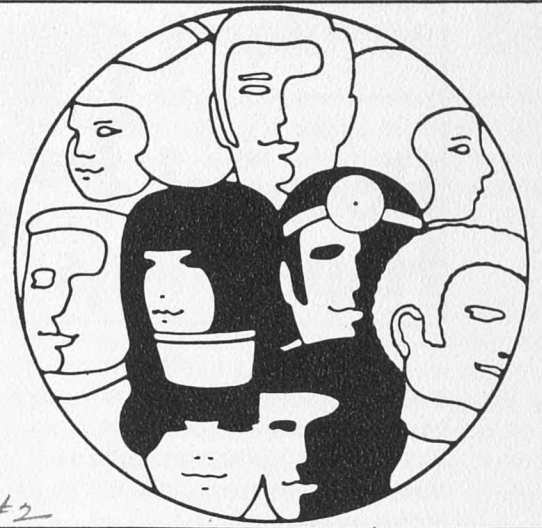
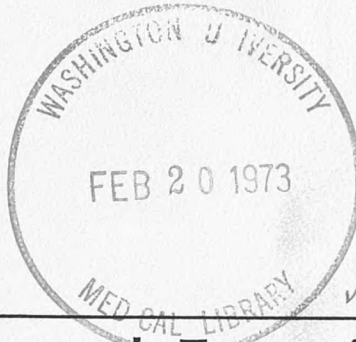


BARNES SHELVED IN ARCHIVES

Barnes Medical Center, St. Louis, Mo.

HOSPITAL February, 1973 BULLETIN



Robert W. Otto Named Emeritus Trustee By Board

QUEENY TOWER



Mr. Robert W. Otto, Barnes emeritus trustee

Robert W. Otto, former president of the Barnes Hospital Board of Trustees, has resigned from active status on the Barnes board. At the January meeting, the trustees awarded emeritus status to Mr. Otto, who has served on the board since 1956.

Former president and chairman of the board of Laclede Gas Company, Mr. Otto was the youngest man ever to hold the office of attorney general of the state of Missouri when he held that post in 1924. Prior to that time he was assistant attorney general for two years. Later in 1924, he was appointed judge of the Supreme Court of the state of Missouri.

Judge Otto succeeded Edgar M. Queeny as chairman of the Barnes Board of Trustees in January, 1969. He had served as vice chairman of the board since 1962, working closely with Mr. Queeny during years of great change and progress for Barnes. In April of 1969, Judge Otto was succeeded as chairman by Raymond E. Rowland.

A native Missourian, Judge Otto still retains his interest in the town of his birth, Washington, Mo. He attended the University of Missouri and received his law degree from Northwestern University. He began his law career in 1916, when he was elected prosecuting attorney of Franklin County.

In 1932, Judge Otto joined Laclede Gas Company as general counsel. In 1942 he was elected vice president and in 1947 he ascended to the presidency of the company.

During his years as Laclede's chief executive officer, the firm doubled its plant investment, tripled its revenues and increased peak-day supply more than 2½ times.

In 1957, Mr. Otto became chairman of the board of Laclede Gas. He held that post until 1962, and is still a member of the board of directors and a company advisor. He also served on the boards of directors of the Missouri Pacific Railroad, Boatmen's National Bank, the St. Louis Regional Commerce and Growth Association, Boy Scouts of America, American Gas Association, Civic Progress and Downtown St. Louis.

He is a trustee of the Jefferson National Expansion Memorial Association and a former trustee of Stephens College. He is a member on the board of stewards of St. John Methodist Church.

Judge and Mrs. Otto live at 50 Portland Place, St. Louis. They are the parents of twin sons and have seven grandchildren.

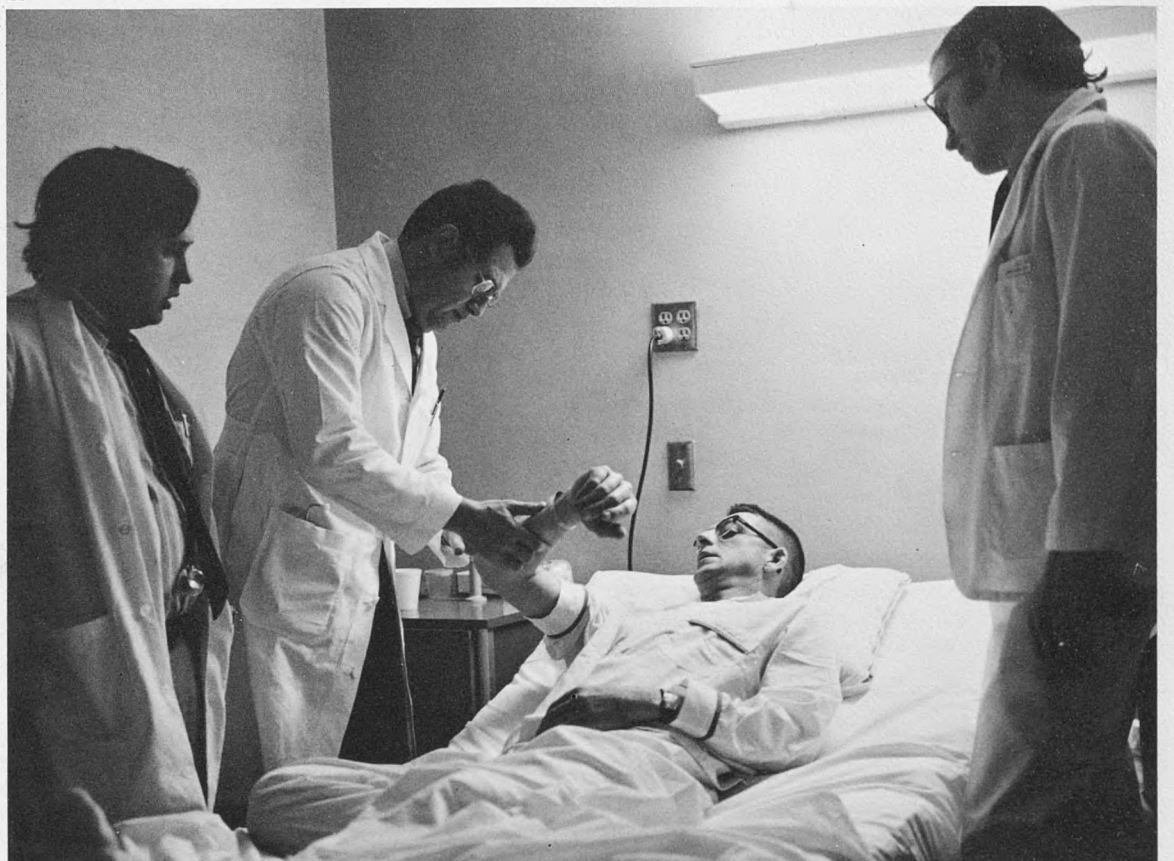
Dr. David M. Kipnis Is New Physician-in-Chief

Dr. David M. Kipnis, previously a Barnes associate physician, has been appointed the hospital's new Physician-in-Chief by the Board of Trustees. The appointment became effective January 1, 1973. Washington University Chancellor William H. Danforth also announced Dr. Kipnis' appointment as head of the school's department of medicine, a parallel position.

Dr. Kipnis succeeds Dr. Carl V. Moore, who died on August 13, 1972. He had filled both posts since 1955. "Dr. Moore was a unique human being as well as an outstanding physician-scientist. He left a vital, young department which I hope can grow and develop further," Dr. Kipnis commented.

Both an excellent researcher and clinician, Dr. Kipnis came here in 1955 to work with Nobel laureate Dr. Carl F. Cori, then head of the biological chemistry department. Since 1960 Dr. Kipnis has served as head of the medical school's clinical research center and, since last August, as director of the new lipids research center. Dr. Kipnis emphasizes his belief that the abundance of modern hospital facilities here, combined with the medical school's teaching and research capabilities, make this medical complex one of the finest in the country.

(Continued on page 8)



Dr. David M. Kipnis, Barnes' new Physician-in-Chief, (second from left) examines a patient during early morning residents' rounds. Clinical research, teaching and administrative responsibilities fill Dr. Kipnis' schedule.

Hospital Happenings



The Barnes Hospital School of Nursing's basketball team will participate in the 1973 Cotton States Invitational tournament in Memphis, Tennessee on the 22, 23 and 24 of this month.

The Barnes team, 4 and 2 for the season, is one of 16 nursing school teams from four states that has been invited to participate in the event, to be held in the University of Tennessee gymnasium.

Judith Slemmons, a former medical surgical nursing instructor at Barnes' school of nursing, recently returned from 10 months in Brazil where she served aboard the hospital ship the **S. S. Hope**.

More than 8,000 persons, including 1,400 in-patients, were treated during the ship's visit. **Hope** personnel also assisted in the development of an intensive care unit, improvement of operating room facilities and expansion of laboratory services in Brazil.

Dispatch's Messenger of the Month for February is Mrs. Maxine Curry. Mrs. Curry, 24, has been employed here as an escort messenger for more than a year. Her hobbies include sewing and camping. She was selected for her outstanding job performance, interest and politeness.

Dr. Thomas Calcaterra, a Barnes house officer in otolaryngology from 1966-69, was recently married to television actress Sandy Duncan. Dr. Calcaterra removed a benign tumor from Miss Duncan's left eye during a 10-hour operation in 1971.

Dr. C. W. Duden Dies

Dr. Charles W. Duden, Barnes assistant physician emeritus, died on December 20, 1972, after a long illness. Dr. Duden suffered from multiple myeloma, a disease which affects the bone marrow.

Dr. Duden, 71, a specialist in internal medicine, was a 1926 graduate of the Washington University Medical School. A member of the Barnes staff for some 45 years, he had planned to retire last January 1.

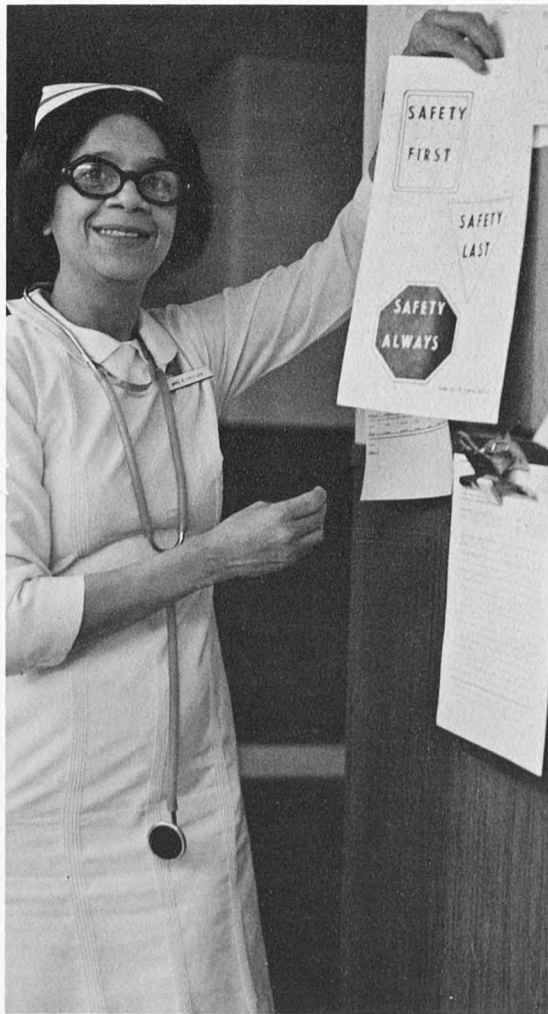
Dr. Duden is survived by his wife, a stepson, a stepdaughter and five grandchildren.

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Larry Myers, Associate Editor
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**BARNES
BULLETIN**



Safety Slogan Winner

Mrs. Evelyn Ivey, an LPN on the 10th floor of Rand-Johnson, has been chosen the winner of 1972's nursing safety slogan competition. The contest, sponsored by Barnes' nursing service safety committee, is held annually to select the best safety poster produced during the previous year by a member of the nursing staff. Mrs. Ivey was awarded a \$25 U. S. savings bond for her entry, "Safety First, Safety Last, Safety, Always."

Bloodmobile To Visit Here February 20th

The Red Cross bloodmobile will make its first visit of 1973 to Barnes Hospital on Tuesday, February 20. Because of the recent nationwide shortage of blood, the Red Cross is urging that as many employees as possible will volunteer to donate blood at that time.

Although the extremely cold weather just after the holidays was in large part to blame for the acute blood shortage last month, donations have been below normal for several months, Red Cross officials say.

Three factors account for the shortage, says Mrs. Robert Dorner, chief technician of Barnes' blood bank. First, there are not enough donors who give regularly. Second, screening procedures have been tightened in recent years to minimize the chances that infected blood is taken. Third, many new, complicated medical procedures require more blood than older methods.

Last year Barnes employees gave 270 units of blood to the Red Cross. Sixty-one of these units were donated during the December 21 bloodmobile visit. In turn, the Red Cross supplied some 110 units of blood to employees and the families covered under the Barnes group plan in 1972.

Appointment forms for the February 20 visit will be available from each employee's immediate supervisor several days before the visit, so that donors may request the most convenient time. Don't forget that when you give blood you are not only helping others, but you and your family are assured of blood, should the need arise, for the next 12 months.



9 Men / 250 Years Maintenance Experience

Maintaining a complex of buildings and supporting equipment in a hospital the size of Barnes is no simple job. It requires an intimate knowledge of the ins and out of literally thousands of pipes, valves, wires, ducts, cables, switches, access plates and other equipment—the type of knowledge that only comes with experience. This group of nine maintenance employees has it. Together they have some 250 years of experiences here, give or take a day or two. The "youngsters" in the group began working here in 1947, the "old timers" in 1942. Standing, from left: Clarence Sanders, 28 years; Don Pendleton, 26 years; Lloyd Peek, 28 years; Roe Champlain, 27 years; Clyde Turnbaugh, 31 years. Kneeling, from left: Larry Moorman, 27 years; Mack A. Evans, general foreman, 26 years; Harry Roberts, 31 years; and Julius (Duke) Chanitz, 26 years.



Rub-a-dub-dub, These Volunteers Help Scrub

Preparing the new operating suites in the East Pavilion for use was such a big job that several volunteers decided to pitch in and help. From left, Mrs. Susan Hall, Miss Andrea Godfrey and Mrs. Marian Rosenberg scrub away at the dirt and grit left over from construction work in the head and neck surgery room.

Publication Party Honors New Book Contributors

A dinner party in honor of the publication of the 5th edition of **Alexander's Care of the Patient in Surgery**, co-authored by Dr. Walter F. Ballinger, Barnes Surgeon-in-Chief, Jacqueline Treybal, assistant director of Barnes' operating rooms, and Anne Vose, nursing service director for the University of Michigan medical center, was held January 3 in the Queeny Tower restaurant.

The first edition of the book, now a classic reference for operating room nurses, was written by Edythe Alexander in 1943. It has been revised several times since then, most recently in 1967, to keep abreast of the latest medical developments. The latest edition contains 905 pages and nearly 2,500 illustrations. It was printed by the C. V. Mosby Co. of St. Louis, a leading publisher of medical works.

Some two dozen hospital personnel who, in one way or another, helped make the book possible attended the dinner. They included: Dr. Richard E. Clark, assistant surgeon; Elizabeth Colter, RN; Robert E. Frank, Barnes Director; Susan Hackman, Director of Nursing; Dorinda Harmon, RN; Virginia Higgins, RN; Judith Jacobs, RN; Karol Johnson, typist; K. Cramer Lewis, illustration department; Peggy Liles, RN; Maxine Loucks, assistant director of the East Pavilion operating rooms; June Musterman, RN; Betty Davies Pague, RN; Marie Rhodes, nursing services associate director; Patricia Tippet, RN; and Jacqueline Treybal, assistant director of the Barnes operating rooms.

Representatives of the Mosby Co. who attended the dinner presented each guest with a copy of the new publication, personalized with his or her name.

Former Barnes Chaplain Receives Law Degree

Father Bruce Kelly, who served as a Catholic chaplain at Barnes Hospital from 1966-68, recently received his law degree from Houston's South Texas College of Law. The first priest to graduate from that institution, Father Kelly did not reveal he was a priest until graduation time.

A few high-level administrators knew his secret, but the faculty and students were not told at Father Kelly's request so that he would be treated just like everyone else. For two years his fellow law students could not figure out why he was not married and did not date. "I had run through all the real and imaginary reasons. You can say 'I like to study' just so many times," he said.

Excuse or not, studying did pay off for Father Kelly. He received his highest marks in medical law and criminal law. In fact, his score in the latter area was the highest in the school's history.

Most Hospital Employes Receive 5% Pay Hike

A 5 per cent pay raise for most Barnes employes went into effect on January 7. At the same time the minimum wage level was increased to \$2.26 per hour.

Paychecks issued on January 26 were the first to reflect the increases. The wage hike was approved by the Internal Revenue Service and the federal pay board.

Also, due to favorable claim experience in 1972, no deductions will be made from employe paychecks to cover life insurance premiums during the first eight months of this year.

3 Employes Retire

Mrs. Ophelia Jackson, a housekeeper who began working at Barnes on October 25, 1926 retired this past December 22. When Mrs. Jackson came here as a 17-year-old pantry helper much of the city was still illuminated by gaslights.

If the lighting was old-fashioned in those days, so were salaries, Mrs. Jackson recalls. She worked 12 hours a day, six days a week—plus half a day on Sunday, for \$7.50 a week—or a bit less than 10 cents an hour. Mrs. Jackson was presented with a certificate of appreciation for her 46 years of service by Barnes Director Robert E. Frank.

Laboratory aide, Mrs. Iley Pree, retired on December 29, 1972. Mrs. Pree began working at Barnes Hospital on June 24, 1946. Director Robert E. Frank and Jay Purvis, assistant director of hospital services, presented Mrs. Pree with her retirement certificate.

Mrs. Thelma Edmiston, a clerk typist at Barnes since April 14, 1954, was honored with a retirement tea on January 5, one day prior to her official retirement. During the tea, held in classroom 1200, she also was given a certificate of appreciation by Mr. Frank.



Mrs. Ophelia Jackson



Mrs. Iley Pree



Mrs. Thelma Edmiston

Grief. How to

65 years old . . .
*My mother, God rest her soul,
Couldn't understand why the only man
She had ever loved had been taken*
. . . from "Alone Again, Naturally,"
popular song by Gilbert O'Sullivan

The loved one is dead. How much grief is natural? Should this loss be expressed by crying? What can someone do to help a bereaved individual? What if the bereaved loses weight, or sleep, or appetite?

What her colleagues describe as "one of the best studies of bereavement ever done anywhere," was conducted at Barnes by Paula J. Clayton, Barnes assistant psychiatrist. Dr. Clayton interviewed persons who had recently experienced the death of a spouse, at various intervals after their bereavement.

"Dr. Sigmund Freud said mourning involved a grave departure from the normal attitude of life, but he did not regard it as a pathological condition," Dr. Clayton pointed out. "He felt that to interfere with it was useless or even harmful."

Dr. Clayton tends to agree with Freud's theory. She obtained lists of bereaved persons from death certificates and obituaries (58 percent of this group consented to be part of the study) and interviewed them for the first time one month after the death of a husband or wife. Follow-up interviews took place at intervals up to 13 months.

"Depression was the chief characteristic of the bereaved spouse," said Dr. Clayton. "They said they were sad, or lonely, or 'numb'." None, however, felt they were "losing their mind," a fear frequently seen in the psychiatrically depressed patient.

Dr. Clayton's study showed that the sex of the surviving partner had no bearing on the length of the grief reaction. "While sex didn't make a difference in the grief pattern, the males did begin to socialize sooner," Dr. Clayton said. "At a year, most men said they would probably remarry. The women said, 'I don't know,' and this may be because there are fewer men than women around in their age brackets (average age in the study was 61) and the women felt they had only a slim chance of meeting another potential marriage partner." Males did, however, cry as much and seem as depressed as women during their mourning period.

Subjects were asked to describe their marriages as happy, comfortable, compatible, difficult, tolerable, disastrous, other, or no opinion. "Eighty per cent described their marriages as happy, comfortable, or compatible," she said. "However, there was no correlation between the kind of marriage they felt they had experienced and their grief reaction."

Another factor which didn't seem to make too much difference was the length of the illness. "Many people think that sudden death means more grieving," said Dr. Clayton. "The study just didn't show that. Perhaps that is because in a long illness, there are bound to be periods when the spouse gets cross or impatient with a sick husband or wife. After the death, they feel guilty about that. 'I should have cared more,' they say to themselves. It takes a while before they realize it is normal to be thoughtless once in a while."

What **did** help a bereaved person recover from the loss of their partner? "The couples who had some plans had an easier time," said Dr. Clayton. "Too few people talk about what to do after their spouse dies," she explained. "Almost none of the bereaved people in the study had discussed what to do after the death of their marriage partner. Those who had, however, left a spouse much better able to cope."

The widows and widowers felt their lawyers and funeral directors had been extremely helpful to them. They perceived the doctor as helpful if he had been completely frank with them concerning their spouse's condition prior to death, or if the physician had shown some personal concern, such as an interest in the bereaved survivor, calling at the funeral home, or sending flowers. "While many physicians might not want to send flowers or call, I would heartily recommend a talk with the surviving spouse after the death," said Dr. Clayton. "These people want the doctor to be interested in their physical condition as they face their bereavement. And, frequently, they want the doctor to review the last illness with them, to reassure them that everything was done that could be done."

Many people think that sudden death means more grieving. The study just didn't show that to be true.

Dr. Clayton does not believe most bereaved persons should consult a psychiatrist. "The depression these people are experiencing is normal. Their primary physician can handle it, sometimes they may require some medication for their depression. However, if grief seems out of normal limits (mainly if the survivor talks of suicide or fears losing his mind), then psychiatric help should be sought."

The "normal limits" were described by Dr. Clayton in her study of "the anniversary

reaction." Thirteen months after the death of their spouses, Dr. Clayton asked her subjects, "How did you feel on the anniversary of your husband's (wife's) death?" An example of a minimal reaction was given by a 44-year-old female who said, "I worked . . . nothing special." A 70-year-old male said, "Let's see—it was Monday so I guess I did the wash."

Don't say 'Call if you need something.' Just act.

A "mild" reaction lasted a day or less, characterized by a sad and lonely mood; no crying, or only at church or grave, and work function remaining intact. A "severe" reaction was more than one day long, with excessive crying and interrupted work function. An example was given by a 50-year-old female, "I felt worse for a week." Her neighbors said she "closed herself in."

Dr. Clayton's study indicated that some spouses, fortunately, begin to feel better after a month. Most are better at four to six months, and the majority, within a year.

"I can't stress enough how important it is to help relatives or friends who are bereaved," said Dr. Clayton. "Don't say to this person, 'Call if you need something,' because they won't do it. Just act—go by and take them to lunch, invite them to be a part of some of your activities, or, bake a cake and take it over."

Another important bit of advice from Dr. Clayton: "Don't push a decision on the bereaved person the first month after the death of their spouse. Encourage them to wait to do something drastic, like selling their home. They may feel differently when the grief period is over."

The idea that the recently widowed have a higher death rate was not borne out in Dr. Clayton's studies. "We found the rate among the widowed about the same as for the age-matched controls," she stated. However, she did discover that working women lived longer. "At first we felt this was because the non-working women might be the ones who were in ill health. So we re-counted, using as our definition of a 'working woman' any woman who had been employed within the last five years. The ratio was the same, so the conclusion might be that working seems to make these women less likely to die."

Then Dr. Clayton sat back and talked informally about her studies. "You know,

cope. How to help.

many people thought that it would be an infringement on these person's privacy to ask them questions about their bereavement. But we didn't find that to be true. Everyone who consented to be in the study was helpful, and seemed to be glad to talk about their problems in adjustment. It made me realize that most bereaved people want to talk freely of their loss. Sometimes it helps them to adjust to the reality of the death.

Another thing I think is wrong is when people don't let their friends or relatives cry. If they feel like crying, this is normal, and a natural means of adjustment." (She also cautioned that heavy drinkers or alcoholics need especially supportive measure, or their drinking will become a problem.)

Deeply religious people did not seem to recover from their grief any faster than those less religious. "Of course, we could not measure their emotional commitment, so we based the intensity of their religious feeling on regularity of church attendance," said Dr. Clayton. "Those who went to church daily or weekly did not seem to cope any better than those who never or rarely attended a religious service."

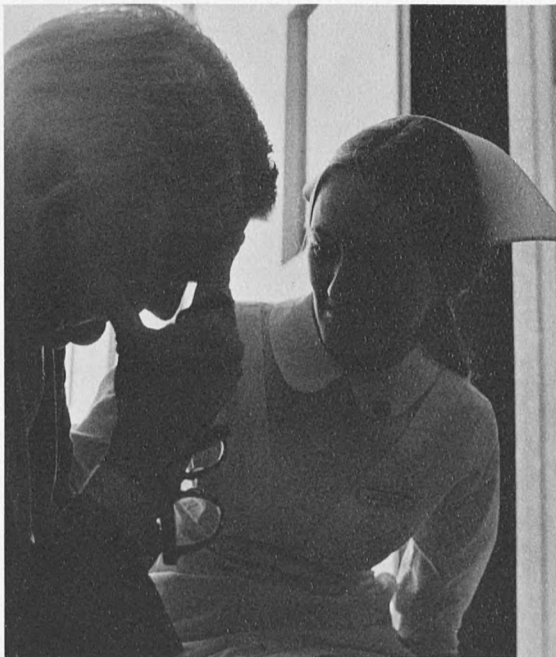
Dr. Clayton said that other studies of grief with which she is acquainted have indicated that young people grieve more deeply over the loss of a spouse. "Perhaps that is

Males cry as much and seem as depressed as women during the mourning period.

because in the older person, there exists what one group of researchers call the 'disengagement' theory, or a gradual acceptance of death as an eventuality." Another study indicated that the loss of a child produces a great deal more grief than the loss of a spouse.

While very few people wanted to join clubs for the widowed, or read books, some did find these activities helpful. "The average married woman will outlive her spouse," Dr. Clayton said. She should prepare for this possibility by learning about the financial status of the couple, and by keeping her interests outside the home, such as church and civic affairs. She should either learn to drive, or continue to practice her driving.

And when it happens, it's important to understand that grief is normal. "Mourning is different from melancholy," said Dr. Clayton. "Most of the time, those around the bereaved should not interfere with it."



"The right kind of support from a nurse can make a great deal of difference to the bereaved," says Dr. Paula Clayton (shown in alternate panels above.) "Paramedical people can be a significant factor in the way close relatives accept a death in the family."

A Versatile New Tool For Ophthalmologists, Phaco-Emulsifier Dissolves Ca

Cataracts, the major cause of visual impairment in the United States, are as old as man himself. For generations their removal has been performed in much the same way, but now, using a technique known as phaco-emulsification and aspiration, ophthalmologists at Barnes have a versatile new tool at their disposal. The device, which is still being evaluated, actually dissolves cataracts mechanically inside the eye.

There have been improvements in cataract removal technique, such as the development of the cryotip—an extremely cold instrument that instantly freezes itself to the cataract, simplifying removal—but until recently there had been no significant changes in the operation. Then, in 1964, Dr. Charles D. Kelman, a New York ophthalmologist, working on a grant from the Hartford Foundation, developed his Phaco-Emulsification and Aspiration device. Inspired by Dr. Kelman's dentist's ultrasonic drill, it dissolves, emulsifies and removes cataracts via a tiny incision. Barnes Hospital recently acquired a phaco-emulsifier—one of only 32 in use in the world today.

The phaco-emulsifier system actually breaks up the cataract inside the eye, so only a small opening, usually 2½ - 3 millimeters in length, is necessary. Because of the small size of the incision normal post-operative hospitalization time is short. Usually the patient can return home the next day, with no restrictions on his movement.

By way of comparison, other methods usually involve 3 - 5 days of post-operation hospitalization and 3 - 4 weeks of restricted movement and activity. With phaco-emulsification, contact lenses to compensate for the loss of the eye's lens can be fitted after two weeks, as opposed to six with other methods.

Although cataract formation is believed to be triggered by some bio-chemical mechanism, a chemical way to prevent or remove them has not been discovered. Removal of the clouded lens is the only solution, and an old one. Traditionally a nearly semicircular incision is made in the top of the eye, sutures placed, the afflicted lens is removed with suction or forceps and the sutures closed.

"The phaco-emulsification procedure has limitations," Dr. Burde cautioned. "Not everyone can or should have this type of operation." For example: the physical characteristics of the eye must meet certain requirements; the operation cannot be performed on those with previous corneal damage; and it is not recommended for certain diabetics.

"Also, there is some debate about using phaco-emulsification on the extremely elderly because their lens material is usually so hard. But on the positive side there is the advantage of rapid mobilization and rehabilitation for the patient, and greatly reduced hospitalization," Dr. Burde said.

Thus far, only 156 surgeons have been trained in the use of the phaco-emulsifier, which has only been commercially available for two or three years. Because of the relative newness of the method, doctors here are still carefully evaluating the efficacy of phaco-emulsification, Dr. Burde emphasizes.

"I think that phaco-emulsification is a technique that any ophthalmologist who is willing to take the time to learn can use. It is a different method, but the results are the same. And it offers the advantage of reduced hospitalization and rapid mobilization," Dr. Burde says.

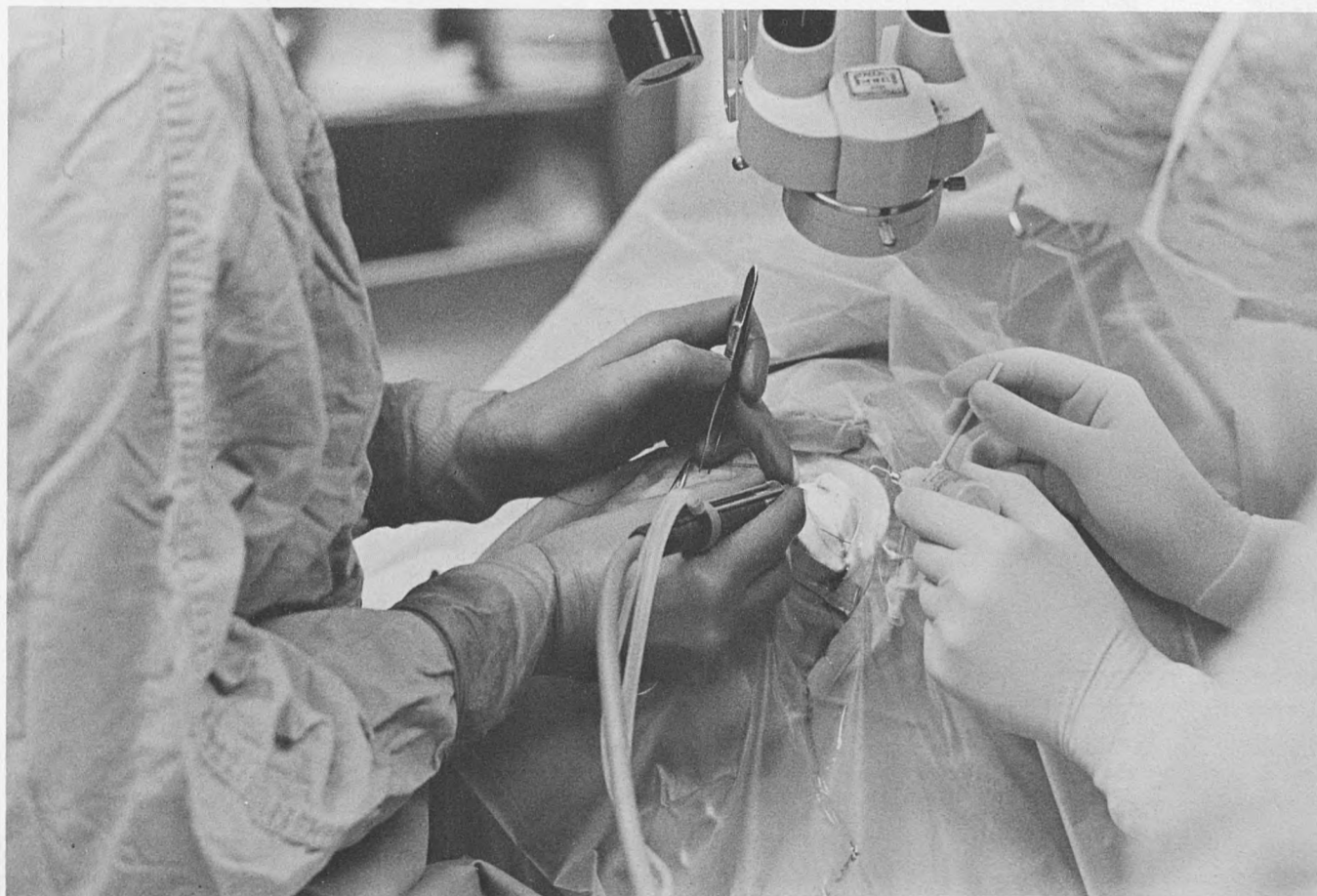
The working end of the device consists of a very small, hollow titanium tip that vibrates back and forth some 40,000 times a second. The titanium tube itself is surrounded by a silicon sleeve which carries a special fluid to the eye during the operation. This fluid, as well as small bits of the cataract broken away by the vibration of the tip, is removed from the inside of the eye by suction.

The tip is connected to a large console that contains a special electronic logic computer that controls the flow rate of the fluid (a balanced electrolyte solution made especially for such work) and the vacuum in the tip, making instantaneous adjustments so as to maintain proper interocular pressure. The unit also houses an ultrasonic generator which powers the tip.

Dr. Ronald M. Burde, Barnes assistant surgeon, and one of the ten Barnes surgeons who learned to operate the phaco-emulsifier under the tutelage of Dr. Kelman, emphasizes that the system, like any other method, has its pros and cons.

"Basically, a cataract occurs when the eye's normally flexible lens hardens or becomes opaque due to changes in its protein constituents. This usually occurs with the onset of old age, but can happen at any time," Dr. Burde explained. "Even some children, whose mothers have contracted rubella during pregnancy, are born with cataracts."

Diabetes, eye injuries and recurrent eye inflammation can also trigger cataracts before they would normally occur. Certain drugs, too, have been known to produce them as a side effect. But some researchers feel that virtually everyone would eventually develop cataracts if they lived long enough.

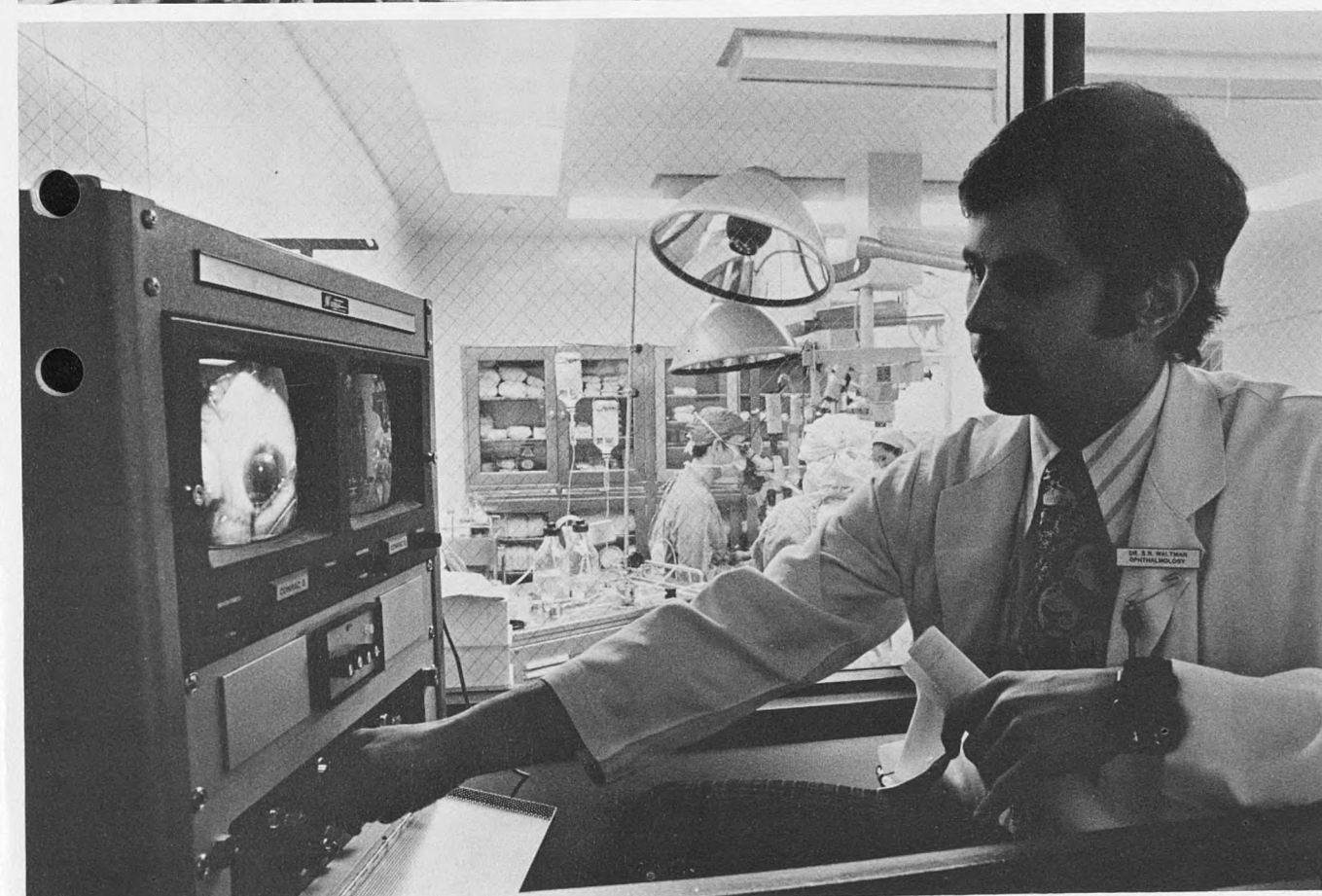


Above—Dr. Fletcher T. Ott, Barnes assistant ophthalmologist (left) peers into the operating microscope while performing a cataract removal with the phaco-emulsifier. The television monitor in the background shows a greatly enlarged image of the eye exactly like that being seen by Dr. Ott through the microscope's eyepieces. Part of the phaco-emulsifier console is visible in the foreground.

Right— Another Barnes assistant ophthalmologist, Dr. Stephen R. Waltman, watches the progress of the operation on another television monitor connected to the operating microscope. The monitor is located in a small viewing room adjacent to the eye microsurgery room.

Left— The phaco-emulsifier probe, which contains the tiny vibrating tip that breaks up the cataract, looks relatively simple itself, but is connected to a large unit that contains both an electronic logic computer and an ultrasonic generator, plus other equipment.

The taracts Inside The Eye



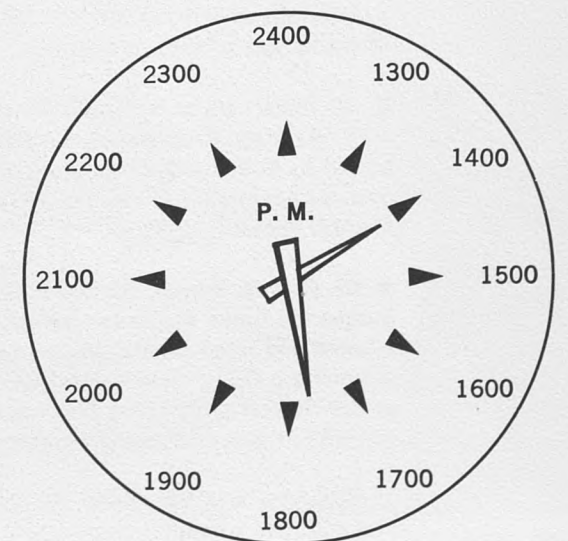
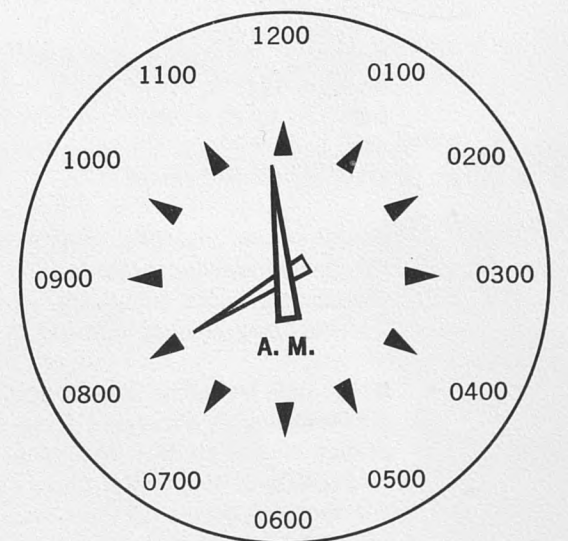
24 Hour Time System Recently Adopted Here

When Barnes and associated hospitals rang the old year out this past New Year's eve, a new 24-hour clock system was rung in. Effective January 1, 1973, the 24-hour clock system, sometimes called the military time system because it is used by the armed forces, was implemented for record keeping and patient activities.

Although it may appear to be a bit confusing at first, in reality the 24-hour system is as simple, if not simpler, than the 12 hour method people are most familiar with. Everyone knows that there are 12 hours on the face of clocks and watches even though there are 24 hours in the day. Under the old system the 12 hours after the sun reaches its most direct point in the sky overhead (meridian) are designated "p. m."—for **post meridian**, which means after noon. The 12 hours before the sun reaches the meridian are called "a. m."—for **ante meridian**, which means before noon.

With the 24 hour system a. m. and p. m. notations are not needed because each of the 24 hours is represented by a number that is not repeated. For example, the hour of 11 occurs only once in the 24 hour system. In the evening, what was 11 p. m., becomes 2300 hours.

The clock faces shown here gives the time under the new 24-hour system. Notice that four digits are always used, even when they may seem unnecessary. The two numbers on the left indicate the hour, the two on the right the minutes. Take 0945 for example. The 09 represents the 9th hour of the day (9 a. m. under the old system) and the 45 the minutes past the hour. Thus, 0945 is the same as 9:45 a. m.



doctor's NOTES



■ Dr. Arpad Csapo, Washington University medical school professor of obstetrics and gynecology, has been named the 1972 recipient of the International Health Foundation award. Dr. Csapo's article, "The Prospects of Prostaglandins in Postconceptional Therapy" won the prize, which includes a cash award of 5,000 Swiss francs.

The research upon which the article is based was done here, as well as in Turku, Finland; Budapest, Hungary and Debrecen, Hungary. The work was sponsored by the U.S. Agency for International Development, the National Institutes of Health and the Population Council.

Prostaglandins are normal constituents of a variety of mammalian tissues. The work of Dr. Csapo and his collaborators provides significant new information relating to the therapeutic use of prostaglandins.

■ Dr. Allen P. Klippel, Barnes assistant surgeon, was installed as president of the St. Louis County Medical Society on January 27. He is a member of the AMA, American College of Surgeons, American College of Emergency Physicians, and several other societies.

One of the area's foremost authorities on trauma, Dr. Klippel has been frequently honored for his work with trauma and emergency medical care. He is currently chairman of the St. Louis Committee on Trauma, American College of Surgeons.

■ Dr. William E. Powers, Barnes associate radiologist, told conferees at the 58th annual meeting of the Radiological Society of North America that the use of heavy atomic particles produced by atom smashers may soon be used to cure thousands of patients with stubborn cancer tumors.

British studies involving heavy particle therapy has yielded excellent results, Dr. Powers said. Human and animal trials with such particles are now being planned in the U. S.

■ Dr. Jack Hartstein, Barnes assistant ophthalmologist, addressed a special symposium on soft contact lenses held by the Belgian Ophthalmological Society on Jan. 28. The symposium was held in Brussels, Belgium. Dr. Hartstein also discussed contact lenses at a University of Indiana Medical School seminar where he was a featured speaker.

■ Dr. Robert Maltz, a former resident in otolaryngology at Barnes Hospital, recently served as director of a four-day course on nose surgery at the University of Cincinnati medical center.

■ Dr. Paul M. Weeks, Barnes Plastic Surgeon-in-Chief, discussed industrial hand injuries and hand rehabilitation before conferees attending a postgraduate program on trauma at the University of Texas Medical Branch (UTMB) in Galveston on November 9-10.

The program was sponsored by UTMB's postgraduate education department and the Texas committee on trauma of the American College of Surgeons.

December Gifts To Barnes' Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund during December, 1972.

In Memory of:

Mrs. Minnie Ella Hubert
Patricia Berryman

Joe Schneider
Mr. and Mrs. Richard Fisher

Dr. Joseph Magidson
Joe, Dora and Nancy Plax

Mr. Galen E. Adams
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In Honor of:

Mr. Raymond Rowland's Birthday
Mr. Leonard Hornbein

Dr. Henry Schwartz
Mr. Burt Wenneker

Mr. and Mrs. Ivan T. Fisher
Edna P. Thomas

Donation:

Mrs. Edmund J. Burgard

Dr. Kipnis Is New Physician-in-Chief

(Continued from page 1)

A recognized authority on endocrinology and diabetes, Dr. Kipnis won the American Diabetes Association's Lilly award and the Endocrine Society's Ernst Oppenheimer award in 1967, the first person to win both prizes in the same year. The Lilly award recognized his contributions to the understanding of the intracellular transport and metabolism of glucose, insulin and growth hormone. The Oppenheimer award honored his achievements in clinical endocrinology.

A native of Baltimore, Maryland, Dr. Kipnis earned his A. B. in 1945 and his M. A. in 1949 from Johns Hopkins University. In 1951 he received his M. D., *summa cum laude*, from the University of Maryland School of Medicine, where he was elected to Alpha Omega Alpha national medical society and to Sigma Xi, scientific research honor society.

Dr. Kipnis trained at Johns Hopkins University, Duke University, and University of Maryland hospitals before coming here on an American College of Physicians research scholarship. From 1956-61 he was a John and Mary Markle scholar in medicine.

A member of the American Diabetes Association's board of directors since 1966, Dr. Kipnis has served on numerous advisory councils of the National Institute of Health. He is currently a member of the National Institute of Arthritis and Metabolic Diseases' diabetes and metabolism training grant committee.

The Wishing Well



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