine Florence, new "watchwoman" in the safety and security section at Barnes, practices a judo maneuver on James Duggan, a hospital safety and security guard.

self-defense—did not come easy for the 5' 8" brunette who weighs 125 lbs. She suffered a broken finger and collar-bone in a self-defense course that was held at one of the area's junior colleges. "It was composed primarily of policemen, although it was open to college students. I was the only woman to 'survive' both semesters," said Miss Florence, who, on several occasions, employed judo to flip a 6' 5" classmate to the mat during practice sessions.

"It is simply a matter of timing and balance. I feel I can cope effectively with a man wielding a club or knife, but I'm not about to try to

overpower a man with a gun—that's a different matter," she said.

Dressed in a uniform or plain clothes, Miss Florence will perform many of the same duties that are handled by everyone on the hospital's safety and security force, such as patrolling, taking finger-prints and identification photographs.

No special provisions have been made for her just because she's a woman. And that's the way Miss Florence wants it.

## New Barnes Physician Served as Urologist on Moon Trip

High on today's list of best-selling paperback novels is a science-fiction spine-tingler, *The Andromeda Strain*, written by Michael Crichton. The book outlines how an unmanned research satellite, on an outer-space flight, returns to earth mysteriously and lethally contaminated with an unknown, rare micro-organism that threatens to destroy civilization unless an antidote is found.

A new physician at Barnes, Dr. James G. Bucy, 33, an assistant surgeon and a member of the urology division, could have easily been the principle character of Crichton's suspenseful book because Dr. Bucy formerly was the chief urologist assigned to the U. S. astronauts who completed successful moon landing in July, 1969, and to the subsequent two Apollo flights.

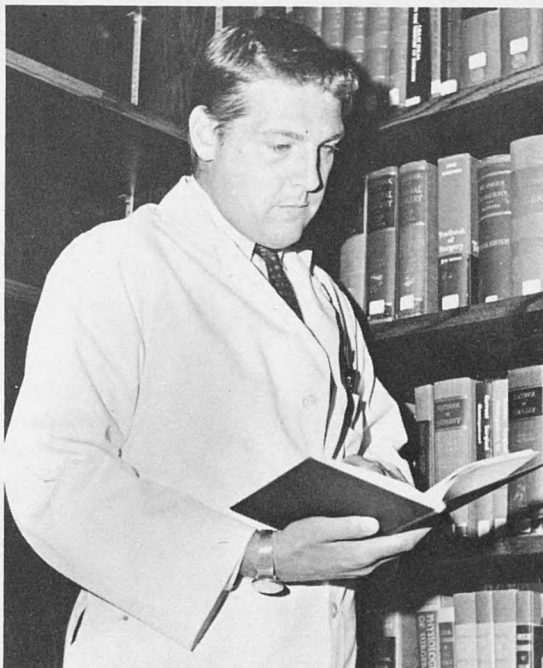
Dr. Bucy, who was then a major in the U.S. Air Force at Wilford Hall USAF Medical Center at San Antonio, was chosen a member of a special medical-supervisory team composed of a neurosurgeon, anesthesiologist and several NASA medical personnel. They were on call 24 hours a day as trouble-shooters should the astronauts' examining physicians encounter any unsolvable problems during the astronauts' 21-day stay in the lunar recovery isolation chamber at NASA headquarters in Houston.

Dr. Bucy said, "In the event we encountered some infectious organism that was unknown to man, we would have treated the strain on a 'hit and miss' basis until an effective counteracting agent could be found. Of course, no living foreign organisms were found.

"The security precautions were extremely tight on the first mission because of this

possibility. One of the astronauts developed a minor urinary problem, but it was not of a foreign nature.

"It may take many years before the researchers can fully understand the scope and meaning



Dr. James G. Bucy, new urologist at Barnes, was the U.S. Astronauts' urologist on Apollo space flights. 11-13.

of the newly-acquired data from the space flights. We found that a weightless state produces several renal and metabolic changes. Accumulated data suggests that one of the big concerns, especially for urologists, is that the astronauts expend considerable amounts of calcium while in a weightless state.

"It's similar to a patient who is bed-ridden for many weeks. The lack of any gravita-

tional force that affects the calcium supply and could increase the chances for the formation of kidney stones, especially on flights lasting 180 days to a year."

Another area of urological research that interests Dr. Bucy is need to successfully develop a bladder-pace-maker for paralyzed patients whose nerves are damaged. The bladder pace-maker is similar to the cardiac pace-maker in that a battery-powered stimulator is implanted in the patient's bladder, and, at the desired interval, every two to four hours, the patient can push a button and trigger the mechanism, which, in turn stimulates the bladder into performing its normal function.

"Until now, we have not been successful—the bladder pace-maker works well over short periods of time, but it needs refinement to be suitable for lasting effectiveness. I hope to be able to continue research in this area," Dr. Bucy said.

Dr. Bucy came to Barnes at the invitation of Dr. Saul Boyarsky, who also came here in July as the new urologic surgeon in chief, in charge of the urology division.

Dr. Bucy said, "Dr. Boyarsky and I have similar interests, particularly in the long-range establishment of a rehabilitation center for victims of spinal cord injuries or paraplegics. Many times these patients survive the primary injury, but during their convalescence, they contract urinary or kidney illnesses which may eventually lead to their demise."

Dr. Bucy is organizing and training nurses at Barnes in urological concepts and techniques so that eventually a specialized team of nurses would evolve with a greater knowledge of urinary problems.

## Barnes Hospital is one of Several Institutions Participating In Disaster Radio-Communications Network in St. Louis Area

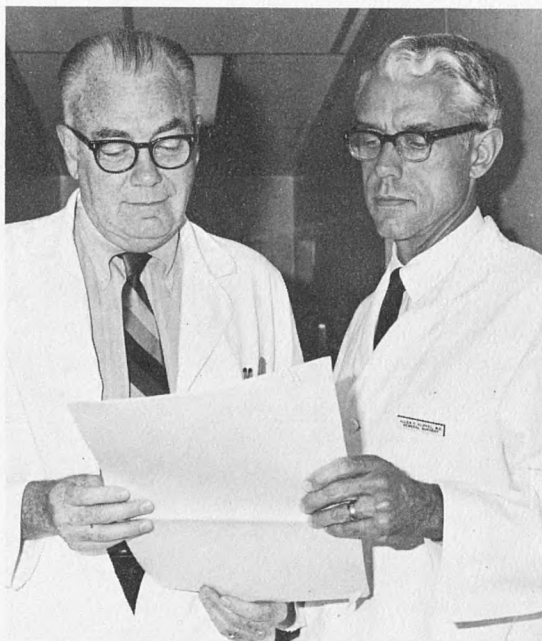
Implementation of a hospital disaster radio network, involving Barnes and all hospitals in the St. Louis area, in addition to three hospitals in nearby Illinois, St. Charles and Quincy should be completed within a few weeks, according to a spokesman for the company that is installing the electronic communication equipment.

The St. Louis and St. Louis County Medical Societies urged an investigation of the need of a vast radio system to replace or supplement existing telephone communications in 1968 by the Disaster Planning Committee of the St. Louis Metropolitan Hospital Association. Need for this was illustrated by a communication breakdown that occurred shortly after the 1967 tornado that struck St. Louis, injuring 150 persons. Telephone lines were downed, and switchboards became overloaded.

Seeking to prevent a recurrence of a communication breakdown during future disasters, the planning committee recommended that a radio communication should be installed. The radio system is designed to provide coordinated communication from the disaster site and between affected hospitals.

**Two Barnes surgeons, Drs. Allen Klippel and Marshall Conrad, have also been instrumental in helping the program gain support. The men are co-chairmen of a joint committee of the two St. Louis medical societies which seek ways to improve the emergency care of persons injured in disasters.**

Speaking on the communication breakdown that occurred in the aftermath of the 1967 tornado, Dr. Conrad said: "There were a number of reasons why the system failed.



Barnes assistant surgeons, Dr. Marshall Conrad, left, and Dr. Allen Klippel, have actively supported efforts to establish the disaster communications radio network that is being established throughout the metropolitan area.

First, there was no centralization of information. No one knew the total number of injured, where these people were located, or the extent of their injuries.

"Secondly, almost all of the injured were taken to the nearest hospital without giving that institution any advance notice. As a result of the understandable oversight, the hospital's emergency room was not adequately prepared to treat the many emergency patients that were brought in at one time. The disaster plan functioned well in spite of no communication between the site of the disaster and the affected hospital.

"To make matters worse, one hospital's telephone switchboard became jammed with the great influx of calls and all vital communications were virtually halted.

"The sad part of the situation was that another hospital was located only a mile away, and only five victims were taken there.

## Funeral Rites Held For Two Employees

Two Barnes Hospital employees, Kenneth Anderson, 50, a custodian, and Mrs. Florence Ferguson, 64, a chief technician in central service, in charge of the wash room, died recently as patients in the hospital.

Mr. Anderson died at 10:40 p.m. October 22 in the emergency room, of apparent multiple injuries sustained earlier when he was struck by a car while he was trying to catch a bus on Euclid Avenue. An inquest was scheduled to determine the exact cause of death. Mr. Anderson had just completed his work shift at Barnes when the accident occurred. He had been employed at Barnes Hospital for about two years.

The other employee, Mrs. Florence Ferguson, died suddenly at 3 a.m. October 22 in the coronary care unit. She reportedly became ill while at work and was given emergency treatment at 3 p.m. October 21 at the hospital. Mrs. Anderson was then admitted to the coronary care unit where she died. She had been employed at Barnes Hospital for eight years.

## Barnes Director Named to Post of Regional Medical Program

Robert E. Frank, director of Barnes Hospital, was named chairman of the Advisory Council for Missouri Regional Medical Program at a recent meeting in Columbia, Missouri. Mr. Frank was elected by the council after Nathan J. Stark, chairman since 1966, completed his term of office.

Dr. Walter Tillman, a Springfield anesthesiologist, will continue to serve as vice chairman.

Members of the 12-member MoRMP Advisory Council are appointed by the governor for three-year terms. The council establishes policy for the planning and operation of MoRMP and reviews individual projects to ascertain that they support the MoRMP goal of speeding the delivery of modern medical technology to the bedside of heart, cancer and stroke patients in Missouri.

Mr. Frank is currently a member of the Board of Trustees for Blue Cross Hospital Service, and assistant professor in Hospital Administration at Washington University, St. Louis. He is vice president of the Metropolitan Hospital Association, St. Louis, and chairman of the Bi-State RMP Committee on Health Care Delivery. He holds an M.A. degree in Hospital Administration from St. Louis University.

Mr. Frank has been a member of the MoRMP Advisory Council since 1967.

Stark, Group Vice President, Operations, for Hallmark Cards, Inc., will continue active membership on the council.

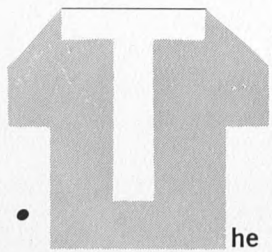
Other council members are Dr. Hector W. Benoit, Jr., Kansas City; Mrs. Louise Bryant, Kansas City; Dr. John O. Carr, Marceline; Dr. Wilson J. Ferguson, Sikeston; Dr. Wyeth Hamlin,

Hannibal; Rep. Donald J. Hancock, Doniphan; Dr. James P. Murphy, Clayton; Sen. Albert M. Spradling Jr., Cape Girardeau; and William C. Whitlow, Fulton.



Robert E. Frank, director of Barnes Hospital and newly-elected chairman of the Advisory Council for the Missouri Regional Medical Program, center, accepts a token gavel from Nathan Stark, who completed a four-year term as the council's chairman, left, during a recent meeting in Columbia. At right is Arthur Rikli, MoRMP coordinator.

## Turning On..



he patient was brought to the Barnes emergency room by the police, suffering from hallucinations. He was moody and belligerent, and admitted to Renard for intensive treatment. The cause of his problem? Glue-sniffing. Fortunately, this boy later was able to rejoin his family, with no permanent brain damage. He was lucky. He was only 15 years old. Drug abuse has become an ever-increasing problem throughout the U.S. Many Barnes staff members are especially aware of the increasing dangers; they see the results of drug use in the patients brought to the hospital for treatment.

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Dr. Goodwin discusses marijuana: "Generally speaking, the drug affects consecutive thinking or a person's ability to carry thought patterns to a conclusion. The drug also mildly affects co-ordination and a person's short-term memory."

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## Drug Abuse...

"Drug abuse cannot be compared to alcohol abuse because, at present, it is unknown what proportion of the drug users in our society would abuse drugs, for example, marijuana, if they were legalized. Of those who use alcohol in the United States, perhaps 5 to 10 per cent abuse alcohol to the extent of having serious problems from doing so," said Barnes psychiatrist Dr. Donald W. Goodwin, who with other hospital psychiatrists, is in the process of studying the effects of marijuana, which includes experiments with animals. Dr. Goodwin said, "The reasons behind the drug problems are complex and varied, depending upon each individual. Drugs are thought to be a symbol of revolt or anti-traditional, anti-establishment; drugs, like alcohol, simply make some people feel better; drugs relieve social and mental pressures; drugs are a source of temporary relief from psychiatric problems; drugs are used to supposedly enhance a person's self-image — drugs are said to be taken by 'the beautiful people' of our society, like those individuals depicted by many of our cinema and stage theatrical presentations." Miss Patricia Dillow, a nurse on 2418, has treated many drug patients. She says that "rejection" is the reason why many of these patients turn to drugs. "Drug patients tell us that their families have rejected them or that pressure to attain certain goals have caused them to seek relief with drugs. One patient who had injected 'speed,' (methedrine) went into hallucinations on our medical floor, throwing objects and yelling: 'Look at the pretty boats.'

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Restraining and transporting the drug abuser, who is undergoing treatment in the hospital, is one of the tasks performed by the orderlies. Pictured are chief orderly Ezell Mallet and orderly Larry Houston, demonstrating how they have handled drug addicts who come through the emergency room. Posing as an addict is a Barnes employe.

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## Barbituates...

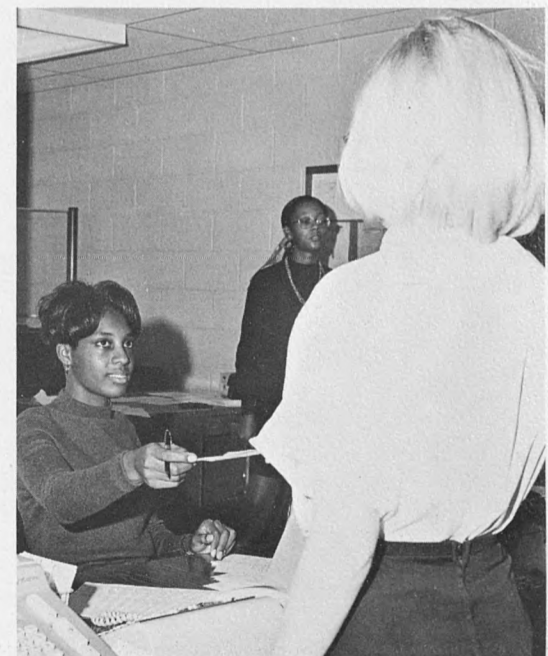
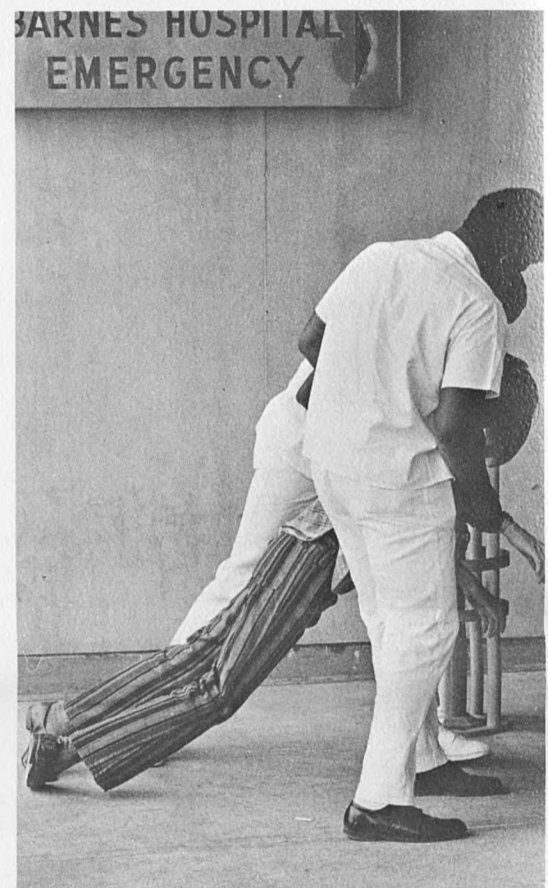
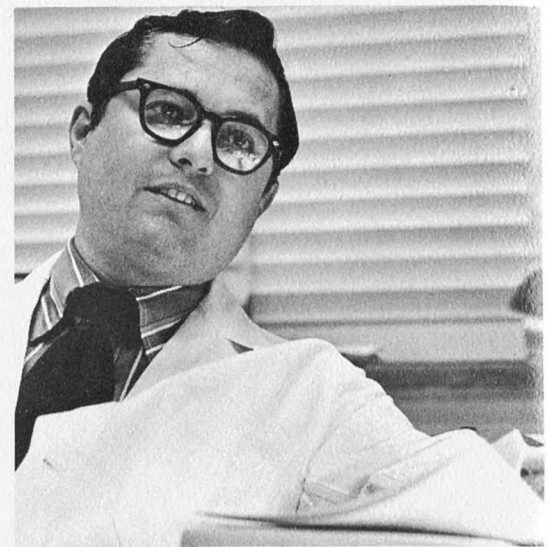
"Barbituates, sleeping pills, phenobarbital, aspirin, even insulin, are the most common drugs that people take who are attempting suicide. Once a patient who has taken an overdose of drugs is admitted to the medical floor for treatment, his blood pressure may be dangerously high or low. Upon awakening from his initial coma, he may experience tremors or he may be combative and need restraining. The 'true addict' will scream for a 'fix.' Drug patients usually require the full-time attention of at least one medically-trained person." Mrs. Norma McWilliams, 20, a telephone operator in dispatch, knows first-hand what drugs can do because, while working as a dispatch messenger, she once helped transport a 15-year-old girl, who was unconscious on a stretcher, to floor 9100 for treatment. Mrs. McWilliams said, "The girl had taken an overdose of pills. Attempts were made to pump the patient's stomach. I felt sorry for the girl and her family. After seeing the harmful effects of drugs, I know that I would never try them." Mrs. Jacquelyn Sowell is a head nurse on 6 Renard where acute cases of drug abuse are treated. Usually most patients spend only one week in the acute

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Mrs. Norma McWilliams, a telephone operator in dispatch, knows first hand what drugs can do because she helped transport a drug patient to a hospital floor. "After seeing the harmful effects of drug abuse, I would never try them," she said.

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section and then are transferred to other floors in Renard, depending upon their condition. Mrs. Sowell noted that one drug abuser has not responded to prolonged treatment and after three months he showed no real improvement. "He took LSD on August 31 but his movements are still retarded; he is suspicious of people; and he becomes disoriented to the point that he cannot recognize members of the medical staff." Mrs. Sowell, who has been a nurse for 4½ years, said that there seems to be a greater influx of younger drug abusers during recent months.





## *Marijuana...*

"Marijuana is being investigated like all other drugs that are released to the market for public consumption. It is conceivable that marijuana may someday be a legal drug. Doctors prescribed it until about 30-40 years ago," said Dr. Goodwin, during a recent discussion on drugs. "Some of the conclusions reached by investigators are: strong marijuana definitely produces acute psychotic reactions in some individuals which resemble the confusional-hallucinatory states produced by LSD and a variety of other so-called hallucinogens; and, secondly, most people who use marijuana regularly, also use a variety of other drugs. All researchers are faced with similar problems, trying to measure the effects of a single dose, the chemical changes that occur in the drug user and continuing drug use over an extended period of time. Virtually all of the counties that have the longest and most extensive experience with marijuana have made it illegal,

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*Mrs. Jacquelyn Sowell, head nurse on 6 Renard Hospital, checks the blood pressure of a drug patient. Nurses in Renard now wear street clothes while treating patients. It was felt that street clothes make the patients feel more comfortable during their stay in the hospital. The initial response from patients has been quite favorable, according to Mrs. Sowell.*

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while there are many physicians in the U.S. and Canada who are seeking to have it legalized. Oddly enough, these two countries have had extensive experience with such drugs for only a short time. Physicians and officials in the Middle East and other countries take a less casual view toward marijuana than Americans. For example, Nigeria has made it a death penalty for marijuana users. This came as the result of the recent Biafran revolt — the Nigerians believed the Biafrans were using marijuana to produce aggressive feelings. Most of the experience in the U.S. and Canada with marijuana has involved the use of very mild grades of marijuana, as compared to those countries, such as India or Morocco where the drug has been used for centuries.

## *Grass...*

"Marijuana becomes 'grass' in literal sense, as it ages. It may lose from 50-80 per cent of its chemical potency in a year's time." Categorizing the behavioral effects of certain drugs that are associated with the drug problem, Dr. Goodwin has given these brief summations: "Generally-speaking, marijuana affects consecutive thinking or a

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*Miss Patricia Dillow, a nurse on 2418, said that many drug abusers claim they have been rejected by their family and friends.*

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person's ability to carry thought-patterns to a conclusion. The drug also mildly affects co-ordination and a person's short-term memory. Recent animal studies indicate that chemical compounds from marijuana remain in the body for several days which suggests the drug could be harmful if used over an extended period of time. Smoking marijuana, as a rule, does not have a harmful effect on a person's job performance. However, there have been instances, reported by researchers elsewhere, where individuals have smoked marijuana and suffered severe panic reactions. Marijuana is generally believed to have a calming, soothing effect on an individual, reducing aggression. This is not invariably true. In some instances, marijuana produces hostile, aggressive reactions in animals. The active chemical compounds in marijuana are, in themselves, known to produce psychosis, confusion and delusions like LSD. In some individuals, strong marijuana has produced a temporary psychotic state where a person is not fully responsible for his actions. Certainly, this is a period of drug experimentation, especially in young people in high school.

## *Heroin...*

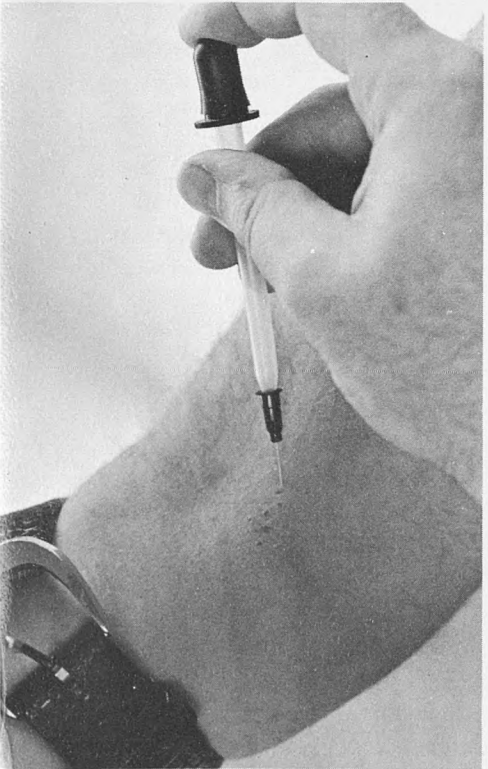
"Heroin, it appears, has not yet reached the middle-class or upper-class economic strata to a major extent. It is still found primarily in the urban black communities.

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*Preparing for a drug trip—this is called "main-lining" because the drug abuser injects drugs directly into one of the veins in his arm. A tourniquet is applied to momentarily stop blood circulation while the injection is made.*

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LSD produces a temporary state of craziness; distorts sensory perception; produces extreme mental states, euphoria and depression. Except for heroin, speed (methedrine) is probably the most dangerous and unpredictable drug. It is injected by vein and it is capable of producing an intense state of euphoria. Very addictive. Often causes severe paranoid feelings. Cocaine and mescaline produce similar effects as speed, although usually milder — about the same results that individuals get from chewing cacao leaves."



## DOCTOR'S NOTES



■ Dr. Brent M. Parker, assistant physician, served as chairman for a cardiovascular symposium held October 2-3 in St. Louis. The meeting was sponsored by the Great Plain Heart Associations, in cooperation with the St. Louis Heart Association and the American Hospitals Council on Clinical Cardiology. Barnes physicians, Dr. Thomas B. Ferguson, assistant surgeon, and Dr. S. David Rockoff, assistant radiologist, also participated as panel moderators.

■ Dr. Glen Paul Johnston, Dr. Edward Okun and Dr. Isaac Boniuk wrote an article on "Diabetic Retinopathy: Selection of Cases for Photocoagulation," which was published in the September 1970 issue of the **Southern Medical Journal**.

■ Dr. Oscar Hampton Jr., assistant surgeon, who attended a recent international symposium on Trauma in Washington, D. C., said that trauma is a disease of nights and weekends. These are times at which without the development of specific centers, neither laboratory facilities nor technicians are available in most hospitals to help a physician determine what is happening to his emergency patient. As a result, Dr. Hampton said, people are dying who need not. The following figures were released at the symposium. Trauma or physical injury, is the leading cause of death among persons between the ages of 1 and 37; and trauma is the fourth leading cause of death at all ages and the primary cause of disability.

■ Dr. E. James Potchen, assistant radiologist, served as a visiting professor at Karolinska Institute in Stockholm on September 12-14.

■ Dr. Robert Schoentag, a former resident in dermatology at Barnes and who served as an assistant in clinical medicine here in 1968, became an assistant professor of pathology at New York University School of Medicine on Sept. 1.

### Barnes Intern Found Dead



DR. WICKS

Dr. Thomas Wicks, 26, a Barnes Hospital intern in private medicine on 10200, died October 18. Dr. Wicks was a June, 1970 graduate of the Washington University School of Medicine and his wife, Rita, is a junior medical student at the school.

#### Barnes Hospital Bulletin

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Constance C. Barton, Director  
John Manley, Associate Editor

## Nursing School Moves to New Library



Moving a library is painfully slow, as Miss Rita Boudet, a nursing school student, left, discovered when they moved thousands of books into newly-revised library facilities in the Barnes Hospital School of Nursing.

**Blood, Sweat and Tears** is the name of one of the more than 4,713 books on medical care that were transferred October 1 from the old library in the Barnes Hospital School of Nursing to the new library facilities that are located in one of the former classrooms. The old library will be renovated into a classroom.

Blood, sweat and tears also could describe the efforts of more than 40 nursing school students, librarians and faculty members who

helped with the monumental task of moving hundreds of stacks of books.

The new library facilities are more spacious and provide a more attractive study area. New shelving, draperies and carpeting have been installed. Six study tables were also transferred, along with several potted plants and replicas of sculptural master-pieces of Venus and Dante. In addition, 1,000 bound volumes and 1,000 journals were moved to the new facilities.

## Contributions to Barnes Tribute Fund

Because of the unusually large number of contributors to the Barnes Hospital Tribute Fund last month, a partial listing was published in the October Bulletin. The following completes the list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund between May 6-September 10.

#### IN MEMORY OF:

**Dr. Glover Copher;** Mr. and Mrs. Allen Marshall, Mr. and Mrs. John Olin, Mr. William H. Bixby, Jr., Mr. and Mrs. Robert E. Frank, Mrs. Patricia Tilley, Mrs. Paul Starch, Barnes Hospital Maintenance Department, Mrs. Elzey Roberts, Stupp Bros. Bridge and Iron Co. Foundation, Phyllis and Margaret Calhoun, Donald L. Barnes family, Mr. and Mrs. Sam Sachs, Mrs. Loyce B. Rutherford, Mrs. Julia R. King, Barnes and Allied Hospitals Society, Barnes Hospital Board of Trustees and Administration, Mr. Edgar F. Peters, Dr. Maurice Lonsway Jr., Charlotte, John and Hildegard Schwartz, Mr. and Mrs. Jack Gaylor, Mr. and Mrs. R. J. Richardson, Mr. and Mrs. Norman Handel, Mr. and Mrs. Michael L. Hanley, Mrs. Helen K. Baer, Mr. and Mrs. R. Wesley Mellow, Dr. and Mrs. Justin Cordonnier, Charlotte E. Miller, Dr. and Mrs. G. D. Royston, Mr. and Mrs. Donald E. Waldemer, Mr. John Keppel Jr., Mr. August A. Busch, Jr., Mr. and Mrs. Spencer T. Olin, Mrs. William S. Bedal, Charlotte Meyer, Mr. and Mrs. Alvin Uthoff, Mr. and Mrs. Edward Senturia, Dr. and Mrs. John E. Hobbs, Mrs. W. Gillespie Moore, Anne Maxwell Stupp, Mr. William O. DeWitt, Mr. and Mrs. Richard Baumhoff, Mrs. Belle Cramer, Mr. Otway W. Rash III, Dr. and Mrs. Henry Schwartz, Mr. and Mrs. Herbert Wiegand, Dr. Heinz E. Haffner, Mrs. James E. Duffy III, Dr. Joseph C. Edwards, Mr. and Mrs. William G. Moore Jr., Dr. D. K. Rose, Margaret Palmer, Mr. and Mrs. James Medart, Dr. and Mrs. Clinton W. Lane.

**Dr. Cecil M. Charles;** Barnes and Allied Hospitals Society, Mrs. G. Fred Driemeyer, Dr. and Mrs. Frank O. Shobe, Fannie Sue Wood, Dr. Maurice J. Lonsway Jr., Mrs. Kenneth C. Baker, Dr. and Mrs. William D. Perry, Edna Cruzen, Barnes Hospital Board of Trustees and Administration, Mrs. Diehl

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## National Health Institute Names Barnes Pathologist To Study Research Grants

Dr. Joe Wheeler Grisham, assistant pathologist at Barnes Hospital, has been appointed chairman of the Pathology A Study Section, Division of Research Grants of the National Institutes of Health, for a three-year term.

As chairman of the Pathology A Study Section, one of 46 initial research grant review groups, Dr. Grisham will preside over the study section's meetings and act as principal scientific advisor to the study section's executive secretary.

The Pathology A Study Section reviews applications for grants-in-aid relating to studies on pathology, pathobiology, biochemistry of disease and immunopathology. The study section is also responsible for analyzing the status of research in its field to determine areas in which research should be stimulated, expanded, or curtailed.

**Dr. Grisham is a specialist in tissue culture, kinetics of cell proliferation, hepatic ribosome formation, electron microscopy, cell fractionation, audioradiography and isotope techniques.**

He also directs a research program at Barnes Hospital to study liver disease, a program that was started in 1967 with a grant from the John A. Hartford Foundation, Inc., of New York City. The Foundation renewed the grant, last July, to continue the study for another three years.

In a special laboratory, Dr. Grisham and other physicians subject human liver tissue to agents which cause liver disease in man, such as hepatitis and cirrhosis.



Members of the Barnes & Allied Hospitals Society exchanges ideas at their fall meeting that was held October 15 in the Employee Cafeteria at Barnes Hospital.

## Health Care Experiment Explained At Barnes & Allied Society Meeting

The fall meeting of Barnes and Allied Hospitals Society was held October 15, with the featured talk an explanation of the medical care group experiment now being conducted by Dr. Gerald Perkoff and a group of associated physicians.

"The Medical Care Group is an experiment in pre-payment for health care, somewhere in between the 'fee for service' concept and full

prepayment," Dr. Perkoff said. He explained that each of the 300 families receiving care from the group (a total of 1278 persons) have a regular hospital insurance plan. For an additional fee, paid either by their employer or jointly by employer and employe, each family also receives the services of the medical care group, which includes all their ambulatory health care.

On the staff of the group are internists, pediatricians, and obstetricians, with other doctors available on a consulting service. The group pays fees for consulting physicians, when they are referred by the group's doctors.

Families participating in the plan are from three St. Louis firms—Monsanto, General Motors (hourly workers) and Metropolitan Life Insurance Company. The families signed up to become part of the plan, then were divided into those offered the ambulatory services, and a similar size control group who kept their basic hospital plan. All families in both groups were offered a medical exam at the beginning of the experiment.

Among the services offered families in the plan are office visits at the medical care group offices, night, weekend, home calls by group physicians, hospital visits, preventive checkups, and a number of other functions which make up basic medical care.

Dr. Perkoff said that results are not yet known, but records are being kept and findings will show if this type of payment plan is useful in the practice of medicine. "This is clearly an experiment," he said.

Following this, a report was made by Barnes director Robert E. Frank, who told the doctors that the Barnes Hospital Board of Trustees is considering erecting a multi-story parking structure on the corner of Kingshighway and Audubon. Tentative plans for the structure include five levels of parking, and, possibly, two levels of office suites if a sufficient demand for this type of facility exists, Mr. Frank said. He asked members of the Society who have an interest in obtaining space in such a facility to contact him.

## 2 Nursing Students Play 'Seedy' Joke



"Everyone has heard about bringing the teacher an apple, but a 110-pound watermelon IS RIDICULOUS!"—This is what Miss Barbara Bradshaw, assistant director of nursing education, shown at the left in the photo above, is thinking of the seedy "gift" that was placed in front of her office door by two students of the Barnes Hospital School of Nursing, Miss Debbie Dalton, center, and Miss Linda Heitman.

Once the two students decided to play the prank on Miss Bradshaw, they then obtained permission from officials at the School's residence hall. It took Miss Heitman's

father and two other men to haul the melon, which had been grown at Advance, Missouri, into the residence hall.

The melon was pushed in front of Miss Bradshaw's door and left overnight. The next morning, Miss Bradshaw found the melon with a note attached with a syringe. The note read: "Congratulations to the new assistant director!" The melon was a goodwill gesture by the two students, in recognition of Miss Bradshaw's appointment as assistant director of nursing education at the School of Nursing.

# Employee Anniversaries

May 21 - September 30

Name & Department	Job Title
<b>40 YEARS</b>	
Augusta Jordan Housekeeping	Custodian I
<b>25 YEARS</b>	
Alberta Steward Nursing Service	Psychiatric Technician
Lena Littleton Dietary	Vegetable Woman
<b>20 YEARS</b>	
Mary Nicolay Nursing Service	Staff Nurse
Marcella Powell Nursing Service	Senior Nurse Assistant
Lois Vahle Medical Records	Nursing Care Advisor
<b>15 YEARS</b>	
Anna Garner Medical Records	Discharge Analysis Clerk
Louise Williams Laundry	Feeder-Folder
Gertrude Schneider Nursing Education	Receptionist
Jack Barrow Employee Health & Welfare	Personnel Health Physician
Sarah Robinson Nursing Service	Psychiatric Technician
Wilma White Laboratories	Chief Technician
Johnifer Oldham Pharmacy	Secretary
Etheleen Bradley Medical Records	Dictaphone Operator
Carl Weatherford Receiving	Receiving Clerk
Kenneth Yates Maintenance	Maintenance Man "A"
Vora Haltom Central Service	Aide
William Evans Maintenance	Maintenance Man "A"
Christine Ransom Nursing Service	Assistant Head Nurse
Edna Pritchett Nursing Service	Ward Clerk
Lillie Flowers Nursing Service	Senior Nurse Assistant
<b>10 YEARS</b>	
Elvis Tyson Housekeeping	Yard Man
John Warmbrodt Executive Administration	Deputy Director
Roxie Wade Central Service	Aide
Mary Jordan Dietary	Food Service Hostess
John Galloway Housekeeping	Pest Control Man
Mildred Jamison Nursing Service	Ward Clerk
Florence Brammer Medical Records	Dictaphone Operator
Genevieve Mason Nursing Service	Staff Operator
Katherine Abramczyk Data Processing	Keypunch Operator II
Rufus White Dietary	Porter
Alberta Maupin Nursing Service	Senior Nurse Assistant
Jeanette Lay Laboratories	Technician
Barbara Johnson Nursing Service	O. R. Technician
Jo Edwards Central Service	Aide
Virginia Randol Admitting	Admitting Interviewer
Robert Bergen Pharmacy	Pharmacy Technician

## Catholic Seminarians in 14-Week Orientation At Barnes Hospital in Class-Room Sessions, Tours



Stirring a kettle of soup which will be served to hospital patients and employes, are Mrs. Margaret Mayo, assistant head cook in the kitchen at Barnes, and one of the Catholic seminarians who recently toured the medical center. The kettle holds 60 gallons.

The Rev. Robert Krawinkel, Catholic chaplain at Barnes sponsored a welcome orientation and tour for 25 second-year theologians from Kenrick Seminary. The seminarians are participating in Kenrick's Apostolic Works Program which insures every student who is studying for the diocesan priesthood, training in vital areas of pastoral work.

The seminarians, under the supervision of Father Krawinkel, are spending two hours a week for 14 consecutive weeks at Barnes in classroom-type sessions dealing with some

aspect of the priest-hospital relationship, visiting patients and taking part in discussion groups to review visiting experiences.

Classroom sessions will include talks by the Rev. Krawinkel and the Rev. John Glassey, Protestant chaplain at Barnes; Joan Hrubetz, director of the School of Nursing; and Donna Granda, instructor at the School, will speak on "Patients' Expectations of Visiting Priests;" and George Dixon, director of social work, will discuss "The Priest and the Social Worker."

## Nursing School Plans to Shorten Curriculum

The Barnes Hospital School of Nursing may shorten the length of time that is normally required to complete the course of study to a nursing certificate from 33 months to only 25 months, according to an announcement made by Miss Joan Hrubetz, director of the School of Nursing. The move is being made after much consideration and analysis of trends in nursing education and the need for more nurses to provide improved health care.

"Other schools of nursing have 'streamlined' their programs to two years, and we believe that we can improve our curriculum while shortening the length of the course," Miss Hrubetz said.

She noted that the shift to a shortened curriculum would probably necessitate the establishment of an in-service training program which would develop the manual skills of the students and the new graduates.

"We want to make it clear that we are not sacrificing quality or lowering our standards but rather changing the emphasis in certain areas of study. A curriculum committee is deciding the new standards and where the training emphasis should be. The new program should be formulated by December of this year," Miss Hrubetz said.



**BARNES HOSPITAL**  
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