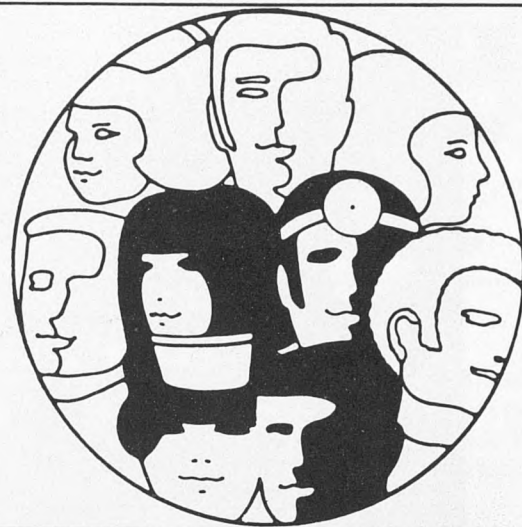


# BARNES

Barnes Medical Center, St. Louis, Mo.

# HOSPITAL BULLETIN

May, 1973



## 1973-74 Officers Elected At Hospital Society's Meeting

New officers for 1973-74 were elected during the April 19 meeting of the Barnes and Allied Hospitals Society. The four officers are: president, Dr. Fleming B. Harper, assistant surgeon; president elect, Dr. Ernest T. Rouse, assistant physician; vice president, Dr. Donald H. Finger, assistant physician; secretary-treasurer, Dr. William G. Juergens, assistant physician.

Drs. Marshall B. Conrad, assistant surgeon, Ralph V. Gieselman, assistant physician, and Charles L. Roper, assistant surgeon, were elected to three-year terms on the BAHS Council at the meeting, held in Scarpellino Auditorium.

Speaker for the meeting was Dr. James C. Warren, Obstetrician-Gynecologist-in-Chief, who discussed the University of Kansas Medical Center's program for abortion procedures. In the late 1960's, the laws changed to permit abortion in that state. Dr. Warren formerly was a member of the K.U. Medical Center's staff.

The Society paid tribute to five recently deceased physicians, Doctors Carl Lattner, Harry Wiese, Charles Duden, Cyril MacBryde and Crofford Vermillion.



Two new Barnes and Allied Hospitals Society officers, Dr. Fleming B. Harper (left), president, and Dr. Ernest T. Rouse (center), president-elect, held an informal discussion with Dr. Thomas B. Ferguson, the outgoing president, at the conclusion of the group's April meeting.



Mr. Raymond Rowland, Chairman of Barnes' Board of Directors, was presented with a check for \$150,000 for the hospital's new cardiothoracic intensive care unit and nursing division by Mrs. William Moore, retiring Auxiliary president, at the group's annual spring luncheon. The check is the first installment of the Auxiliary's \$800,000 pledge for the new facility.

## Auxiliary Donates \$150,000 For New Intensive Care Unit

The Barnes Auxiliary announced a new \$800,000, six-year health project at its Annual Meeting and Spring Luncheon on Thursday, April 26. The Auxiliary pledged that amount for Barnes' new cardio-thoracic nursing division and intensive care unit. Mrs. William G. Moore Jr., retiring Auxiliary president, presented a check for \$150,000, the first year's payment on the pledge, to Raymond E. Rowland, Chairman of Barnes' Board of Directors.

The gift is unique among hospital auxiliaries, because all of the money was earned through in-service volunteer projects here. Auxiliary-sponsored activities which earn funds for the hospital include the Wishing Well Gift Shop,

Nearly New Shop, and Baby Photo program. Since its beginning in 1958, the Auxiliary has made gifts to Barnes Hospital of more than \$855,000.

New officers were also elected at the meeting. Mrs. Stanley P. Kolker will serve as president for the next two years. The new vice-president of volunteer services is Mrs. Harry Holmes, with Mrs. Kurt Bemberg as recording secretary. The new nominating committee members are Mrs. Bemberg and Mrs. Cliff Herchenroeder.

Following the business meeting, Auxilians and their guests were entertained with a musical program by Mrs. Lorraine Duggins.

## New General Visiting Hours In Effect

New general visiting hours for hospitals in the Barnes medical center have recently gone into effect. Weekday visits to patient rooms are to be made between the hours of 11 a.m. and 2 p.m. and from 6 p.m. to 9 p.m. Weekend and holiday visiting hours run continuously from 11 a.m. to 9 p.m. Each patient is allowed only two visitors at a time.

A new, pocket-sized brochure which fully explains Barnes' visitor policy will be available this month. In addition to general visiting hours, the brochure contains those special policies regarding visitors and hours that apply on obstetric and psychi-

atric floors, in intensive care units and in the burn unit. Special policies applicable to patients in isolation, those in critical condition and those who are scheduled for surgery are also covered by the brochure.

Barnes' visitor policy, the brochure explains, is intended to help our patients get well by insuring that they receive the rest and care they need, while allowing the patient to visit with family, friends, and relatives. Several do's and don'ts, intended to make visits pleasant for all concerned, are included in the brochure.





*Barnes School of Nursing student Jeanette Sheahan (second from left) and Joy Lynn Douglas, director of a Tennessee hospital's nursing school, were featured on several local television shows. Here they are being interviewed on KSD-TV's Noon News, where they discussed hospital nursing schools.*

## Nursing Student 'Star' of AHA Trial Program

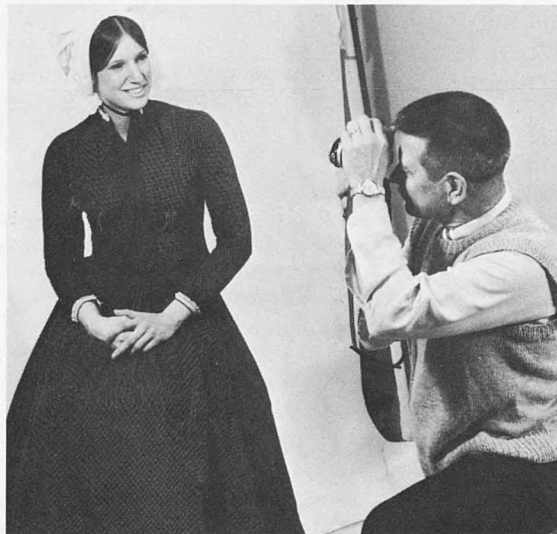
The senior class president of Barnes' school of nursing was a "star" for several days last month. Miss Jeanette Sheahan of Florissant, Missouri, participated in a series of media interviews concerning hospital schools of nursing. The interviews were part of a trial program sponsored by the American Hospital Association (AHA), designed to explore the feasibility of promoting the nation's hospitals and their activities.

Miss Sheahan, attired in an authentic reproduction of a turn-of-the-century nursing costume made of dotted swiss and trimmed with lace, appeared on four local television stations, several radio stations and was interviewed by both daily newspapers. Along with Joy Lynn Douglas, director of the school of nursing at Baptist Memorial Hospital, Memphis, Tennessee, Miss Sheahan discussed the progress of the nation's hospital schools of nursing, which are celebrating their 100th anniversary this year.

When hospital schools of nursing began operating 100 years ago, nurse training was a far cry from what it is today. Hours were longer, of course, as they were for most everyone in the 1870s. And, the medical techniques from that era seem almost barbaric by today's sophisticated standards. But despite such differences, nurses training a century ago and today are alike in one

important respect: nursing students must still learn to work with patients, Miss Douglas emphasized.

If the promotion program, which is being tested in one other midwestern city in addition to St. Louis, is deemed successful, the AHA hopes to then encourage such efforts on a nationwide basis.



*Dressed in a reproduction of a turn-of-the-century nursing uniform, Miss Sheahan was interviewed and photographed by both local daily newspapers.*

## Nurse Graduation Set For Saturday, June 2

Another chapter in the history of Barnes' school of nursing will come to a close early next month when the last students to complete the school's three-year curriculum receive their diplomas. Graduation ceremonies for the 78 members of the Class of '70 will be held at 8:30 p.m., Saturday, June 2, in the St. Louis Cathedral, 4431 Lindell Blvd.

This June's graduates are the last to participate in the three-year course of study. Barnes' nursing school began phasing out the three-year curriculum in 1971, replacing it with a concentrated two-year course. (The first group enrolled under the new two-year plan will graduate later this summer, on August 25.)

This June's graduates will have an additional distinction. They will be addressed by Dr. Joan Blondin, a fellow in Barnes' renal division. This is the first time in the school's 18 year history that a woman has delivered the commencement address.

## Hospital Week To Be Observed May 6-12

"Your Hospital . . . A Caring Community—Your Health . . . Our Common Concern," is the theme of this year's National Hospital Week, May 6 through 12. Although the public has been paying increased attention to hospitals in recent years, few people realize the growing impact of hospitals nationally.

For example, U.S. hospital expenditures in 1971 totaled 28.8 billion (28,800,000,000), while just 25 years ago the total was only 2 billion dollars. The number of hospital employees skyrocketed in the same period from 830,000 persons (employed by 6,125 hospitals) to 2,900,000 persons (employed by 7,000 hospitals).

Of course, costs have risen, too. The national average cost of maintaining one patient for one day in a community hospital increased from \$9.39 in 1946 to about \$105.30 last year. More than sixty cents of every dollar in hospital budgets goes for employe wages and salaries, which have more than quintupled since 1946.

## 73 Promoted In Year's 1st Quarter

During the first three months of this year 73 Barnes Hospital employes were promoted to higher job grades. Their names appear below by department. If an individual's promotion involved a change in department, his or her name appears under the heading of the old department.

Barnes makes every effort possible to fill vacancies by promotion from within. To this end, notices of job openings are posted on the bulletin board at the entrance to the employe cafeteria before outside help is sought. Notices are posted for four days, during which time any employe interested may apply in the employment office.

### ADMITTING

**Ernestine Wright**, admitting interviewer to secretary, labs; **Glorianne Farris**, information clerk to admitting interviewer; **Janice Howell**, admitting officer to executive assistant; **Roberta Buell**, patient relations assistant to admitting officer; **Dolores Plank**, information clerk to admitting interviewer.

### CENTRAL SERVICE

**Billie Nelson**, chief technician to supervisor.

### CREDIT AND COLLECTION

**Eileen Fick**, file clerk to insurance clerk.

### DATA PROCESSING

**Johnny Wiedemann**, keypunch operator I to keypunch operator II.

### DIETARY

**Louise Reed**, dietary aide to food service hostess; **Jean Jackson**, dietary aide to service clerk, nursing; **Mary Loyd**, porter to cook's assistant; **Lonez Powers**, baker's assistant to food service hostess; **Earlie Jackson**, food service worker I to food service worker II.

### DISPATCH

**McKinley McDaniel**, escort messenger to dispatching supervisor; **Marcia White**, escort messenger to clerk, optical service; **Debbie Letters**, escort messenger to ECG technician, labs; **Gloria Blackmon**, escort messenger to chief shuttle runner; **Kenneth Baker**, mail clerk to assistant chief mail clerk; **John Wheeler**, shuttle runner to laboratory assistant, labs; **Alila LaRosa**, escort messenger to telephone operator.

### HOUSEKEEPING

**Oscar Hartzell**, custodian II to wall-window washer; **Oliver Fuller**, custodian II to custodian III; **Joseph Koenig**, custodian II to wall-window washer; **Felix Blair**, mover to assistant supervisor.

### INHALATION THERAPY

**Ken Meyer**, technician I to chief cardiac care technician, nursing; **William Goerss**, technician I to technician II; **Kevin Carmody**, technician I to technician II.

### LABS

**Beverly Gestring**, ECG technician to secretary; **Stephen Payne**, laboratory assistant to technician; **Ernestine Bunyard**, general office clerk to assistant manager, general lab office; **Linda Stanfield**, general office clerk to secretary; **Carol Battle**, technician to group leader; **Margaret Record**, technician to assistant chief technician; **Constance DeBruyn Kops**, laboratory assistant to technician.

(Continued on page 7)



# 150 Attend Radiation Conference Here

More than 150 persons from throughout the United States, Canada, Sweden, Japan, England and other foreign countries attended the fourth annual varian users meeting March 29 and 30 in



*Barnes associate radiologist Dr. William E. Powers (right) discusses a new piece of radiation therapy equipment with some of the persons who attended the virian users conference held here in April.*

Scarpellino Auditorium, Mallinckrodt Institute of Radiology.

Organized for the purpose of exchanging ideas on the optimum utilization of linear accelerators in radiation therapy, the meetings provide an interchange between physicists, therapists and engineers regarding the best use of such therapy equipment.

Dr. William E. Powers, Barnes associate radiologist, served as moderator for most of the sessions. All the papers presented were by therapists and physicists familiar with the operation and maintenance of linear accelerators. Speakers included prominent physicians in the field of radiology from 18 cities in the United States as well as Canada, Sweden, England and Venezuela.

Other moderators and their topics were: Dr. Carlos A. Perez, Barnes associate radiologist, "Clinical Practice and Accessories"; Dr. George D. Oliver Jr., head of radiation physics at Mallinckrodt, "Physics"; Dr. Ronald G. Evens, Barnes radiologist-in-chief, "Cost Accounting of a Radiology Department"; and Dr. Don Ragan, instructor in radiology, "Computers in Radiotherapy."



**Patient Safety** will be the theme of Barnes' second annual safety fair, to be held on Tuesday, May 22, in the employe cafeteria Sun Room. The fair will last from 7 a.m. until 5:30 p.m. and is open to everyone.



*Mr. Kim Johnson*

Kim Johnson, a mover in the housekeeping department, died on March 19. Mr. Johnson had been an employe of the hospital since November, 1962.

# Expansion Begun At Johnson Institute Will More than Double Present Size

The expression "raising the roof" took on a new meaning April 21 when the Irene Walter Johnson Institute of Rehabilitation held a special afternoon ceremony to mark the commencement of an expansion program that will add three stories to the institute's present two-story structure. Because a major portion of the nearly two million dollars needed to build and equip the structure was supplied by St. Louis area families and corporations, the "roof raising" was held to honor them. In addition, the federal government supplied a \$340,000 grant and the Kresge Foundation of Detroit provided \$100,000.

When completed in October, 1974, space will be available for several new programs, plus expansion of present ones. The fifth floor will house a four-lane, 1/26th mile track for use by coronary and respiratory rehabilitation patients. The fourth floor will contain biomedical engineering labs, coronary rehabilitation facilities, the hand

rehabilitation center, an orthotics (special braces) service and development unit, a brace/amputee clinic and a conference room.

On the third floor, space for physical therapy activities approximately twice as large as those in use at present will be available. Particularly noticeable will be the greatly enlarged pediatric facilities and provisions for rehabilitation nursing, treatment and counseling.

The present second floor will be enlarged somewhat also, and will continue to be used for occupational therapy activities. On the lower level, specialized speech therapy rooms will be built, along with a larger library, an adjoining conference room, and expanded administrative offices.

Dr. Hugh Chaplin, Barnes associate physician and director of the institute from 1964-72, was the coordinator for the planning and expansion program.

# New Patient Services Booklet Now Ready

A new 30-page booklet, **An Inventory of Patient Services**, has just been published jointly by Barnes Hospital, the Irene Walter Johnson Institute of Rehabilitation and the Mallinckrodt Institute of Radiology.

The booklet is intended for use by physicians throughout the Midwest who may wish to refer patients to doctors in the Barnes complex, and for any persons or firms who want a general overview of patient services. It contains general information about the Barnes Hospital medical center as well as the proper admission procedures.

Several pages of the patient services inventory are devoted to descriptions of the hospital's eight intensive care units, including discussions of each unit's function and capacity.

The bulk of the publication is devoted to a description of services, including medicine, surgery, laboratories, and specialties. The function of units, such as the kidney center, the Johnson Institute of Rehabilitation and the Mallinckrodt Institute of Radiology also are explained.

# Barnes Methods Director Contributor To New Book

A new book intended for use by hospital administrators and department heads, "The Management of Hospital Employee Productivity," has just been issued by the American Hospital Association. Roy C. Andrews, Barnes' methods director, was a contributor to the publication and a member of the book's advisory board.

The productivity of all types of employes in all hospital areas is covered by the book, which draws on work from three major disciplines. From psychology comes information on human relations; for business administration, work planning, controlling and organizing procedures; and, from industrial engineering, techniques for measuring productivity changes or the lack of them.

"The book gives the reader the basics of employe productivity management and its large reference section offers sources of more detailed information, if needed," Mr. Andrews says. It is the first such book to deal with the subject to be issued by the AHA. Anyone interested in the book may see a copy in the methods office or order it through the AHA.

All hospital employes are reminded that their identification cards must be validated annually. It is important that persons who do not now have a 1974 expiration date on their I.D. cards request validation as soon as possible. The Safety and Security office in the Barnes basement can validate cards in a few minutes.

Guido Roncal, 19, is Dispatch's Messenger of the Month for May. Mr. Roncal is a full-time messenger on the day shift. In addition to his work here, he is studying to be a computer programmer in night school.

His hobbies include golf, collecting bottles and collecting matchbooks. He was selected on the basis of his courtesy, production and job interest.

Nine Barnes volunteers participated in the traditional observance of Doctor's Day on Friday, March 30, offering carnations and refreshments to hospital physicians.

Those who took part included mesdames George Minor, Arthur Clark, Harvey Wittcoff, Norman Greitzer, Robert Dahlin, Raymond Meisenheimer, Harry Holmes, Stewart Lohead and Gerald Canatsey, chairman.





# Alcoholism—A Genetic D

Alcohol, whether in the form of beer, wine, whiskey, sake, vodka or tequila, is consumed by millions of people throughout the world. For the most part those who drink do so moderately and for pleasure—and seldom suffer anything more serious than an occasional hangover.

But for another group of drinkers alcohol seems almost a compulsion—and one that produces a lifetime of problems. These drinkers are frowned upon by employers, friends, relatives and spouses. They are often arrested for traffic violations and other infractions of the law, and, may suffer frequent blackouts, tremors, hallucinations, convulsions, and loss of control, among other symptoms.

Such compulsive drinking and its attendant problems are broadly referred to as "alcoholism." What causes it? Although there is no definitive

answer as yet, research directed by Barnes assistant psychiatrist Dr. Donald W. Goodwin (aided by Dr. Samuel B. Guze, Barnes associate psychiatrist; Dr. George Winokur, formerly of Barnes and now of University of Iowa; and two

**Alcoholism may be the result of some as yet unknown inherited factor.**

Danish psychiatrists), seems to suggest that severe alcohol abuse may be the result of some as yet unknown genetic (inherited) factor.

Previous studies by other investigators had shown that about 25 per cent of the fathers and brothers

of alcoholics were themselves alcoholics. But the relative importance of heredity and environment (or nature vs. nurture) on such familial alcoholism was a matter of conjecture. With this in mind, Dr. Goodwin designed a project to study the relationship between heredity, environment, alcohol abuse and psychiatric problems.

To this end 133 subjects (who had been adopted by non-relative families before the age of six weeks) were selected from a pool of more than 5,000 adoption cases that had occurred in Copenhagen, Denmark from 1924-47. Only males were studied because they are some five times more prone to become alcoholics than females, many studies have shown.

Denmark was chosen for the study because of the relatively low mobility of the population and the

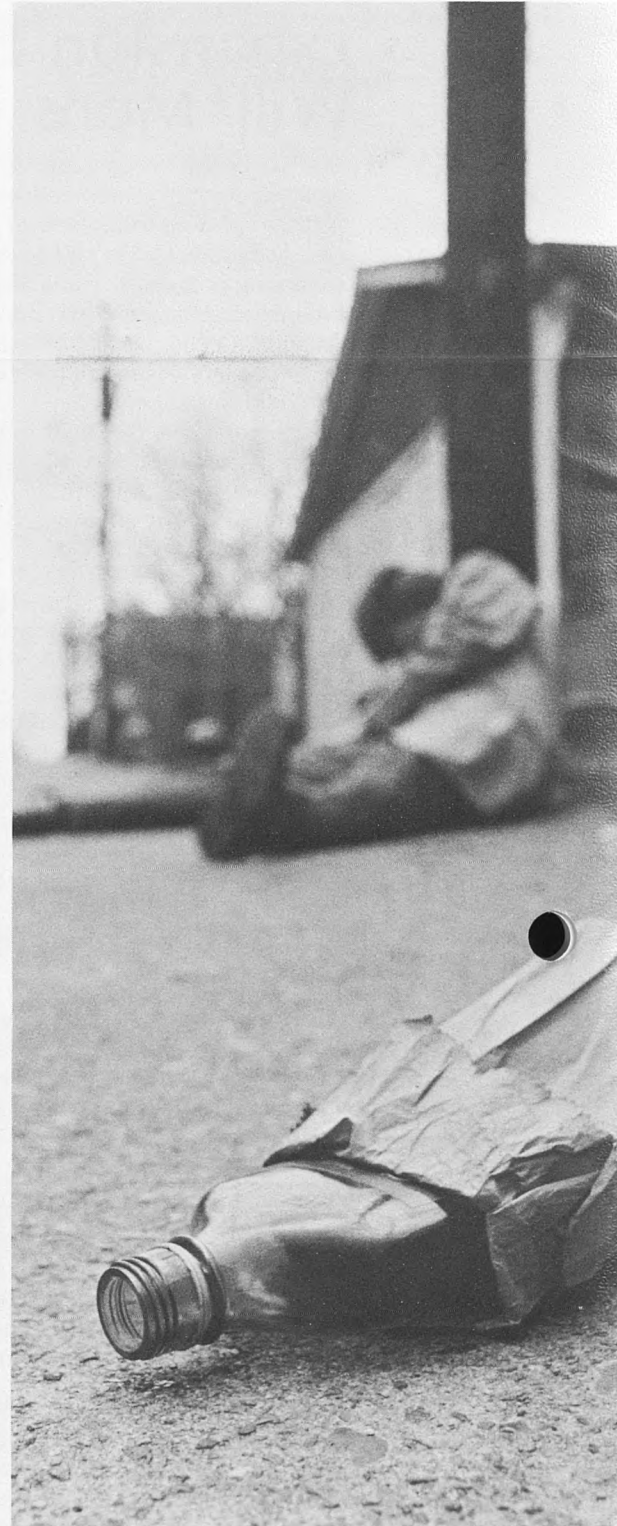


*Above—LPN Rosella Farmer, a psychiatric technician, comforts a female patient suffering from alcoholism. Most studies have shown that men are much more likely to become alcoholics than are women, but no one as yet understands why.*

*Far right—Dr. Donald W. Goodwin, Barnes assistant psychiatrist, directed the study of alcoholism.*

*Right, center—To many, the wine represents the ultimate degradation that alcoholism can produce. Dr. Goodwin's study suggests that heredity, not environment, is at fault.*

*Right—Many of those who are involved in serious automobile accidents have a drinking problem, as emergency room personnel and police records will attest.*





# isease?

availability of detailed records on each subject and his natural and adoptive parents. Dr. Goodwin says he doubts that cultural differences between Denmark and the U.S. would make the study any less applicable to Americans. "Of course, we cannot say that for sure. But I would note that the definition of alcoholism used for the Danish study was the same one we use here. So, there is no difference in that respect," he says.

Of the 133 subjects, 55 had one or more natural parents who had been officially designated alcoholics. The remaining 78 (controls) were the offspring of parents similar to those in the first group with one exception: none of their natural parents had been classified as alcoholics. Because none of the subjects had had contact with their biological parents after age six weeks, that environmental factor was eliminated.



All the subjects were interviewed by Danish psychiatrists who had no prior knowledge about the subjects' parents. The interviews, which took approximately one year to complete, were transcribed and sent to St. Louis along with detailed medical, psychiatric and police records. Coding, card punching and analysis of the data was done here.

A study of the results revealed that persons in both groups were quite similar with respect to age, education, social status and military experience. The adoptive parents for both groups were also much alike, as was the incidence of anti-

## ***Alcoholism rates were nearly four times higher among the offspring of alcoholics than among the offspring of non-alcoholics.***

social behavior and drug abuse among the subjects. But one of the major factors that distinguished the two groups was the divorce rate.

"It has usually been assumed that the alcoholic abuses the spouse or otherwise is difficult to live with, resulting in divorce. Our study indicated that there may be another factor. Overall, the children of alcoholics, **even those who did not become alcoholics themselves**, had a higher divorce rate than the controls. This suggests to us that there may exist some predisposition for divorce," Dr. Goodwin says.

Also, nearly half of the children of alcoholics had received psychiatric treatment as compared to one-fourth for the controls. The former group showed five times the latter's rate of psychiatric hospitalization. Drinking problems, but not alcoholism *per se*, were half as frequent among the controls.

Alcoholism (defined for this study as a certain minimum number of problems, connected with

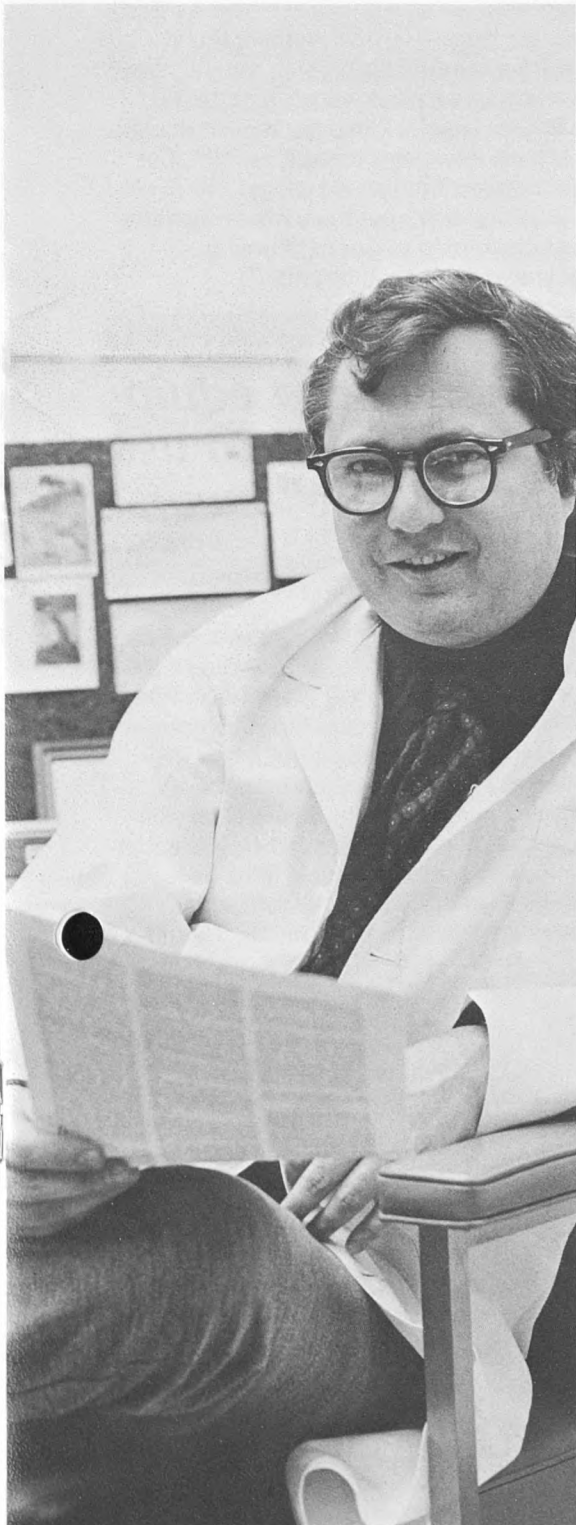
drinking, not one single problem) rates were nearly four times as high among the offspring of alcoholics than among the offspring of non-alcoholics, despite the fact that neither were raised by their natural parents. In fact, other than the divorce rate, alcoholism was the factor that distinguished the two groups, which "suggests that there may be a specificity in the transmission of the disorder heretofore underestimated," the study states.

Heavy drinkers, that is, those persons who consume large quantities of alcohol **but with no serious problems**, were almost equally common among the members of both groups, which "suggests that severe forms of alcohol abuse may have a genetic predisposition but that heavy drinking itself, even when responsible for occasional problems, reflects predominantly nongenetic factors," the study says. In other words, a tendency toward true alcoholism seems to be genetically determined in some cases. Heavy drinking, on the other hand, seems to be related to nongenetic factors.

While Dr. Goodwin's research and that of other investigators strongly suggests that there may be a genetic predisposition to alcoholism, its exact mechanism is not understood. "There may be some specific biochemical vulnerability to alcohol, but we do not know. We will have to have a better understanding of how the brain works, and how alcohol effects it, before we can identify the mechanism," Dr. Goodwin says. "It may be

## ***Generally, some 25% of the fathers and brothers of alcoholics are themselves alcoholics.***

that in persons with this predisposition, alcohol simply makes them feel good, more so than it does non-alcoholics. Of course, it would be hard to prove. Or, it could be that some individuals are simply 'born to like alcohol' for some reason as yet unknown," he says.





# Fire: The Time To Stop It Is Before It Begins



Above—Ash trays, Mr. Thurman points out, are for ashes and cigarette butts, not discarded cups, bags and other items that are easily ignited by a discarded cigarette.



Above—An electric coffee maker, if left plugged-in overnight, can present a serious fire hazard.

Fires, under almost any circumstances, have a great potential for disaster. But especially in a hospital, where hundreds of persons are bed-ridden, even a relatively minor blaze can result in tragedy. Of course, in a modern hospital such as Barnes, the chances of serious damage from a fire are reduced due to fire resistant construction, alarm systems and the presence of extinguishers and fire hoses.

But as effective as these things are, preventing fires from occurring in the first place is even more important, says Safety and Security director Ed Thurman. "We don't want to overlook the importance of taking immediate action once a fire occurs, but we can't emphasize enough that fire 'prevention' is preferable to 'cure.'" For this

## Using ash trays as trash cans is inviting trouble.

reason, Mr. Thurman believes that employees should take time to learn what is necessary for a fire to occur, in addition to what to do if it does.

"Three things must be present for a fire or explosion to happen: fuel, or something that will burn; air, which supplies the oxygen that must be available to support combustion; and energy, usually in the form of heat or a spark. Take away any one of these three essentials and a fire will not occur, or if it is already burning, will be extinguished," Mr. Thurman says.

Imagine an ordinary candle burning inside a wide-mouth glass jar. Obviously, the candle will not burn in the first place unless energy is supplied, say in the form of a match, to begin the combustion process. If you tightly cover the jar's opening with a lid, the candle will go out in a matter of seconds—as soon as the oxygen in the air inside the jar is used. Similarly, if you allow the candle to burn long enough it will eventually go out because the fuel, in this case the candle wax itself, is gone.

Although the preceding example is simple, the same basic principles always apply—Fuel, oxygen and energy all must be brought together for a fire or an explosion, to occur.

For example, vapors from a flammable fluid, such as gasoline could be present in the air inside a store room that is illuminated by an electric light and no explosion or fire would occur. But, if the

light bulb was shattered, exposing its glowing white-hot filament to the gasoline vapor and air, an explosion and/or fire would probably follow. This is why electric lights in areas such as operating rooms where anesthesia gases—many of which are explosive—are present, are contained inside specially-designed explosion-proof housings.

Most people are familiar with electric coffee makers, which are also a potential fire hazard. If unintentionally left plugged in all night, the high temperatures developed by the heating coils of such units could easily ignite paper napkins, paper cups or even a wooden table top.

One of the most common causes of fires are cigarettes. Not infrequently, smokers will use an ash tray, but will not extinguish the cigarettes. Later the contents of the ash tray may be dumped into a wastepaper container where the glowing ash ignites discarded paper. Also, some patients persist in smoking in bed, despite warnings from hospital personnel. "Putting out mattress fires is very difficult," says Mr. Thurman. "Because of their construction, the fire will smoulder deep inside, sometimes for hours. The best procedure is usually to tear the mattress apart, and make sure the fire is extinguished, piece by piece," he says.

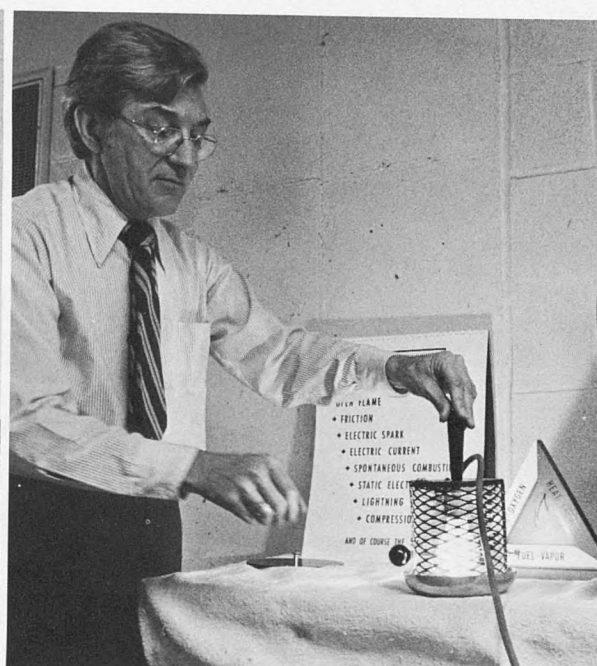
In the same vein, those who use ash trays as trash paper receptacles are inviting trouble. If one person drops a candy wrapper in an ash tray, and later someone drops in a burning cigarette, the wrapper may be ignited. "You may think it would only be a 'small' fire and you might be right. But anytime you have a fire there is danger that it will spread. So please don't put trash where cigarette stubs are supposed to go—or put burning cigarette stubs where trash belongs."

## Learn where fire equipment is and how to use it before a fire occurs.

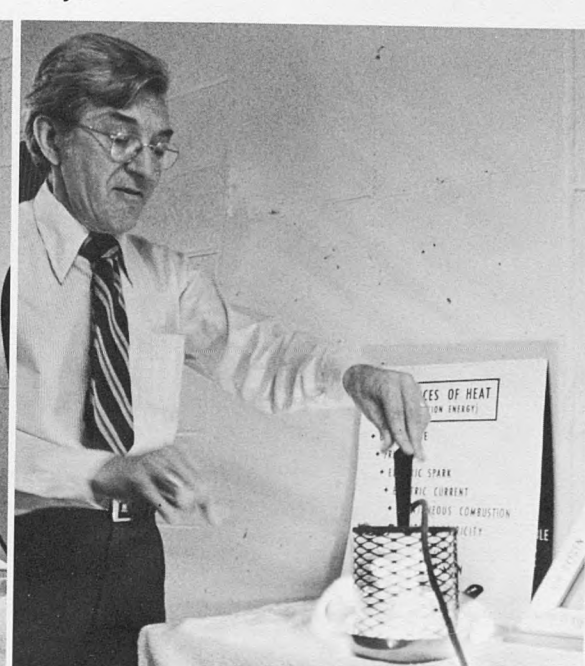
Unfortunately, no program of fire prevention can be 100 per cent effective, so everyone should be familiar with basic fire-fighting procedures. Know the location of the fire extinguishers and hoses in your area and familiarize yourself with how they operate **before** a fire occurs. And remember to report any fire immediately, by dialing extension 500, the hospital's special fire number. It is not at all uncommon for fires that people think have been extinguished to smoulder unnoticed for hours, then burst into flame again, Mr. Thurman says.



From left—Safety and Security director Ed Thurman inserts an ordinary light bulb into an electrical socket (protected by a metal cage) and sets it over a small metal skillet containing a few drops of gasoline. The light bulb is turned on, but



no fire occurs as the gasoline vapor and air cannot reach the bulb's glowing hot filament. But when the bulb is broken and the filament exposed, a flash fire occurs immediately, as seen in the photograph on the right.





## —Promotions—

(Continued from page 2)

### LAUNDRY

**Jimmie Johnson**, feeder-sheet spreader to group leader; **Mack Caldwell**, feeder-folder to feeder-sheet spreader.

### MAINTENANCE

**Earl Parker**, maintenance man "B" to maintenance man "A"; **John McWilliams**, maintenance man "B" to maintenance man "A"; **Joseph Sprenke**, maintenance man "B" to maintenance man "A"; **Paul Foeller**, maintenance man "A" to analyst; **John Grissom**, maintenance man "B" to maintenance man "A".

### NURSING

**Dorothy Ernst**, staff nurse to head nurse; **LaJean Edwards**, O.R. technician I to O.R. technician II; **Marilyn White**, O.R. technician I to O.R. technician II; **Barbara Johnson**, O.R. technician I to O.R. technician II; **Marsha Walker**, staff nurse to assistant head nurse; **Mildred Jamison**, service clerk to service manager; **Wandy Simmons**, nurse assistant to service manager; **Vallie Moore**, O.R. technician I to O.R. technician II; **Carrie McClure**, O.R. technician II to O.R. technician III; **Patricia Grant**, O.R. technician I to O.R. technician II; **Belva Hinthorn**, staff nurse to clinical nurse; **Marilyn Moss**, staff nurse to head nurse; **Kristine Godfrey**, staff nurse to officer of the day; **Diane Fabre**, staff nurse to instructor, school of nursing; **Kathy Hausman**, staff nurse to clinical nurse; **Doris Robinson**, O.R. technician I to O.R. technician II; **Patricia Eilering**, staff nurse to head nurse; **Glover Miller**, O.R. technician I to O.R. technician II; **Classie Brown**, O.R. technician I to O.R. technician II; **Gwendolyn Clay**, nurse assistant to psychiatric technician; **Norma Robinson**, nurse assistant to psychiatric technician; **William Franke**, nurse assistant to psychiatric technician; **Danny Kuehn**, nurse assistant to laboratory assistant, labs; **Elaine Jefferson**, service clerk to ECG technician, labs; **Peggy Nelson**, staff nurse to clinical nurse.

### PHARMACY

**James Miller**, pharmacist technician I to pharmacist technician II; **Deborah Doney**, clerk-typist to credit clerk, credit and collection.

### RECREATIONAL THERAPY

**Helen Haskins**, recreational therapy assistant to recreation leader.

### SAFETY AND SECURITY

**Betty Falkenberg**, security watchman to assistant supervisory watchman.

### SCHOOL OF NURSING

**Ruth Theiss**, receptionist to assistant resident director; **Adelaide Kloepper**, instructor to clinical specialist, nursing service.

### SOCIAL SERVICE

**Diana Reed**, social worker I to social worker II.

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Larry Myers, Associate Editor  
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A videotape recorder, small TV monitors, and electronic switching and mixing controls are all mounted on a cart that can be moved from location to location. Storage space for TV cameras is also provided.

## Barnes Gets New TV Videotape System

Television seems to be just about everywhere these days. Not only is the "tube" used for entertainment in virtually every home in the nation, but it has found its way into colleges—where lectures are presented on closed-circuit TV—and into police work—where it is used for surveillance purposes. Now Barnes has acquired a new video tape recording system, intended to perform a variety of functions primarily related to training hospital employees.

The new system, which is under the wing of Rex Ward, Barnes' training and orientation director, is actually a miniature television studio, complete with three cameras, tripods, microphones, switching devices, video tape recorders, and TV monitors. The system is contained in a portable cart so the "studio" may be moved from location to location.

"This equipment is a smaller, and of course, less elaborate, version of that used in most television stations. While we cannot broadcast, we can produce high quality tapes of our own 'programs' which can be replayed whenever needed," Mr. Ward says.

The first major project Mr. Ward has in mind for the new equipment is the preparation of an up-to-date history of Barnes Hospital for use in new employee orientation classes. "In this tape I also want to show our new employees the physical vastness of the hospital, as well as a sampling of the variety of jobs that must be performed here," he says. The video tape unit lends itself to such a project like no other equipment. Using a portable camera/recorder combination, footage can be shot in various locations throughout the hospital, then transferred as needed to a master tape, complete with soundtrack.

Should part of the material become out-of-date for any reason, such as the addition of a new building or remodeling of older facilities, it is simple to change the tape. In much the same manner as a home audio tape recorder, the video tape can be partially erased and a revised segment added without affecting the rest of the tape.

"I also hope to use the video system to prepare a series of programs for our management training classes, using members of the hospital administration as 'guest lecturers.' This would make the skills and special knowledge of various administrators available to each class of new managers," Mr. Ward says.

In addition, the system has a great deal of potential for on-the-job training. Once a tape on how to operate a piece of equipment has been made, it could be shown to new employees as a supplement to individual instruction. The device's instant-replay capabilities also could be an important training aid. A tape of a new employee performing a job function could be made and played back immediately to show any errors in procedure. Interactions of employees with patients could be filmed, too, to improve their performance.

Historical events, such as the opening of a new building or lectures by distinguished visitors could be recorded on video tape to create a permanent record. Role-playing work in management training also would benefit from video tape equipment. "It's possible uses are almost limitless," Mr. Ward says.



With this completely portable videotape recorder and camera, Mr. Ward can make picture and sound recordings in virtually any location.



## doctor's NOTES



■ Dr. David M. Kipnis, Barnes Physician-in-Chief, discussed diabetes-produced damages to the body's blood and nervous systems at the annual meeting of the St. Louis Clinical Diabetes Society.

■ Dr. Leonard Jarett, Barnes laboratory director, discussed "An Approach to Laboratory Computerization" at the Advancement of Health Care Through Automation (AHCA) group's March meeting, held in the East Pavilion auditorium.

■ Dr. Ronald G. Evens, Barnes Radiologist-in-Chief, and Dr. William H. McAlister, Barnes associate radiologist, have been elected to the executive committee of the Missouri Radiological Society, the state chapter of the American College of Radiology. Dr. McAlister was chosen president-elect and Dr. Evens was selected to serve a second term as secretary-treasurer.

■ Dr. George E. Murphy, Barnes associate psychiatrist, recently took part in a panel discussion on suicide during a seminar on alcoholism and suicide held at the University of South Dakota. Dr. Murphy and other members of the panel debated the right of an individual to commit suicide, as well as the responsibility of medical personnel in such situations.

■ Dr. Robert Deitchman, Barnes assistant psychiatrist, told those attending a drug seminar sponsored by the Edwardsville, Illinois, Jaycees that drug abuse among young people is often the result of failure at the home level. The real problem today, he said, is that there is no longer a strong family unit.

■ Dr. William Alonso, Barnes assistant otolaryngologist, presented a paper on minibike injuries involving children at the opening session of the American Broncho, Esophagological Association's meeting held in St. Louis recently. Neck injuries to youngsters involved in minibike accidents can be potentially fatal if proper emergency care is not given, Dr. Alonso said.

■ Dr. Cyril M. MacBryde, Barnes assistant physician, died of a stroke March 18 at his home in Kirkwood. Dr. MacBryde, 66, had been ill for some time. A graduate of the Harvard medical school, Dr. MacBryde, a specialist in internal medicine, was also an associate professor of clinical medicine at the Washington University Medical School. He was a staff member at two hospitals in addition to Barnes. Dr. MacBryde authored many articles on endocrinology and nutrition and was editor of a widely used textbook on physical diagnosis. Dr. MacBryde is survived by his wife, a son and a daughter.

■ Dr. Lawrence D. Thompson, Barnes assistant physician emeritus, died on Wednesday, April 18, in Fullerton, California. Dr. Thompson, 81, had made his home there for the past two years. The son of a medical missionary, Dr. Thompson was born in Siam. He attended Cornell University medical school before coming to St. Louis where he was a member of the faculty of the Washington University medical school and on the staff of Barnes Hospital and St. Luke's Hospital. He retired in 1969. Dr. Thompson is survived by one daughter and one son, his wife having preceded him in death in 1965.

## March Tribute Fund Gifts

The following is a list of honorees (names in **boldface**) and contributors to Barnes Hospital Tribute Fund during March, 1973.

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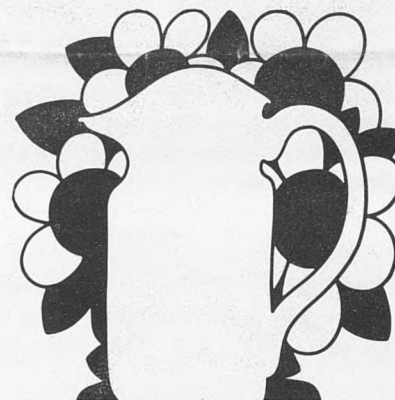
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