

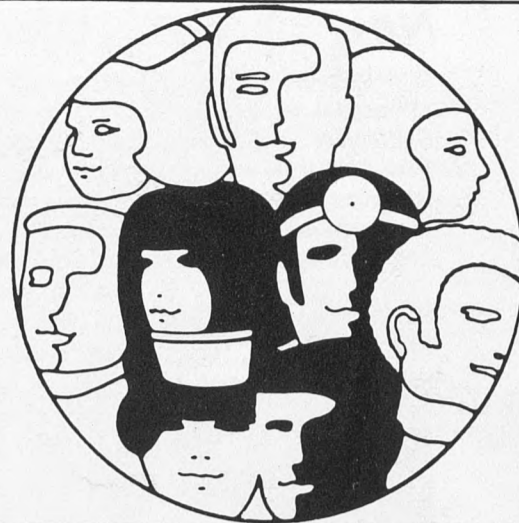
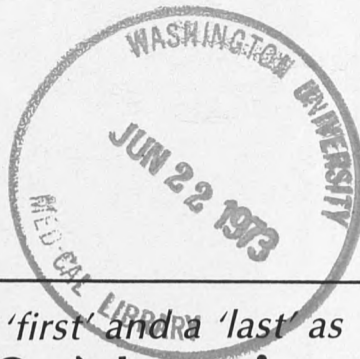
V. 27 #6  
**BARNES**

Barnes Medical Center, St. Louis, Mo.

# HOSPITAL BULLETIN

June, 1973

SHELVED IN ARCHIVES



Mr. Harold E. Thayer

## Harold E. Thayer Elected to Barnes' Board of Directors

Mr. Harold E. Thayer, chairman of the board and chief executive officer of the Mallinckrodt Chemical Works, has been elected to the Barnes Hospital Board of Directors. Mr. Thayer's appointment, and the re-election of Raymond E. Rowland as board chairman, was made at the group's recent annual meeting.

Mr. Rowland, former board chairman of the Ralston Purina Company, has been a member of the Barnes Board since 1962. He has served as chairman since 1968.

Other officers of the board re-elected to their positions were Maurice R. Chambers and Edwin M. Clark, vice-chairmen and Irving Edison, treasurer.

Mr. Thayer is well known for his civic interests. A former president of Backstoppers, he is currently president of the St. Louis Area Council of the Boy Scouts of America and of the St. Louis Regional Commerce and Growth Association. He has also served as campaign chairman and president of the United Fund of Greater St. Louis. Mr. Thayer is active in Junior Achievement of Mississippi Valley, Inc., a trustee of the National Jewish Hospital and Research Center in Denver, and a member of Civic Progress, Inc.

A native of Rochester, New York, Mr. Thayer is a graduate of Massachusetts Institute of Technology. Mr. Thayer joined Mallinckrodt in 1939, in the sales research and development department. He was war production board coordinator from 1941-43. Named as vice president in 1950, he became executive vice president in 1959 and president in 1960. He was appointed chairman of the board and chief executive officer in 1965.

## A 'first' and a 'last' as 78 Nursing Students Graduate

The Barnes Hospital School of Nursing's 16th annual graduation program, held on Saturday evening, June 2, was distinguished by both a "first" and a "last." The delivery of the commencement address by a woman, Dr. Joan Blondin, a research fellow in the hospital's renal division, was the "first." The commencement addresses have been given exclusively by men since the school was created 18 years ago.

The "last" was the class itself—the final group of students to complete the school's three-year curriculum. Phasing out of the three-year course of study began in 1971, as a two year program was begun. The first group of students enrolled under the later program will also graduate this year, on August 25.

The graduation exercise, held in the St. Louis Cathedral, 4431 Lindell Blvd., began at 8:30 p.m. with a procession into the structure. The ceremonies were opened by Barnes Catholic Chaplain Robert Krawinkel, who gave the invocation. He was followed by the director of the school of nursing, Joan Hrubetz, who welcomed the students, their families and their guests.

Miss Hrubetz then introduced Barnes Hospital President Robert E. Frank, who congratulated the

students on their many months of hard work. He was followed by Dr. Blondin, who presented the commencement address. The presentation of the class of 1971 was made by student activities coordinator Charlotte Spengel. Then diplomas were presented by Mr. Frank, aided by assistant director of nursing education Barbara Bradshaw. Immediately after receiving their diplomas, each graduate was presented with a class pin by Miss Hrubetz. The graduates also received a single, long-stemmed rose from alumni representative Beverly Ervin.

Following the presentation of the diplomas, several special awards were made. The Copher award, made possible by a gift from the late Dr. Glover Copher, a former Barnes surgeon, was presented by Mr. Frank to Linda Kitchen.

Mrs. Stanley Kolker, president of the Barnes Auxiliary, presented her group's awards, one for outstanding clinical performance to Linda Barry, and the other for theoretical achievement, to Sharron Himmel.

A special American Hospital Association Centennial Club award was presented to Jeanette

(Continued on page 2)



Late last month these Barnes School of Nursing seniors—and most of their classmates—were busy making sure that their new uniforms would look just right for the school's commencement exercises. Here Linda Delaplain (left) and Corliss White (right) help Janet Cissell (standing) adjust her hemline.



## New Assist. Director

Rich Grisham has been named assistant director of hospital services. He has been at Barnes since September 1, 1972, as an administrative resident. Prior to that he was a graduate student in hospital administration at Washington University. He had previously been chief of the pharmacy and taught pharmacology at a hospital in Tulsa, Oklahoma.

Mr. Grisham and his wife Carla have one child, Richard, age 7.



Mr. Rich Grisham

## Match Day Was Lucky Despite Unlucky Date

Friday the 13th, to the superstitious among us, is a good day to stay in bed. But for members of the class of '73 at the Washington University Medical School, it had additional significance this year. On April 13, a Friday, the students gathered in Cori Auditorium to learn in which hospitals they had been selected to serve their internships. Fourteen of the 97 graduates were chosen by Barnes Hospital, 23 by other St. Louis area institutions and the remainder by hospitals scattered throughout the nation. Most were happy with the hospital they were matched with, so Friday the 13th was hardly a 'bad luck' day.



Graduating students scramble for their matching day envelopes.



## Dietary Serves Up Food Facts At Fair

Neighborhood street fairs are often an excuse for participants to load up on hot dogs, beer and cotton candy, among other delights. The fair held recently in the Euclid Avenue area, just 3 blocks north of Barnes Hospital Plaza, was no exception in that respect, but representatives of Barnes' dietary department were on hand to give advice to those who wanted it. Recipes, diet tips and hints on low budget meals were available for the asking. A scale and a list of ideal weights were also prominently displayed—which may have hurt the sale of that delicious cotton candy.

## 16th Nursing School Graduation

(Continued from page 1)

Sheahan for her help with an AHA trial program earlier this year.

Other special awards were made by Donna Granada, the school's medical-surgical nursing coordinator.

The closing benediction was given by Barnes chaplain Charles Spier.

Graduates from the city of St. Louis included: Marsha Lynn Baer; Rebecca Sue Baldrige; Mrs. Jamie Z. Beckemeier; Margaret Jean Bedient; Ruth Ellen Bollinger; Julia Ann Burch; Barbara Jean Burns; Nancy Jane Coleman; Mrs. Anita Blackwell Curtis; Linda Melissa Delaplain; Marla Marie Desseyn; Mrs. Janice Smith Diener; Antonette Marie Essner; Mrs. Juanita Pearson Fonda; Mrs. Peggy Durrer Goessling; Mrs. Elizabeth Palkes Greengold; Christine Ann Hasenpflug; Mr. Larry Ray Kennon; Margaret Estelle Knaup; Joan Marie Krekeler; Linda Marie Lane; Nancy Jean Langhorst; Mrs. Paula Romano Lohbeck; Deborah Louise Long; Mr. Mark Steven Manczuk; Carol Lee McCoy; Terre Lane McCullough; Mrs. Marilyn Houston Minner; Mrs. Mary Walz Mora; Mr. Francis Martin Powers; Suzanne Elizabeth Reichle; Linda Marie Richardson; Nancy Jo Rodie; Bonita Ellen Rolf; Mrs. Linda Hagen Ross; Mrs. Ann Perry Schmidt; Colleen Marie Shelley; Anne Margaret Smith; Janet Leslie Smith; Valerie Joan Stewart; Mrs. Jill Schumacher Streeb; Mrs. Marie Dalton Trombley; Mrs. Georgia

Helfrich Werner; Corliss Ann White; Mrs. Marilyn Francka Williamson; Jean Margaret Zimmerman.

Members of the graduating class from St. Louis County included: Cathy Louise Bonser; Jeanette Marie Sheahan; Marcelle Marie Wood.

Outstate Missouri graduates included: Sharon Ann Arnold; Pamela Ann Basler; Judy Elaine Brown; Janet Maria Cissell; Carole Sue Garwood; Sharon Marie Himmel; Deborah Dean Jaco; Linda Lee Kitchen; Barbara Ann Pues.

Illinois graduates included: Linda Frances Barry; Jane Marie Bergjans; Andrea Lorraine Burcham; Marna Jane Clausen; Ann Dunkel; Mr. Kent Alan Fair; Donna Catherine Gail; Ella Louise Giacomo; Terry Lynn Hauptman; Sherlyn Ann Heyen; Fawn Elaine Johnson; Judy Lynn Kameneck; Mary Catherine McNeil; Mrs. Kathy Hall Risner; Linda May Rutan; Cynthia Gale Snider; Gayle Ann Spera; Mary Louise Williams; Deborah Gail Ziegler.

Graduates from other states: Betty Gene Barnett, LaMesa, California; Wendy Lynn Faraher, Burlington, Iowa; Mrs. Sharon Fears Jackson, Glen Burnie, Maryland; Cathy Ann Kirgan, Blairsville, Pennsylvania; Elizabeth Kovacevich, Arlington, Virginia; Christiane Jane Nelson, Santa Monica, California; Joan Marie Reinert, Denison, Texas.

## Plastic Surgeons' Conference Here

Dr. Paul M. Weeks, Barnes Plastic Surgeon-in-Chief, served as chairman of the eighteenth annual meeting of the Plastic Surgery Research Council held here May 2-4. Eminent plastic surgeons and physicians in related disciplines from throughout the United States and Canada presented papers at four scientific sessions on May 3 and 4.

Dr. Weeks served as moderator for the opening session, which featured papers by Barnes doctors. Included were: "Alteration in Cellular Function with Shock," Dr. Arthur Baue, associate surgeon; "Problems Relating to Massive Blood Transfusions," Dr. John Collins, associate

surgeon; "The Role of Collagenase in Collagen Remodelling," Dr. Arthur Eisen, Dermatologist-in-Chief; "The Pathologic Evaluation of Malignant Melanoma," Dr. Lauren V. Ackerman, Surgical Pathologist-in-Chief; "Plastic Surgery in World War II," Dr. Eugene Bricker, associate surgeon; and "Surgery as a Determinant of World History," Dr. Clarence Weldon, associate surgeon.

The Plastic Surgery Research Council has a worldwide membership including 49 active, 43 senior and 8 associate members. Annual scientific meetings have been held at major medical centers since 1956. The 1974 meeting is scheduled for Columbus, Ohio.



## Hospital Happenings



Barnes Hospital has received official notice that it has been granted maximum accreditation from the Joint Commission on Accreditation of Hospitals.

Maximum accreditation covers a term of two years and runs from April, 1973 until April, 1975. At that time the hospital will be resurveyed and subject to reaccreditation.

The Dispatch department's Messenger of the Month for June is Pauletta Hearon, an escort messenger on the day shift. Miss Hearon, 19, was selected on the basis of her job interest, courtesy, reliability and interest in patients. She says she enjoys her job because she encounters something different every day.

Miss Hearon's hobbies include baseball, basketball, volleyball and sewing.

The tintinnabulation of wedding bells seems to be the most frequent sound in Barnes' Safety and Security department these days. Two of the department's employes were married in March and a third in April. And, all three of the newlywed brides are also members of the hospital family.

The first to wed were security watchman Robert Goodell and Carol Jean Williams, who is in her first year of nursing school here. They were united on March 9 in the hospital's Danforth Chapel by Barnes Chaplain Robert L. Davis.

On March 24, watchman Douglas Lincoln and admitting interviewer Linda Jean Wallace were married. The last pair to be united in matrimony were watchman John R. Clark and dispatch elevator operator Sandy Stouse. They took their vows on April 14.

**Barnes Hospital Bulletin**  
Published By  
Public Relations Department  
Barnes Hospital, St. Louis, Mo.  
Vol. XXVII, No. 6



Constance C. Barton, Director  
Larry Myers, Associate Editor  
Copyright 1973, Barnes Hospital



## Walkway Wards Off Wet Weather

Patients, visitors and employes who park in the new Kingshighway and Audubon garage can now walk to and from the hospital in comfort rain or shine under the new covered walkway. Fluorescent fixtures hidden in the steel supports make the walkway well lighted in the evening hours.

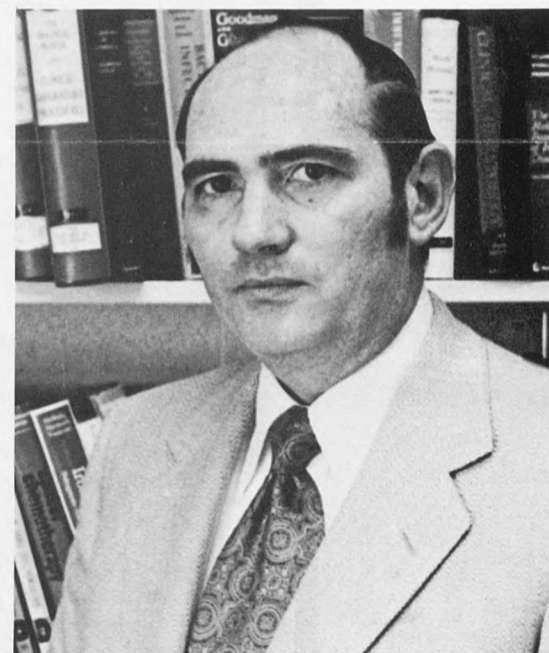
## Dr. Brown Named New Assoc. Dean For Continuing Medical Education

The Washington University medical school has named Dr. Elmer B. Brown Jr., Barnes associate physician, to the newly created post of associate dean for continuing medical education. Dr. Brown will be responsible for coordinating continuing medical training designed to help keep physicians abreast of new medical care developments in all specialties.

Dr. Brown received his M.D., *cum laude*, from Washington University in 1950. He later did postgraduate work in hematology at the medical school and was appointed to the department of medicine as an instructor in 1955. From 1957-59 he was a Public Health Service special research fellow in enzyme biochemistry at the National Heart Institute.

Since his return here in 1959, Dr. Brown has risen to professor of medicine and has directed the hematology division for the past nine years. He will relinquish that position in July, but will continue his teaching, clinical practice and research in hematology.

Currently president of the Central Clinical Research Club, Dr. Brown was also secretary-treasurer of the National Blood Club and a past chairman of the Midwest Blood Club. He is a member of: the executive committee of the



Dr. Elmer B. Brown

American Society of Hematology; the National Institutes of Health hematology training grant committee; the editorial board of the journal **Blood**; and editor of the book **Progress in Hematology**.

Dr. and Mrs. Brown and their four children reside in Clayton.

## New Hospital Visitors Brochure Now Being Distributed Here

Barnes' new visitor information brochure, intended to make visiting hours as beneficial as possible both for patients and their guests, is now available from the admitting office, information desks and nursing stations. The bright green, pocket-sized brochure contains general visiting hours and

policies as well as the visitor policies for special areas of the hospital, such as intensive care units and psychiatric floors. The brochure also requests that visitors do not smoke in patient rooms, bring pets into the hospital, give medical advice or make visits that last longer than 5 to 10 minutes.



These symbols, based on the European sign system, are used in the new visitor information brochure. No's include food, pets and smoking.



# Summertime Allergies

Have you seen any grown men crying this spring? If you did, chances are it had nothing to do with the Watergate affair, women's lib, or the price of steak. More than likely it was the result of hay fever, one of the many allergies that are most prevalent during the warm months.

Hay fever, an allergy to pollens, is just one of the hundreds of allergic reactions that strike people of all ages and sexes. Some people are sensitive to dust, some to fungus, metals, plants, animals, insects and a variety of foods. These things—and many others—are called allergens. The body's response to them in an allergic person can vary from reddening of the skin to death, although the latter reaction is relatively uncommon.

Allergic reactions seem to be an unwanted or unnecessary response of the body's immunological system. This system's main job is to protect us from disease by attacking foreign objects, such as harmful bacteria, that enter the body. It even appears to act as a surveillance system to protect us from cancer. In some individuals, however, factors in the immunological system also combine with certain allergens, resulting in an allergy reaction, says Dr. Phillip Korenblat, Barnes assistant physician.

Sensitive individuals' reactions to the same allergen may vary. "People react to seasonal pollen in many different ways. Some get lung congestion, some nasal congestion, others' eyes are affected and some show all of these symptoms. But no one knows why such different reactions occur," says Dr. Stephen Waltman, Barnes assistant ophthalmologist. It is known that various chemical mediators—released when the body reacts to allergens—trigger the responses, such as sniffles.

**While the body's sensitivity to allergens remains constant during the year, many natural allergens are present only at certain times. Unfortunately for hay fever sufferers, plant pollen is in the air throughout the growing season.**

"Beginning in March, tree pollen allergies occur when the maple and elm trees bud, followed in April by oak and nut tree pollen. Then, in early May, grass pollenates. Following a brief respite in June, English plantation weed begins to bloom in July. In turn, it is followed by ragweed and lambsquarter pollen in mid-August, which remains a problem until the first frost," says Dr. Korenblat.

Thus far this year, pollen has not been as much of a problem as in the past, due to frequent rains here which removed much of the pollen from the air, Dr. Korenblat says. On the other hand, the extra moisture increased the number of mold spores, which also produce an allergic reaction in some persons. Mold doesn't necessarily come from the great outdoors, though. Damp basement walls and house plants also are sources of such spores.

Avoiding airborne pollen, is, of course, one way of avoiding hay fever. Unfortunately, if you are unwilling or unable to move to an area such as the desert (where you may even encounter desert pollens), other methods must be employed. Living in an air conditioned environment is helpful, Dr. Waltman says. In addition to filtering much

pollen and dust out of the air, air conditioners also remove minute droplets of water which may carry pollen. Special electrostatic air filters may provide relief, too.

**Immunotherapy, in the form of desensitization shots, may also help. Such injections create antibodies that attach themselves to inhaled pollen before the body's natural antibodies can do so, and, in effect, block the release of the troublesome chemical mediators.**

If you feel your hay fever condition is not serious enough to warrant such treatment, many of the over-the-counter remedies may provide relief, Dr. Korenblat feels. For red, watering eyes non-prescription eye drops may give minor relief. But there is a danger if they are used too long, Dr. Waltman warns, as they could disguise a more serious condition. Prescription eye drops should be used only as often and as long as the physician suggests, he adds.

In addition to pollen, plants are responsible for another group of allergic reactions—poison ivy, oak and sumac. Nearly everyone is familiar with the symptoms of these allergies—itching, red skin and blisters. An oily resin common to these plants is the allergen. More than 25 per cent of the population is sensitive to such plants, says Dr. Arthur Eisen, Barnes Dermatologist-in-Chief. Contact with the plant itself is not necessary. The resin may linger on clothing or even be carried in the air if the plants are burned, he says.

At present, the best recourse for those allergic to poison ivy and related plants is to learn what each looks like and avoid them. Poison ivy desensitization shots are still under investigation and their efficacy is not known. If you do contract a mild case of poison ivy, cold compresses and plain calamine lotion—used sparingly—are usually a satisfactory remedy, Dr. Eisen says. Of course, severe cases should be treated by a physician.

Poison ivy reactions are illustrative of contact sensitization to a wide variety of chemical agents. A person may come into contact with an allergen once, twice or even more without any apparent reaction. But eventually the body may become sensitive enough to produce a reaction. The amount of the allergen involved can also influence the sensitization process, Dr. Eisen says.

**The condition of the body and specific organs also has a bearing on sensitivity to allergens. Young children may show allergies to many things which they may outgrow later as their bodies mature, Dr. Korenblat says. On the other hand, allergies may appear when an organ is, as a matter of speaking, "weakened," and thus more responsive to allergens.**

For example, the strong lungs of an adult may become more reactive because of smoking and thus more responsive to allergens. The organ principal may be used to control allergies, too. If the weakened organ can be strengthened, for example, by eliminating smoking, the allergic symptoms may disappear as well. (However, the body's immunologic mechanism will still be sensitive to the allergen and maintain an ability to react to it.)

Warm weather also brings with it another potential source of allergic reactions—insects. Every year several

persons die from the stings of bees, hornets, wasps and related creatures. The sting itself is not the cause of death. Rather, it is the body's severe and catastrophic allergic reaction to it, says Dr. Korenblat. Fortunately, such fatal reactions are not common. Usually insect bites produce only a localized reaction, such as the welts of mosquito bites.

Insects, like pollen, are hard to avoid, but there are some precautions you can take. "Don't wear brightly colored clothing, don't use perfume and don't go barefoot. Also, don't unnecessarily sit near open food during the insect season," Dr. Korenblat suggests. Insect repellants may be helpful, too. However, those that are applied to the skin must be reapplied often as they come off easily, Dr. Eisen says.

There are, of course, many other allergies that seem to appear with the warm months. Foods such as strawberries and tomatoes are much more abundant now, so those with food sensitivities—which may not have produced a reaction before—may have problems. Persons who use certain deodorant soaps may find that their skin breaks out when they try to get that golden suntan—a result of an allergy to the soap's bacteria-killing agents.

If you do find your eyes watering, nose running or skin itching, remember that help is available for allergy sufferers. And also remember that you are not alone in your warm-weather miseries—millions of other Americans are probably feeling just as uncomfortable as you are.





# Wintertime Allergies -- Ah Choo!

pollen and dust out of the air, air conditioners also remove minute droplets of water which may carry pollen. Special electrostatic air filters may provide relief, too.

**Immunotherapy, in the form of desensitization shots, may also help. Such injections create antibodies that attach themselves to inhaled pollen before the body's natural antibodies can do so, and, in effect, block the release of the troublesome chemical mediators.**

If you feel your hay fever condition is not serious enough to warrant such treatment, many of the over-the-counter remedies may provide relief, Dr. Korenblat feels. For red, watering eyes non-prescription eye drops may give minor relief. But there is a danger if they are used too long, Dr. Waltman warns, as they could disguise a more serious condition. Prescription eye drops should be used only as often and as long as the physician suggests, he adds.

In addition to pollen, plants are responsible for another group of allergic reactions—poison ivy, oak and sumac. Nearly everyone is familiar with the symptoms of these allergies—itching, red skin and blisters. An oily resin common to these plants is the allergen. More than 25 per cent of the population is sensitive to such plants, says Dr. Arthur Eisen, Barnes Dermatologist-in-Chief. Contact with the plant itself is not necessary. The resin may linger on clothing or even be carried in the air if the plants are burned, he says.

At present, the best recourse for those allergic to poison ivy and related plants is to learn what each looks like and avoid them. Poison ivy desensitization shots are still under investigation and their efficacy is not known. If you do contract a mild case of poison ivy, cold compresses and plain calamine lotion—used sparingly—are usually a satisfactory remedy, Dr. Eisen says. Of course, severe cases should be treated by a physician.

Poison ivy reactions are illustrative of contact sensitization to a wide variety of chemical agents. A person may come into contact with an allergen once, twice or even more without any apparent reaction. But eventually the body may become sensitive enough to produce a reaction. The amount of the allergen involved can also influence the sensitization process, Dr. Eisen says.

The condition of the body and specific organs also has a bearing on sensitivity to allergens. Young children may show allergies to many things which they may outgrow later as their bodies mature, Dr. Korenblat says. On the other hand, allergies may appear when an organ is, as a matter of speaking, "weakened," and thus more responsive to allergens.

For example, the strong lungs of an adult may become more reactive because of smoking and thus more responsive to allergens. The organ principal may be used to control allergies, too. If the weakened organ can be strengthened, for example, by eliminating smoking, the allergic symptoms may disappear as well. (However, the body's immunologic mechanism will still be sensitive to the allergen and maintain an ability to react to it.)

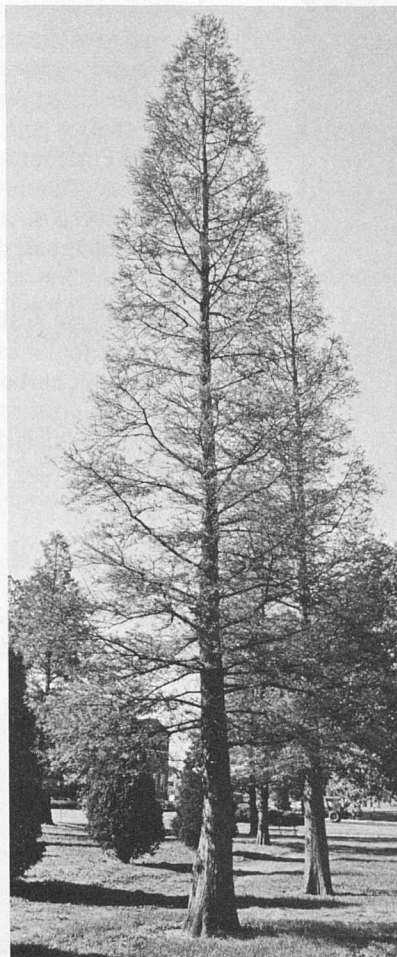
Warm weather also brings with it another potential source of allergic reactions—insects. Every year several

persons die from the stings of bees, hornets, wasps and related creatures. The sting itself is not the cause of death. Rather, it is the body's severe and catastrophic allergic reaction to it, says Dr. Korenblat. Fortunately, such fatal reactions are not common. Usually insect bites produce only a localized reaction, such as the welts of mosquito bites.

Insects, like pollen, are hard to avoid, but there are some precautions you can take. "Don't wear brightly colored clothing, don't use perfume and don't go barefoot. Also, don't unnecessarily sit near open food during the insect season," Dr. Korenblat suggests. Insect repellants may be helpful, too. However, those that are applied to the skin must be reapplied often as they come off easily, Dr. Eisen says.

There are, of course, many other allergies that seem to appear with the warm months. Foods such as strawberries and tomatoes are much more abundant now, so those with food sensitivities—which may not have produced a reaction before—may have problems. Persons who use certain deodorant soaps may find that their skin breaks out when they try to get that golden suntan—a result of an allergy to the soap's bacteria-killing agents.

If you do find your eyes watering, nose running or skin itching, remember that help is available for allergy sufferers. And also remember that you are not alone in your warm-weather miseries—millions of other Americans are probably feeling just as uncomfortable as you are.



■ Top, left—Trees are a major source of trouble for hay fever sufferers. Although most trees do not appear to flower, they do, and pollen is one result.

■ Top, right—RN Pam Nelson, a clinical nurse on the sixth floor of Renard, knows that lunch in the park across from the East Pavilion may be something less than enjoyable for those allergic to pollen.

■ Left—Cats and kittens are great fun to have around the house for someone who isn't allergic to animal hair or dander, such as Public Relations secretary Marilyn Buehler.

■ Above—Bees carry pollen. They also carry stingers. For most people bee and wasp stings are painful, nothing more. But for others such stings can mean death from a massive allergic reaction to the insects' venom.





Zonta Club members (from left) Mabel Weller, Clara Heap and Sue Barton present two \$300 scholarship checks to nursing students Jean Scott and Karen Miller and nursing school director Joan Hrubetz.

## Scholarships For 2 Nursing Students

Two \$300 scholarships to help defray the tuition costs for two Barnes Hospital School of Nursing students were given to the school last month by the St. Louis County chapter of the Zonta Club. Three members of the Zonta Club, an inter-

national women's service group, presented the scholarship fund checks to the recipients, Miss Jean Scott and Mrs. Karen Miller, both first year nursing students at the school, and to nursing school director Joan Hrubetz.

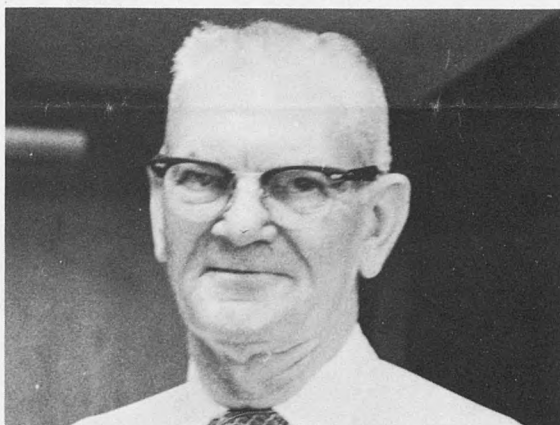
## Two Barnes Hospital Employees Retire

Christine Crawford, a custodian in the housekeeping department, retired on April 7. Mrs. Crawford was employed here on October 5, 1956. She was presented with a certificate of appreciation by Barnes Hospital President Robert E. Frank.



Mrs. Cristine Crawford

Assistant food service manager Arthur Hoff, a Barnes Hospital employe since October of 1941, was presented with a certificate of appreciation for his work here on May 1. Mr. Hoff, who officially retires early this month, was given the certificate by Barnes President Robert E. Frank.



Mr. Arthur Hoff

## April Tribute Fund Gifts

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

### In Memory of

#### **Laura Humbert**

Ms. Carolyn Graff  
Alice Marshall  
Mrs. Cornelia Knowles  
Florence and Sally Parker  
Grace Coleman  
Mrs. Lewis J. Parker  
Mrs. Ellen A. Parker

#### **Dr. C. O. Vermillion**

Jeane Godfrey  
George E. Dixon  
Ruth H. Vance  
A. Donna King  
Mr. and Mrs. D. T. Kingston  
Mr. and Mrs. Thomas C. Winston  
Mr. and Mrs. Donald J. Horsh  
Mr. Ted Lloyd  
Dr. and Mrs. Donald Finger  
Leonard Hornbein  
Mr. and Mrs. Jay Purvis  
Evelyn E. Bonander  
Maxine M. Stout  
Mrs. Ethel Butler

#### **Mrs. Harry Wallace**

Mr. and Mrs. Sam'l C. Davis

#### **George B. Atwood**

Dr. and Mrs. Robert W. Bartlett

#### **Raymond J. Hollingsworth**

National Vendors

#### **Henry H. Sharp**

National Vendors

#### **Dr. F. Gary Bivings**

Dr. and Mrs. Morton A. Binder

#### **Mrs. Kate Abrams**

Mr. and Mrs. Martin Krupen

#### **Mr. Harold Hirsch**

Mr. and Mrs. M. R. Chambers

#### **Mrs. Ruth Burke**

Suite 3102 Doctors and Girls

### In Honor of

**The Birthday of Walter and Henry Stern**  
Ellen and Jack Friedman

**The Recovery of Betty Bressemer**  
Mr. and Mrs. Edward Rose

## New Modified

The Barnes Hospital pharmacy has recently begun a 3-month trial of the modified unit dose medication plan on the 9th floor of Rand Johnson. Under the plan, the most commonly used form of the unit dose system, a one day supply of medications is sent to the patient care floor at the beginning of each day. (This distinguishes it from the pure unit dose system, where single doses of drugs are supplied several times a day as needed.)

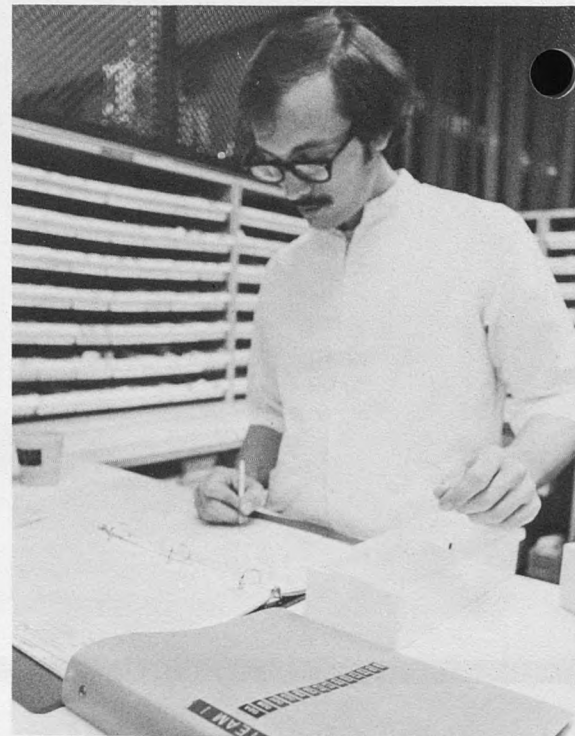
The new trial program differs in many ways from the present system used at Barnes, says Gordon Evans, assistant chief pharmacist. The greatest overall change is in the much improved centralization of control of medications it makes possible. Also, the system brings the pharmacist one step closer to the patient, improving communications between pharmacist, physician and nurse.

Under the trial system, doctors still use the same drug order forms as in the rest of the hospital, but with four carbon sheets attached. A carbon copy of the order is sent directly to the pharmacy. Under the regular system a ward clerk transcribes the doctor's order to another form before it is sent to the pharmacy.

The new system eliminates the possibility of transcription errors and also allows the order to be sent to the pharmacy sooner, as no delay for transcription is necessary.

When the order is received in the unit dose room, a pharmacist transfers the order to a special drug profile sheet that contains the patient's name and room number, as well as a list of all the drugs prescribed for that patient, the dosage, frequency of administration and cost. Using the drug profile, the pharmacist can check for drug incompatibilities or sensitivities and call these to the attention of the physician. Under regular procedures this is not possible, as the list of medications being received by the patient is only kept on the nursing floor.

Once the pharmacist is sure the order is correct, it is filled from a supply of 525 individually packaged items. Although about 4 times as many drugs are available from Barnes' central pharmacy, these drugs account for virtually 99 percent of the orders received, says supervisor George Heine. Part of the drugs are available commercially in the unit dose form; the remainder are packaged here with special equipment. Drugs not already packaged in unit dose form can be prepared quickly when they are needed.



Pharmacist Tom Schwarztrauber checks a patient's drug profile record before filling an order. The profile makes it possible for pharmacists to check for drug sensitivities and incompatibilities.



# Unit Dose Drug Plan Undergoing Trial In Pharmacy

A 24-hour supply of drugs are placed in individual drawers, which are divided into four compartments, one each for the day, evening, and night shifts, plus one for PRN drug items—those requested by the patient, such as sleeping pills. The drawers, which are contained in a special cart, are labeled with the patient's name and room number. Once a day, at 7:30 a.m., a pharmacist takes the drawers to 9200 where they are inserted into a similar container on a wheeled cart. For drugs that require refrigeration, or which will not fit into the drawers, a special locator card is used. This tells the nurse where the drug is stored.

The drug drawers from the previous day are then returned to the pharmacy. There the drugs returned (if any) for each patient are compared with the amount sent. The patient is charged only for the drugs used. Under the current system nursing floors usually receive a five-day supply of drugs for each patient, so such daily accounting is not possible.

Preparing and dispensing medications normally requires four hours of the 24-hour nursing day. That time is cut in half with the modified unit dose system. Nurses on 9200 do not have to prepare a medicine tray. Each patient's medications are already arranged by the compartmentalized drawers, so it is simply a matter of rolling the cart from room to room and dispensing the drugs.

As the nurse removes medications from each drawer, she compares them to the floor's record of the drug requested. This double-check is another important advantage of the modified unit dose system, says Mr. Evans.

If a change in a patient's drug order is made during the day, only enough medication is sent to the floor to last until 7:30 the next morning when the drawers are replaced. These drugs are taken to the floor by dispatch, which also continues to handle stat (emergency) drug orders for 9200 patients.

However, a marked decrease in the number of stat orders has occurred on 9200 since the trial program began, Mr. Evans says. Because it isn't necessary for nursing personnel to reorder drugs, stats due to reordering oversights have been eliminated.

In addition to reducing stats, other efficiencies have been made possible by the system. Pharmacy technicians can do the packaging, filling of the

drawers and stocking of supplies while a pharmacist supervises the technician, transcribes orders and checks for drug sensitivities and incompatibilities.

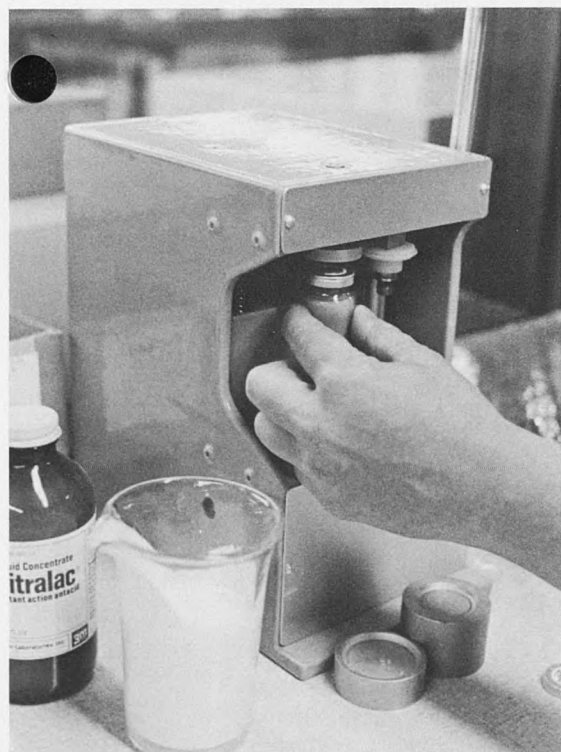
In keeping with the system's more centralized approach, stop orders for antibiotics and narcotics are also issued by the pharmacy, not the

nursing floor, as is the case elsewhere in the hospital.

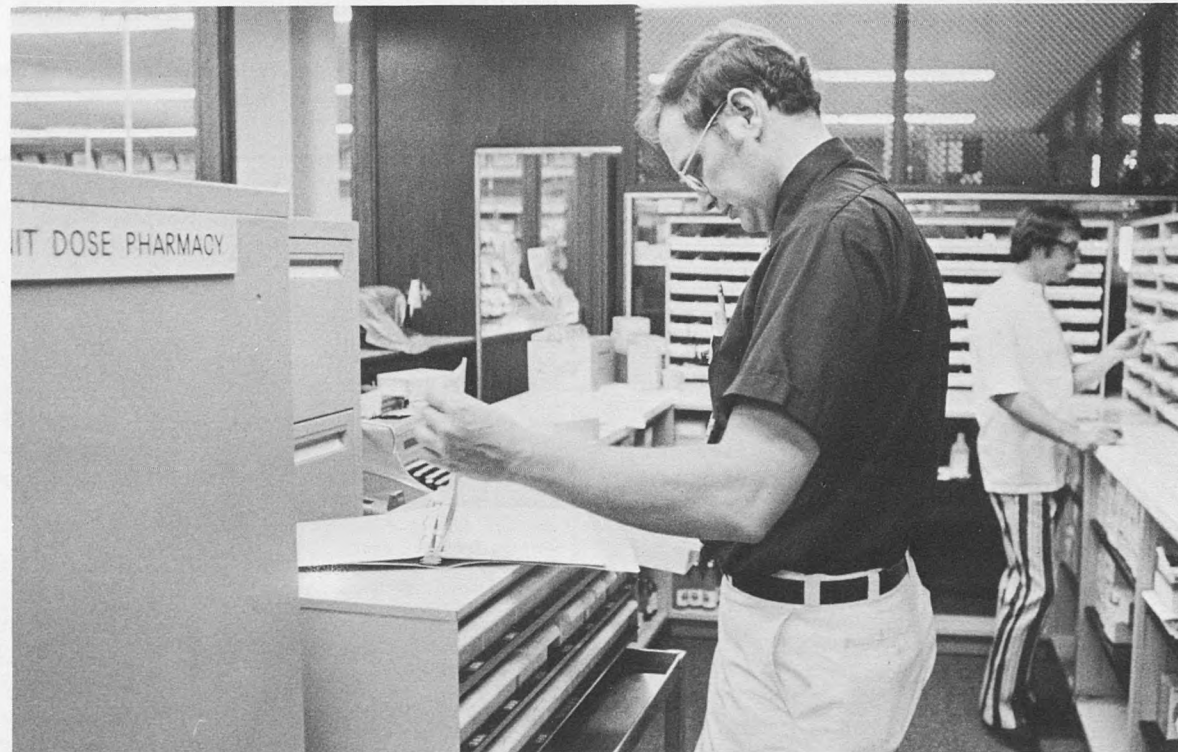
Final accounting of drug charges for discharged patients has also been speeded up. Because the drug use record is kept up to date, the floor returns the patient's last supply of unused drugs at discharge time, making it possible to calculate the total cost more quickly.



*RN Gloria Edwards dispenses the morning's medications to a 9200 patient from the mobile cart. The cart contains a separate drawer for each patient, divided into compartments for each period of the day. Nurses simply move the cart from room to room, rather than preparing a medicine tray.*

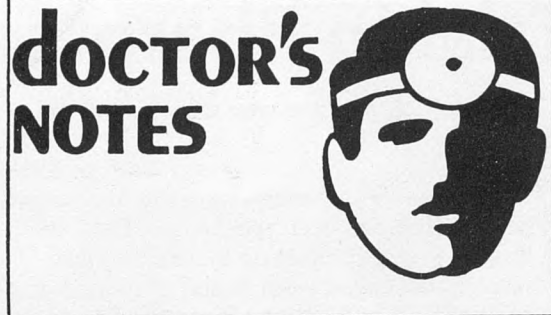


*Unit dosages of liquid medications are sealed in small containers using this special device, also located in the unit dose pharmacy.*



*Supervisor George Heine, left, goes over patient drug profiles while another pharmacist removes individually packaged drugs from storage bins that line the walls of the unit dose facility. The unit dose pharmacy is located in a separate room just west of the main pharmacy area.*





■ Dr. Sam Momtazee, Barnes assistant obstetrician-gynecologist, was installed as a fellow of the American College of Obstetricians and Gynecologists at the group's 21st annual meeting. The organization was founded to promote the health and medical care of women.

■ Dr. Harvey R. Butcher, Barnes associate surgeon, discussed "The Treatment of Aortic Aneurysms" at the annual scientific meeting of the Evansville, Indiana, Surgical Society.

■ Dr. Paul E. Lacy, Barnes Pathologist-in-Chief, recently served on the faculty of the 10th annual Institute on Diabetes sponsored by the Colorado Diabetes Association. Physicians, nurses and dietitians from 27 states attended the five-day program.

■ Dr. Stephen Waltman, Barnes assistant ophthalmologist, was recently a key speaker before the Southern Educational Congress of Optometry. Dr. Waltman discussed various eye problems, including allergies and infections, at the conference, held in Atlanta, Georgia.

■ Dr. Thomas B. Ferguson, Barnes assistant surgeon, was visiting professor to the department of surgery at the Medical college of Georgia, Augusta, Georgia, on May 9.

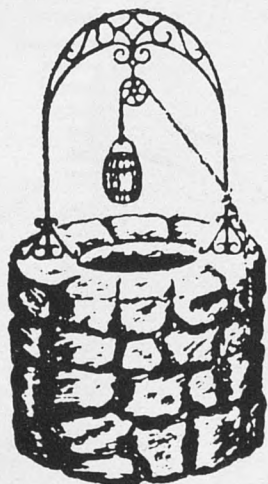
■ Dr. Willard C. Scrivner, Barnes assistant obstetrician-gynecologist, was recently installed as president of the Illinois State Medical Society. Dr. Scrivner has previously served on the society's board of directors and as chairman of the board.

■ Dr. John Austin Collins, Barnes assistant surgeon, presented the 26th Gibson Lecture at the Columbia-Presbyterian Medical Center, New York City.

■ The President's Office reports the following additions to the Barnes Hospital staff:

Dr. Alan Sugar, assistant ophthalmologist, effective July 1; Dr. Robert M. Feibel, assistant ophthalmologist, effective July 1; Dr. Donald V. Huebener, assistant dentist, effective March 1; Dr. Robert Barton, assistant physician, effective April 1.

## The Wishing Well



Open to serve you every day.  
Mon. - Fri., 9:30 a.m. to 7:30 p.m.  
Saturday, 9:30 a.m. to 5:30 p.m.  
Sunday, 12 noon to 5:00 p.m.

BARNES  
BULLETIN



Alma Ratliff, service manager on the seventh floor of the East Pavilion, explains the operation of the nursing station to a group of student medical technicians who were visiting Barnes.

## Varied Groups Visit Barnes Each Year

They usually come in groups of from five to twenty. You may see them in the emergency room, in the kidney dialysis center, or in the kitchen. They often have young, inquisitive faces. Who are they? What are they doing here?

Chances are they are members of one of the dozens of groups that take guided tours of Barnes Hospital throughout the year. Most are from the St. Louis area. But, during the past few weeks, the peak season for touring the hospital, groups have visited from as far away as Chicago, Terre Haute, Indiana, and Peoria, Illinois.

High school health classes, health careers clubs and vocational training classes interested in the operation of a major hospital like Barnes, make up the bulk of our visitors. Of course, church groups, social organizations and sometimes groups of friends also enjoy touring the hospital. Any group of five or more people (who must be fifteen years of age or older) are welcome to tour Barnes. Special tours are also arranged for United Fund groups during that organization's annual fund-raising promotion.

Each tour must be scheduled through the public relations department at least three weeks in advance of the tour date. Persons interested in visiting Barnes must request a tour form that asks them to specify dates and times, the size and type of the group, as well as their particular areas of interest. Once a date has been selected, the group is notified by return mail.

The emergency room, kidney dialysis center and patient care floors are among the areas most favored by groups with a strong medical orientation. Nearly every group wants to see the operating suites. However, because these areas are located on sterile corridors, it is impossible to tour them.

Of course, the areas of interest vary from group to group. While health care related groups are usually interested in the strictly medical facilities, persons with a more general interest often enjoy visits to the kitchen, Queeny Tower and the East Pavilion. Most groups can visit four to five areas during the ninety minute tours, which are given only on week days.

In addition to a five to ten minute speech about the hospital's facilities in general at the beginning of each tour, representatives of the places visited explain the functions of their particular area to the groups. A history of Barnes Hospital and an inventory of the services available here are presented to each visitor. Medically oriented groups are also given information about specialized areas such as the school of nursing or the laboratories.

Visitors may have lunch in the employe cafeteria if their schedule allows it. Luncheon requests should be made on the tour request form.



BARNES HOSPITAL BULLETIN is published monthly for and about the employes, students and friends of Barnes Hospital. The Barnes complex includes Queeny Tower, Rand Johnson, Barnes Hospital, Barnard Hospital, East Pavilion, Renard Hospital, Wohl Hospital, Wohl Clinics and the Irene Walter Johnson Institute of Rehabilitation. The BARNES HOSPITAL BULLETIN is produced by the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Missouri, 63110. Telephone 367-6400, Ext. 3515.

BARNES HOSPITAL  
Barnes Hospital Plaza  
St. Louis, Mo. 63110

Non Profit Org.  
U. S. Postage  
PAID  
St. Louis, Mo.  
Permit No. 935

SERIALS DEPARTMENT  
WASHINGTON UNIVERSITY  
SCHOOL OF MEDICINE LIBRARY  
BOX 8132  
ST. LOUIS, MO