



A view southward from the roof of Queeny Tower shows work progressing on the underground parking garage which is scheduled to be completed in 18 months. The street at right is Kingshighway.

AUG 23 1974

Underground Garage—A Deep Subject

The \$7 million underground parking garage being constructed south of Barnes Hospital is a big project, so big in fact that \$7,500 for ice water and cups for construction workers was budgeted in the contract. Judging from the recent St. Louis heat wave, the money may well be spent during the 18 months of construction.

Tom Winston, associate director of Barnes for hospital services, said the contract with G. L. Tarlton Contracting Co. also calls for \$3,300,000 for concrete to complete the garage which will provide the equivalent of ten acres of parking—space for approximately 1200 vehicles.

Work began in June, shortly after the settlement of a labor union strike

against contractors. The garage will be 554 feet long, 242 feet wide and 37 feet deep. Construction will use approximately \$70,000 for plywood and \$46,000 for nails and bolts.

More than \$660,000 will be spent for the excavation and moving of dirt. Two hundred truckloads each day are removed and a total of 16,000 loads will have been removed when excavation is complete. Some of the dirt is being stored on the construction site and much of it is being moved to numerous city projects.

The garage will have two entrances, one on Euclid and one on Barnes Hospital Plaza. Each entrance will have three lanes with the third lane being convert-

ible for incoming drivers in the morning and outgoing cars in the afternoon.

Two tunnels, each with closed-circuit television cameras, will connect the garage to the hospital. One tunnel will lead to the East Pavilion and the other will go to the proposed West Pavilion. Ventilation in the garage will provide six complete air changes each hour and nine changes during periods of heavy traffic. For a brief period, traffic on Barnes Hospital Plaza will be rerouted for a short distance through the park as construction progresses.

When garage construction is complete, 85 trees plus bushes and shrubs will be planted in the park. Forty-five trees were removed during excavation. Many existing trees remain and are protected by high fences. The surface will be re-landscaped and six tennis courts and a baseball diamond will be installed and will become the property of the City of St. Louis. Fences will be constructed around the sports facilities.

The garage is expected to lessen the parking problem which long has been a serious one around the medical center. Some current parking areas will be lost when construction begins on the West Pavilion.

The garage will be beneath a section of Forest Park cut off from the main part of the park by Kingshighway. Parking in the garage will be available to patients, families, visitors and employees of the hospital. Kenneth Wischmeyer and Partners of St. Louis are general architects for the project.

New Clinical Unit Ready To Open

Barnes' 2,600-square-foot Clinical Unit for the Recently Expired is being put into operation this month with formal opening ceremonies slated for early fall.

CURE is a completely new concept both in philosophy and design. The idea of the unit was conceived by Dr. Paul Lacy, pathologist-in-chief, more than three years ago. Dr. Lacy envisioned a fully equipped center where the cooperative efforts of various medical and surgical departments could be brought together to study, diagnose, prevent, and perhaps cure diseases that are now unconquered.

Through the joint efforts of Childrens Hospital, Washington University School of Medicine, and Barnes, the

CURE unit has become a reality. Dr. Lacy points out, "An advisory committee with representatives from the clinical departments and basic science departments will supervise the operation of the unit. One of the purposes of the CURE unit is to bridge the gap between basic research and clinical medicine."

The unit is located in an area formerly occupied by the hospital print shop, adjacent to the main east-west corridor.

In addition to being equipped to allow greater depth of study at postmortem examination, including electromicroscopic, histologic, and biochemical studies, the unit also has equipment for

(Continued on page 3)

Barnes Hospital
St. Louis, Missouri

August, 1974





Nine Barnes employes donated blood during a recent Red Cross platelet drive. The volunteers are, from left, Russ Pfeifle, Shirley Meister, Vicki Stratman, Majorie Ellis, Donna Jablonski, Paul Hartwell, Vicki Hensler, Susan Anderson and Toni Potter.

Blood Donations Protect Employes

Although hospital employes know first hand how important blood is, they may not be familiar with a blood program in which Barnes Hospital participates and which protects the employes and members of their family.

Barnes has a group plan membership with the Red Cross. The membership provides benefits to each employe and members of their immediate family if approximately 25 per cent of employes donate units of blood during a calendar year. Under the plan, blood is provided for the employe, his or her immediate family, parents, parents-in-law, grandparents and grandparents-in-law.

What Barnes employes must do to continue this broad protection, against the need of blood or blood products, is for Barnes to meet its yearly quota of 677 units of blood during the year. Two blood mobiles have visited Barnes this

year and two more are scheduled according to Bill Davis, wage and salary analyst who is coordinating the Barnes blood donation program. Future blood-mobile dates are Sept. 5 and Dec. 11.

"Our donations so far this year are not what we have expected and we must make our quota during the remaining bloodmobile visits," Mr. Davis said. "We feel this added protection and job-related benefit is especially important to our employes."

Less than a pint of blood (the body has 13 pints) is taken during a donation. The body replaces the lost liquid immediately and replaces cells and minerals within ten days.

Employes who wish to help Barnes continue in the blood program may contact their supervisors or the personnel office for further information.

Medical Personnel Attend Reception

A reception for incoming medical personnel from outside the U.S. was held at the medical center July 28 in the penthouse of Olin Residence Hall. The reception was sponsored by the Barnes House Staff Wives Club and by the office of Dr. Samuel Guze, vice chancellor for medical affairs of Washington University.

Mrs. Gretchen Davis, president of the club, said the reception was held to acquaint incoming personnel from other countries with other members of the medical community and to orient them to the medical center.

The club, which has been in existence for approximately five years, is composed of wives of house staff both at Barnes and other hospitals in the medical center, and also includes Jewish Hospital. The club sponsors both service and social activities.

Monthly meetings are held during nine months of the year. During the summer coffees are held in specific areas of medical practice and a large tea is held for all members.

Other officers of the club are Mrs. Ellye Rosenberg, vice president; Mrs. Camille Thurlby, secretary; and Mrs. Jill Fuchs, treasurer. Two club members, Mrs. Johanna Perillo and Mrs. Beverly Morrison, were in charge of the recent reception.

Staff Changes

The President's Office reports the following physicians on staff: Dr. Barbel Holtmann, assistant surgeon, plastic surgery; Dr. Zila Welner, assistant psychiatrist; Dr. John P. Connors, assistant surgeon, cardiothoracic surgery; all effective July 1. Also on staff, effective August 16, is Dr. Edward Graviss, assistant radiologist.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from June 19, 1974 to July 18, 1974.

In Memory Of:

Mr. Philip Lichtenstein
Mr. & Mrs. Sid Levinson

Mr. Orlan Hamilton
Barnes School of Nursing Faculty

Patricia Berry
Lee & Marion Hayward

Mrs. B. Y. Alvis
Dr. & Mrs. T. E. Sanders
Dr. & Mrs. Henry C. Schwartz
Fred C. Reynolds, M.D.

Brother Elliott D. Schenberg
Mr. & Mrs. Frank Middleman

James S. Bowie
Julia Runge King

Ida Mae Hanley
Mr. & Mrs. Charles H. Sommer

Mark Offerman
Halbert & Frieda Schatte
Mrs. Adele Merlenbach

Mrs. Hugh Scott
Mr. & Mrs. William Moore, Jr.

Vera McAlister
Bill & Ruth Allen
Captain & Mrs. Don W. Allen
Clara & Junior Crider
Tom & Ida Guhman
Bernice Allen
Mr. & Mrs. Ronald L. Diehl

David Calhoun, Jr.
Mrs. Edwin R. Culver, Jr.

Mrs. Alma Williams
Jack Kayes, M.D.

Frederic M. Peirce
Dr. & Mrs. Thomas B. Ferguson

Paul F. Rogers
Mr. & Mrs. Fred George
Mr. & Mrs. Robert Alexander

Mrs. Alice Cowdry
Dr. & Mrs. Henry G. Schwartz

Thomas A. Dickson
Barnes Hospital School
of Nursing Faculty

Mollie Nelson
Mr. & Mrs. Ben Roman Jr.

Continuing Memory Of
Glover H. Copher M.D.
Mrs. Wm. S. Bedal

In Honor Of:

Mr. & Mrs. Percy Tucker's Anniversary
Mr. & Mrs. Philip L. Moss

Mrs. Mollie Chatt's Recovery
Bob, Jackie, Robynn & Andy Srenco

Recovery Of
Donald Finger M.D.
Mr. & Mrs. Stanley Wald

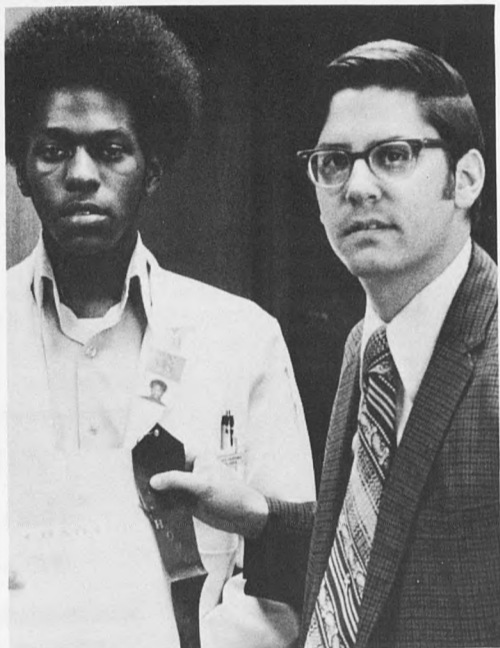
Anonymous

Post Receives Charter

Teenagers in the St. Louis area are getting first hand knowledge of medical problems and procedures at Barnes Hospital.

Approximately 25 young men and women are members of the hospital's medical Explorer's post which recently received its charter from the St. Louis Area Council of the Boy Scouts of America. The charter was presented to Barnes President Robert E. Frank by Explorer executive Mark E. Jansen.

James Perkins of St. Louis has served as president of the Explorers post at the hospital since it was reorganized in early 1973. (Barnes has sponsored a medical



Mark Jansen of the local Boy Scout council and James Perkins, post president.

exploring post for approximately seven years.) Mr. Perkins, who also has been a dispatch employe at the hospital, is a spring graduate of Bishop DuBourg High School and plans to attend Creighton University in Omaha, Neb., this fall.

Members of the post meet twice a month at the hospital to talk with doctors or other medical personnel and also to visit patient care facilities. Post members also have individually visited in the Barnes emergency room and in operating rooms when conditions permit.

Barnes also provides adult leaders for the post. Ann Ikeda of the nursing service is advisor and members of the post's guiding committee are Dr. George Hill, a Barnes surgeon; Mr. Tom Winston, Barnes associate director; Mr. Ed Thurman, director of safety; Mr. Dillon Trulove, Barnes assistant director; and Dr. Ronald Evens, radiologist-in-chief.

Four members of the post are dispatch employes at Barnes. They are Perkins, Mike Holmes, Mitchell Mahan and Iris Burton.

Mary Hart, a pre-medicine student at the University of Missouri-St. Louis, is vice president for administrative affairs of the post; Kimberly Gregson is vice president for programming; Holmes is acting secretary; and Mary Kay Shrewsbury is treasurer.



Doctor's Notes

Dr. Gustav Schonfeld, Barnes physician, recently spoke on "Immunochemistry of Lypoproteins" at Hadassah-Hebrew University Medical Center in Jerusalem, Israel.

Three Barnes doctors composed the faculty at a recent institute on "Blood Transfusion and Untoward Reactions" at Stormont-Vail Hospital in Topeka Kansas. Participating were Drs. Hugh Chaplin Jr., John A. Collins and Lawrence Sherman.

Dr. Robert Burstein, obstetrician-gynecologist, was recently elected president of the St. Louis Gynecological Society.

A Barnes physician, Dr. Stephen Crespin, spoke in Clayton at the June meeting of the Intestinal Bypass Society.

Dr. Eli Robins, psychiatrist-in-chief at Barnes, has received the Gold Medal from the Society of Biological Psychiatry. Dr. Robins is the ninth recipient of the award established to honor pioneer work in the field.

Clinical Unit To Open...

(Continued from page 1)

the preservation of organs and tissue both for study and for transplantation. The Spencer T. and Ann W. Olin Foundation has pledged \$100,000 toward the purchase of equipment for the unit.

A complete surgical operating suite, similar in all respects to other operating rooms at Barnes, is available for organ procurement. Surgical laboratories and organ and tissue banks are adjacent to the operating room. Dr. Lacy pointed out that an organ for transplant not only must be matched closely to the recipient, but it must be thoroughly checked to rule out its having any hidden unknown disease itself.

"Today more and more people are donating organs for transplant and other procedures and we have an obligation to the community to provide facilities so that these wishes can be acted upon and lives saved," Dr. Lacy added.

As an example of the type of study the new unit will make possible, Dr. Lacy cited the work he and Dr. Walter Balinger, surgeon-in-chief, are doing re-

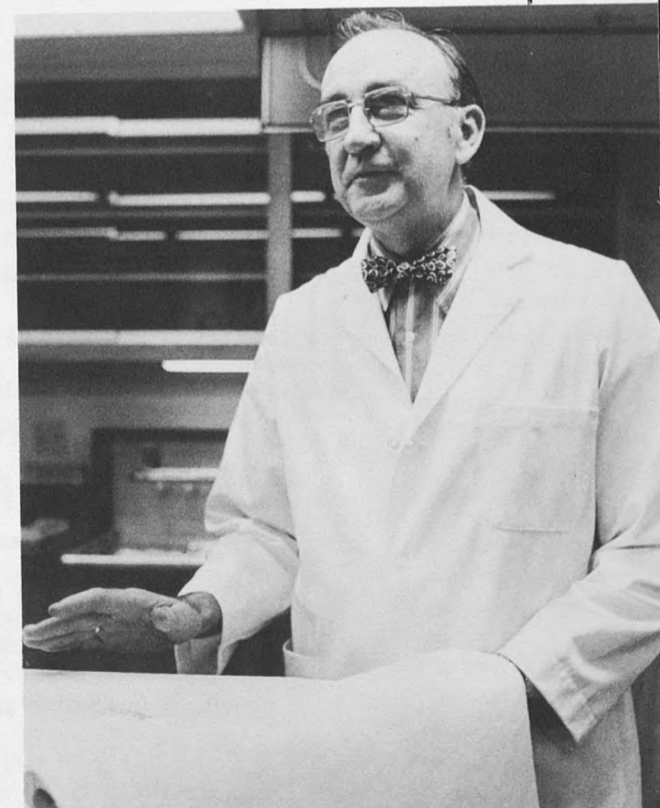
garding diabetes. "We have already found that rats can be cured when transplanted with nondiseased islands of Langerhans, but we are interested in curing people, not rats.

"In the CURE unit we will be able to obtain islands of Langerhans for transplant, of course, if that proves feasible, but more importantly, we can study these cells from both diabetic and non-diabetic pancreas and perhaps find the defect that leads to the disease and thereby the cause and the cure." He added this same idea was true of almost every disease, including, of course, the nation's No. 1 killers, cancer and heart attack.

"We hope the CURE unit will be a central arena to find the cause, development, prevention, and cure of diseases that now cut short many lives," he added.

The postmortem examination, or autopsy, also, of course has a direct bearing on the immediate family, who can be assured of exactly what malady was at fault and also in some cases be made

aware of heritable or environmental factors that could endanger their own health.



Dr. Paul Lacy goes over blueprints of the new CURE unit.





INFORMED CONSENT INFORMED CONSENT INFORM

Informed Consent: *The Court*

Exactly how much must a patient be told before the law regards him or her as informed enough to give consent to therapy or surgery which has a measure of risk involved?

During 1972, three cases from high courts in California, the District of Columbia, and Rhode Island re-defined the patient's right to know. Some of the standards set forth in these decisions are far more explicit than earlier guidelines, which are based on common law and the first amendment to the Constitution, and on an opinion in 1914 in which Justice Benjamin Cardozo¹ said, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages. This is true except in cases of emergency where the patient is unconscious and where it is necessary to operate before consent can be obtained."

In *Wilkinson vs Vesey*² (1972 Rhode Island Supreme Court) the opinion stated, "The patient is entitled to receive material information upon which he can base an informed consent. The decision as to what is or is not material is a human judgment, in our opinion, which does not necessarily require the assistance of the medical profession."

The court in this case said that a reasonable-man standard must be applied as . . . an "objective criterion of whether a risk is material."

This and two other decisions, *Cobb vs Grant*³ (California) and *Canterbury vs Spence*⁴ (District of Columbia), give basic guidelines for physicians to use when explaining facts necessary for the patient to make an "informed" judgment regarding consent to treatment. They are: (1) patients are generally unlearned in medical sciences, (2) yet the patient has the right to exercise control over his or her body, (3) so the consent to treatment, to be legally effective, must be an informed consent and finally, (4) the patient has dependence upon and trust in the attending physician for the information upon which he relies in making his decision creating a . . . relationship wherein the physician is liable for misrepresentations, whether by affirmative statement or nondisclosure.

All three cases place responsibility for informing the patient clearly with the physician, not a nurse or an admitting clerk.

". . . There is no physicians' duty to discuss the relatively minor risks inherent in common procedures, when it is common knowledge that such risks inherent in the procedures are of very low incidence."

In both the *Canterbury* and *Cobbs* cases, the court said the scope of what to tell the patient is what he needs to know to make up his mind whether to have the procedure performed and that need is "whatever information is material to the decision . . . reasonable disclosure of the available choices with respect to proposed therapy and the dangers inherently and potentially involved in each."

In *Cobbs*, the court said, "A mini-course in science is not required; the patient is concerned with the risk of death or bodily harm and problems of recuperation . . . When there is a common procedure a doctor must . . . make such inquiries as are required to determine if for the particular patient the treatment under consideration is contraindicated . . . but no warning beyond such inquiries is required as to the remote possibility of death or serious bodily harm . . . There is no physicians' duty to discuss the relatively minor risks inherent

in common procedures, when it is common knowledge that such risks inherent in the procedure are of very low incidence." The court cited a blood count as an example.

"When there is a more complicated procedure (which) inherently involves a known risk of death or serious bodily harm, a medical doctor has a duty to disclose to his patient the potential of death or serious harm, and to explain in lay terms the complications that might possibly occur."

"All three cases place responsibility for informing the patient clearly with the physician, not a nurse or an admitting clerk."

The *Cobbs* case stated the prudent patient test. Once the physician's information has been disclosed, his expert function has been performed. The weighing of risks against the patient's subjective fears and hopes is not an expert skill. That decision is a non-medical judgment reserved for the patient.

"The court in the *Cobb* case solves this problem by substituting an objective test for a subjective test: the jury must determine what a 'prudent' person in the patient's position (would) have decided if adequately informed of all significant perils."

The three high court cases illustrate that the physicians should not rely solely on conversations with the patient, without preserving written evidence of the conversation. Some physicians record the patient's reaction in medical notes. (This is recommended by many doctors who have studied the cases; a brief note might say, "I have explained the risks and alternatives of this procedure (or therapy) to the patient.")

In the *Canterbury* decision, the court said, "In sum, the patient's right of self decision is the measure of a physician's duty to reveal. That right can be effectively exercised only if the patient possesses adequate information to enable an intelligent choice."

Informed Consent: *The Patient*

The prognosis was definite. Leukemia. Terminal. Six months to live. The wife of a college administrator in Northeast Missouri heard the words which began her struggle to prolong her life. A struggle which lasted for seven years.

Before her death here late last year, she had been in Barnes four times and had received the most advanced medical therapy. The treatments contributed in part to a remission of the disease which allowed her to resume her work as a teacher.

Paul Carpenter, Ph.D., who also is an ordained minister, talks quietly about his wife's bout with cancer. "When we were referred to a doctor at Barnes after the diagnosis, we really didn't know what to expect. Her doctor was very understanding and always completely candid with us. He told us of possible treatments, what results we could expect, what reactions were common with different treatments and what he advised as the best treatments.

"We always had complete confidence in him and I suppose it was because he had the confidence that we would make logical decisions regarding treatment when he had given us the necessary information with which to decide. My wife was a strong woman with a high pain tolerance level and so when he said that a particular treatment might mean nausea or some degree of pain, we knew what to expect prior to treatment.

"We had a lot of questions for the doctor. We wanted to know exactly what was happening, what course the leukemia was taking. We wanted to know what laboratory reports were indicating. And we wanted to know about chances of remission.

"He was delighted with my wife's remission but cautioned us that it could end at any time. And we didn't have only his word for everything. He called in other cancer specialists to confirm that the correct steps were being taken to treat the disease.

¹Schloendorff vs. New York Hospital, 105 N.E. 92 (N.Y. 1914)

²Wilkinson vs. Vesey, 295 A2d 676 (1972) Rhode Island

³Cobbs vs. Grant, 8 Cal. 3d 229 (1972)

⁴Canterbury vs. Spence, 464 F2d 772 (1972) The District of Columbia



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Informed Consent: *The Doctor*

"A lump on your breast." These words strike terror in any woman. What can she expect? Is it cancer? Will she be deformed? What will her husband think? It is up to her doctor to help her to realistically face and understand what her problem is and what alternative treatments are available to her.

"If needle aspiration shows the lump is not a cyst, I explain to the patient that a biopsy should be done to determine whether or not the lesion is malignant—also what a biopsy is. The next step is to clarify for her the difference between partial, total and radical mastectomy if these are recommended; what the prognosis would be under the circumstances, and the probable outcome if surgery is not undertaken at this time. I always call the husband in and discuss the proposed treatment with both him and his wife if that is possible."

Although the above type of case is fairly frequent, the gynecologic surgeon in this case cautions that no two patients are the same, "Each patient is an individual and there can be no set rules as to how or what I tell them. One person may have read or otherwise learned a great deal about their problem before a time for decision comes and may readily understand the hopes and consequences of a proposed treatment. Others may have concerns about very minor aspects of a problem. We must somehow meet all these needs."

"The weighing of risks against the patient's subjective fears and hopes is not an expert skill. That decision is a non-medical judgment reserved for the patient."

Another gynecologic surgeon added, "We must make very sure the patient fully understands any normal consequences of an operation, such as sterility, cessation of menses, or the necessity of taking medication over a prolonged period of time." In each case at Barnes, the doctor meets with the patient and talks with her about proposed procedures and alternatives, inviting questions on anything that is not clear to her or her family.

A general surgeon said, "We try to explain very carefully but there is no way to know whether the patient understands everything you say. One patient may be full of questions while the next may be too frightened to ask anything." A surgeon, particularly at Barnes where many patients are referrals, frequently has not known the patient long, yet he must, ideally, almost read the patient's mind.

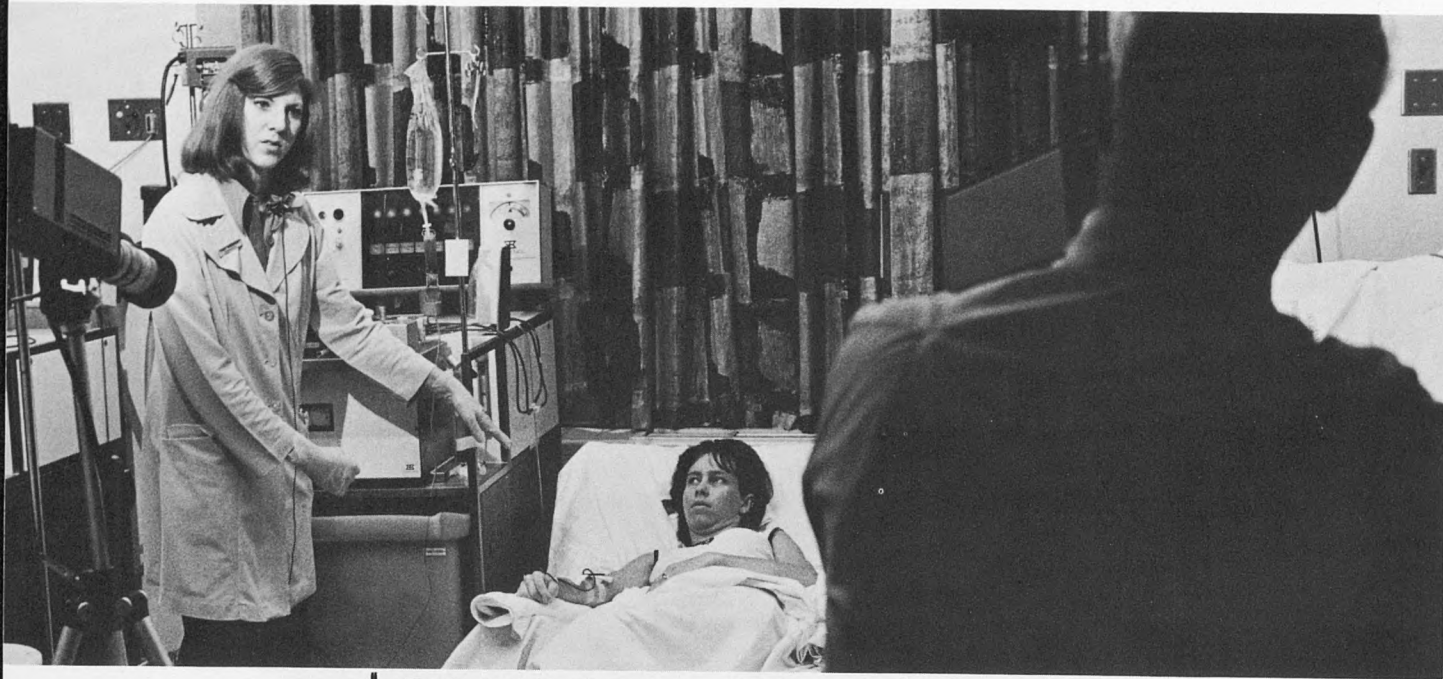
As pointed out by several surgeons, no treatment is a panacea and no patient should think it is. Almost all surgery carries with it not only risks but future considerations, whether it be a change in diet for a gallbladder patient or a result that is not cosmetically perfect for a plastic surgery patient. Barnes physicians and surgeons, each in their way, assure themselves that their patients understand both what a procedure entails and what after effects could be expected. Most also agree that the family, too, should be involved in any discussion that takes place when this is possible.

"In cases such as rectal surgery on a male, I discuss very thoroughly the possible effects of a procedure on his future sexual function," another surgeon added. In such cases as this the doctor notes on the patient's chart that these consequences have been explained fully and understood by the patient.

In all cases, after the meeting with his doctors, a Barnes patient is asked to read carefully (sometimes it is read to him) and sign a "Consent for Surgery" form. The nature, extent, and expected results are enumerated on this form and it is witnessed by a registered nurse or member of the house staff.

"In elective surgery, you should never rush the patient," one surgeon pointed out. "In cases where an operation would be purely for the comfort of the patient, such as when she is leaking

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Trudy Wright of nursing service demonstrates proper emergency operation of kidney dialysis machine for Union Electric video tape cameras.

Tape Shows Dialysis Procedures

A video tape, detailing emergency operating procedures for kidney dialysis machines, was recorded at Barnes Hospital and was recently shown to representatives of area fire and police departments.

The tape, recorded in the kidney dialysis unit, was made by Union Electric as an instructional aid to UE employees who have responsibilities for emergency situations in the event of interruption of power. Representatives of fire and police departments in St. Louis and St. Louis County also viewed the video tape presentation through arrangements made by the St. Louis Kidney Foundation.

The tape showed proper emergency procedures for taking a kidney patient off of a dialysis machine. Trudy Wright, a registered nurse in the dialysis unit, demonstrated proper emergency procedures for video cameras. (Patients who have dialysis machines in their home are given proper operating instructions including what to do in emergencies.)

Union Electric maintains a list of persons with kidney dialysis machines in their homes and, in the event of power interruption, specially trained personnel respond to homes of persons undergoing the blood-cleansing dialysis treatments.

Interns Receive Diplomas

Two members of the recently graduated class of dietetic interns at Barnes will remain with the hospital.

Gail Armstrong of Dover, Mass., and Katherine Young of Hampton, Va., are now employed by the hospital. Miss Armstrong will work in food service management and Miss Young will be a clinical dietitian for Renard and Barnard hospitals. They were among the 14 interns who received diplomas during informal ceremonies recently held at the pool in Queeny Tower.

Miss Doris Canada, director of dietetics, presented pins to the graduating interns and their diplomas were presented by Joseph Greco, associate director of Barnes.

Other interns completing their study at Barnes were Deborah Benson, Gilman, Iowa; Joyce Bradley, Natchez, La.; Joan Eckrich, St. Louis; Kathleen Gabel, Huntley, Mont.; Audrey Hendersch, Pecos, Texas; Nancy Keller, Aurora, Colo.; Nan Martin, Rancho Cardova, Cal.; Julie Netier, Ft. Dodge, Iowa; Sue Rader, Fostoria, Ohio; Nancy Storms,

Winner, S.D.; and Stephanie Tranen, Creve Coeur, Mo. Susan Prugel of Sonora, Tex., will complete the internship in September.

Informed Consent...

(Continued from page 5)

urine or has a rectocele, for example, I tell her that the condition will never kill or disable her and that she is the one who has to decide whether she is uncomfortable enough to want an operation. I also advise her that the chance of improvement without an operation is very unlikely. Usually she will wait for a time until one day she says 'I've had enough and want to get something done.' I always explain that even though hers is not a big operation, there is always a risk involved when one undergoes anesthesia but that the risk is small. Sometimes she will ask what I would do in her place and then I frankly tell her what I'd do. But it is her decision and we should never hustle the patient when elective surgery is contemplated."

Many doctors append a brief note to the patient's chart explaining that the patient has been told what the operation entails and has been advised that although it is not life-threatening, some risk is involved. One surgeon suggested a more ideal procedure probably would be tape recordings explaining the operation which could be played to the patient and then her statement that she understood the risks, etc., recorded onto the tape and it filed with her records.

Nonsurgery patients must sometimes undergo diagnostic procedures or treatments that also require informed consent. These include anything that carries finite risks, for example, radiation therapy, cardiac catheterization, liver biopsy, etc. Again, each patient is an individual and is approached as such, but the physician discusses the proposed treatment with the patient and, if possible, also his close family, "in reasonable detail in a manner he can understand."

"This should never be approached 'routinely,'" the physician emphasized. "It is the patient's life and his body. He has the right to know exactly what the outlook may be both with and without the contemplated procedure and then make up his own mind."

Summer Brings Auto Overheating

It's a classic scene. A driver standing by a car with the hood up and steam rolling from the radiator. It's classic because it is common. But that doesn't help the driver or the other motorists who are caught in rush hour traffic.

Bill Boston of the Public Affairs Division of the Missouri Auto Club says, "With automobiles having more power options and with more having air conditioning, overheating is by far the most common problem in the summer."

Overheating is usually caused by long periods of driving in stop-and-go traffic or when an air conditioner is used when the automobile is stopped for longer than 15 to 20 minutes. "When a train is crossing a street or an accident has stopped the flow of traffic, the prudent driver will turn off the air conditioner in his or her car," Mr. Boston said. "When it is obvious that the wait will be a long one, it is best to stop the engine completely."

Mr. Boston said that owners should maintain the recommended solution of 50 per cent antifreeze and 50 per cent water in the radiator during summer months. The antifreeze solution has a higher boiling point than water alone. "Car manufacturers also recommend that an antifreeze solution be changed at least every two years."

"If the temperature light comes on the driver should move off the road and turn the engine off as soon as possible," Mr. Boston said. "If the radiator is steaming the best thing to do is let it cool off and then add liquid to the radiator. Don't try to take off the radiator cap when the engine is hot. Don't pour cold water into the radiator without starting the hot engine."

Employees Receive Promotions

The persons listed below were promoted to higher job grades during the first half of 1974 in keeping with Barnes Hospital's policy of promotion from within. Employees are listed by departments. Those promotions involving a change in department are listed under the name of the previous department.

ADMITTING

Darby E. Vreven, interviewer to admitting officer; *Mary Robertson*, admitting officer to assistant admissions director.

AMBULATORY CARE

V. M. Schmerber, custodian I to supervisor, housekeeping.

CENTRAL SERVICE

Helen Keller, technician to supervisor; *Clarence E. Bruce*, aide to chief technician; *R. R. Crusey, Jr.*, aide to laboratory assistant, laboratories; *Carl L. Raney*, aide to clerk, in-patient medical records.

CREDIT AND COLLECTION

Martha Sue Ronimous, credit clerk to accountant, general accounting.

DATA PROCESSING

Anthony Davis, control clerk to computer operator.

DIETETICS

Cynthia Marie Cox, clerk-typist to secretary; *Donovan Williams*, food service worker I to cook-baker's assistant; *Barbara Duba*, food service worker I to blood drawer, laboratories; *Carol G. Fuqua*, counter worker to clerk-typist; *Nathaniel McCoy*, food service worker to assistant supervisor I; *Karen Lynn Gillespie*, food service worker I to clerk typist; *Betty J. Dickey*, cashier-clerk to cashier, clinic cashiering; *Kerwin Lester Marshall*, food service worker I to control clerk, data processing; *Carolyn Renee Mosley*, food service worker I to clerk-typist, in-patient medical records.

DISPATCH

Oselia D. Johnson, transporter to laboratory assistant, laboratories; *Janet Pfaff*, transporter to telephone operator; *Steven Kaemmerer*, elevator operator to supervisor; *Gary Andre Henderson*, transporter to clerk, medical records.

HOUSEKEEPING

G. E. Rankin, custodian II to rug cleaner; *D. L. Pruitt*, window-wall washer to custodian III.

IN-PATIENT MEDICAL RECORDS

Louise Hale, clerk to clerk, disease coding research; *F. L. Carson*, clerk to clerk-typist; *B. S. Washington*, clerk to clerk-typist; *E. L. Husher*, clerk to assistant supervisor of correspondence-transcription.

LABORATORIES

E. W. Philbrick, technician to registered technician; *G. M. Smith*, clerk-typist to general office clerk; *Ernestine Bunyard*, assistant office manager to supervisor; *Steven D. Czarnecki*, general office clerk to assistant manager of general office.

LAUNDRY

Justine Lawrence, laundry worker I to laundry worker II.

MAINTENANCE

James Russell Dossett, maintenance man B to maintenance man A.

NURSES RESIDENCE

Peggy Lynn Robinson, receptionist to undergraduate nurse, nursing service; *Barbara Spiess*, receptionist to undergraduate nurse, nursing service.

NURSING EDUCATION

Shirley Stevenson, receptionist to undergraduate nurse, nursing service.

NURSING SERVICE

Towanna Young, service clerk to laboratories assistant, laboratories; *Jean Moody*, OR (operating room) technician I to OR technician II; *Pirsie Toliver*, OR technician I to OR technician II; *Elaine Johnson*, nurse assistant to LPN (licensed practical nurse); *M. F. Loucks*, receptionist to appointment coordinator; *Jacqueline Walker*, service clerk to cashier-clerk, pharmacy; *Mary Joan Geisler*, admitting interviewer to receptionist; *Thomas Holtgrave*, OR technician to OR technician III; *Michael McReynolds*, OR technician I to OR manager; *Michael Norman*, emergency room aide to nurse assistant; *Martha Darris*, CCU technician to chief CCU technician; *Elizabeth Robinson*, LPN to staff nurse; *Eloise Rhimes*, LPN to staff nurse; *Lavonda Spencer*, LPN to staff nurse; *Jessie Terry*, LPN to staff nurse; *Mary Ann Prost*, nurse assistant to nurse intern; *Helen Frances Barnhart*, staff nurse to officer of the day; *Randy Furrer*, orderly to watchman-security, safety and security; *Thomas Morris*, orderly to clerk, stores; *Joan Reinert*, staff nurse to head nurse; *Lorraine Seifert*, staff nurse to assistant head nurse.

PHARMACY

S. M. Calloway, cashier-clerk to student pharmacist; *D. M. Naeger*, fourth year pharmacy student to fifth year pharmacy student; *Donald W. Burcham*, pharmacy technician I to pharmacy technician II.

RESPIRATORY THERAPY

Wendy Shannon, technician I to technician II; *P. A. Lutker*, technician I to technician II; *Kevin Inkley*, technician II to certified technician; *Gregory Grass*, technician II to certified technician; *B. E. Bossaller*, technician II to certified technician.

Youths Are Junior Volunteers

A summer of volunteer work for approximately 150 St. Louis area youths will end Sept. 6 during an awards ceremony sponsored by the Barnes Hospital Auxiliary.

The youths served this summer as junior volunteers at Barnes working in many areas including admitting, central service, pharmacy, dietetics, dispatch, clinics, information desks, medical records, Nearly New, the courtesy cart, recovery room, Wishing Well and as nurse volunteers. The junior volunteers are between 14 years through high school ages.

The auxiliary is sponsoring the award ceremony at Pet, Inc., offices in St. Louis. Uniform bars, indicating a summer volunteer service, will be presented along with pins and caps for specific numbers of volunteered hours. Robert E. Frank, president of the hospital, will

speak at the ceremony. Mrs. Jack Lupher is chairman of the awards ceremony. Following the ceremony, volunteers and their guests will attend a baseball game as guests of the St. Louis Cardinals.

Junior volunteers attend a spring orientation session and work a set number of hours each week at Barnes.



BARNES HOSPITAL BULLETIN



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School of Nursing Alumni Elect Officers

New officers, directors and trustees have been elected for Barnes Hospital School of Nursing students. The officers will serve two year terms.

Susan Larkins Fine ('63) is president; Sandy Schroeder Heinmen ('64), vice president; Carol Shepper Grueber ('63) secretary; and Bonnie Cunio ('70), treasurer.

Directors elected are Dianne Ellenberger ('70), Kathy Maul ('60), Mary Nauman ('64) and Betty Richards ('68). Trustees are Chris Abercrombie ('71), Penny Hyingstrom ('66), Priscilla Robinson ('62) and Ruth Seris ('63).

Occupational Therapist Retires From Barnes

Mrs. Margaret Kelley, a Barnes occupational therapist for the past 15 years, has retired and moved to Sun City, Ariz.

Mrs. Kelley began her work at Barnes in 1959 and retired July 13. She received a service certificate presented by Barnes President Robert E. Frank.



Mrs. Kelley plans to continue work as a free-lance occupational therapist with a hospital in Arizona and with persons needing extended care. She said she also will have time to visit friends and relatives who live in the area. "I really have mixed feelings," she said. "I have enjoyed working here so much and I am really going to miss my friends."

What's Inside?



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Hospital Happenings



Nursing personnel from 7400 (top) accept safety fair winning trophy from hospital President Robert E. Frank. They are, from left, Beula Ramey, Marsha Walker, head nurse Minerva Williams and Mary Harper. Barbara Rice (right photo) of 600 Renard, won the attendance prize, a first aid kit, for the recent fair.

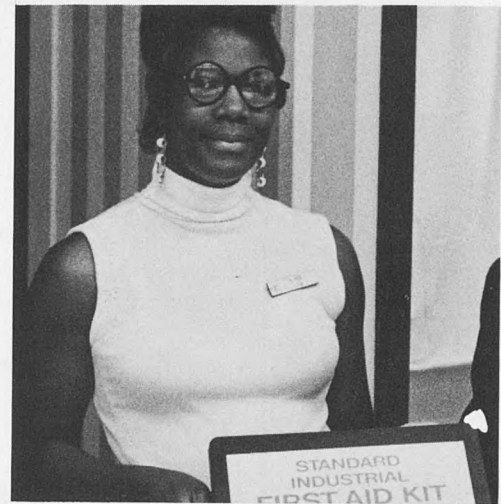
The main offices of social services have been moved to a renovated area in Building Four. The new office location is along the main hospital corridor between the Renard hospital corridor and McMillan.

Ed Thurman has assumed the duties of director of safety for Barnes Hospital and now has offices in the former 1200 ward area. William Burkett has been named acting director of security.

Graduation ceremonies for the Barnes Hospital School of Nursing are scheduled for Aug. 24 at 7:30 p.m., at St. Louis Cathedral on Lindell.

A ten-week program for 16 Barnes nurse interns will end Friday, Aug. 9. The interns completing the program will be honored at 2 p.m. on that day in Queeny Tower.

The Barnes Hospital patient information brochure has received a "Certificate of



Merit" in McEarchern Award competition sponsored by the Academy of Hospital Public Relations. The award will be presented in Chicago in August.

Mrs. Mary Jackson, a custodian in housekeeping, died July 16 at the age of 40. Mrs. Jackson, an employe of the hospital since 1971, died in her sleep.

Barnes Hospital has received stock valued at \$24,000 from the Mary K. Wallace Trust. The gift has been credited to the Endowment Fund. Mary K. Wallace's father, Samuel M. Kennard, was one of the original trustees of the hospital.

BARNES HOSPITAL BULLETIN

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