

Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, April 1977, Volume XXXI, Number 4

Dietitian to speak at Auxiliary luncheon

Kathy McClusky, director of education and clinical dietetics at Barnes, will be the featured speaker at the annual luncheon meeting of the Barnes Hospital Auxiliary April 21. The meeting, including election of officers, will be held at the Junior League Building, 8250 Clayton Rd., on the south edge of the Stix-Westroads shopping center in Richmond Heights.

Mrs. McClusky will speak on "Food: Good, Bad and Fad." She will discuss eating habits and their effect on health. She is known as an authority on nutrition and has appeared on several radio and television programs talking about the need for nutrition education. She will also answer questions asked by those attending the luncheon. The activities will include a social hour at 11:15 a.m. Lunch will begin at noon.

Clara Tremayne, who is completing the second year of her two-year term as Auxiliary president, said the luncheon also will include presentation of a check to Barnes. The check represents money earned by the Auxiliary through its in-hospital projects including the Wishing Well, Nearly New Shop, Baby Photo and the Tribute Fund.

Barnes Annual Report highlights patient care

Sensitivity to all the needs of the patient, concern for cost containment and the continuing revolution in health care are reflected in the pages of the recently published Barnes 1976 annual report.

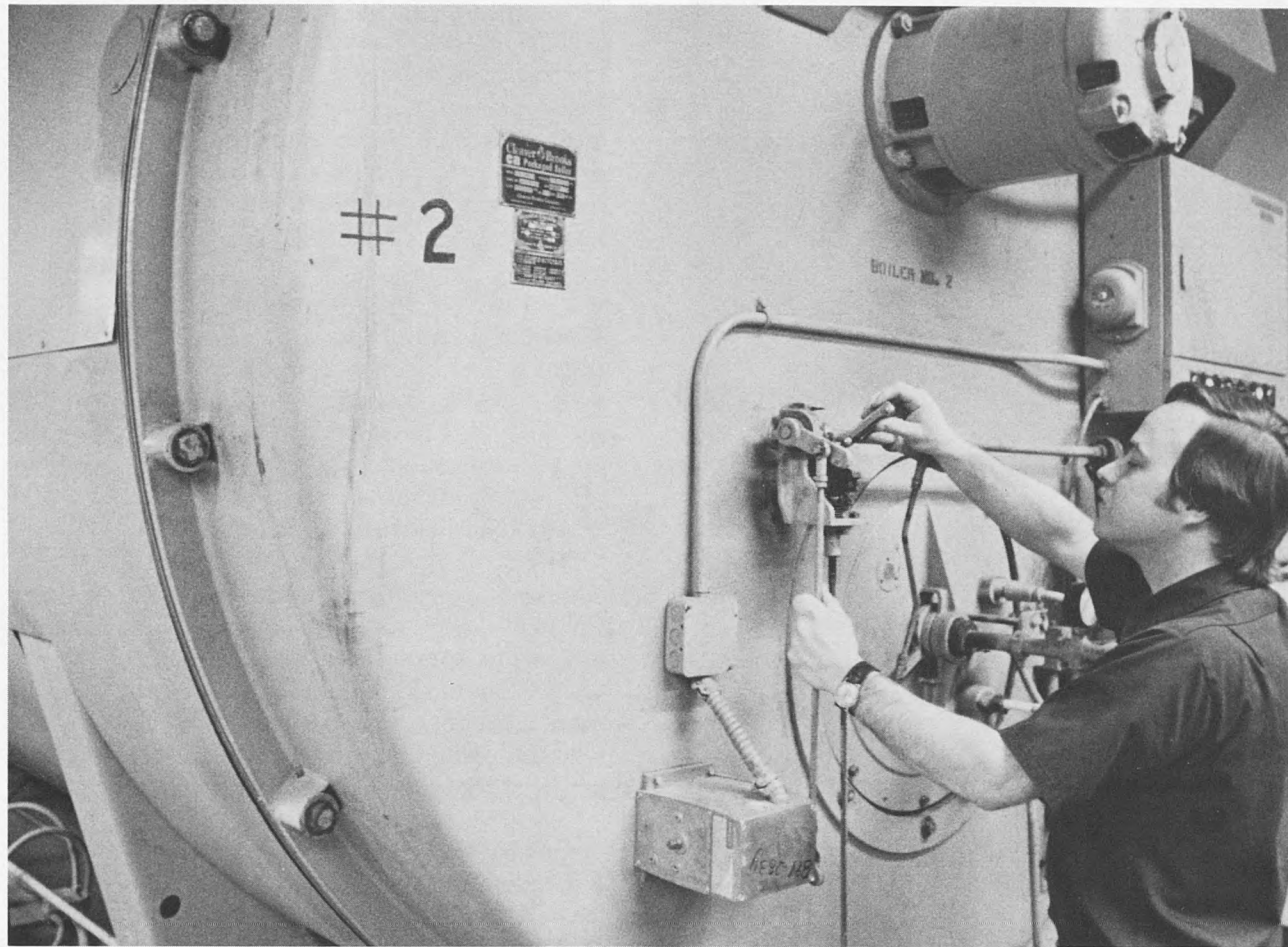
As summarized in the introductory remarks, "Barnes faces the future committed to providing the care, technology, professional personnel and physical plant necessary to fulfill the dreams of those who have gone before and to protect the health of generations yet to be born."

Technology introduced at Barnes during 1976 includes new diagnostic tests in the coronary intensive care unit, new surgical procedures and preventive treatment for threatened strokes, new laboratory tests and use of an artificial pancreas for patients in diabetic emergencies.

While wages continued to increase and inflation caused supply costs to rise, Barnes undertook various programs during 1976 to contain health care costs. These included becoming self-insured against malpractice claims (saving the average patient \$100 per hospitalization), an energy conservation program and changes in dietetics that both upgraded the quality of food selection and cut the costs of supplies. (More than 2 million meals were served to Barnes patients in 1976.)

Hospital statistics for 1976 show that the average daily census was 1,039 and the average days stay was 9.57. The ratio of employees to patients was approximately 3 to 1, with 3,312 full-time equivalent employees.

Front Cover: Murrell Tutterrow, plant engineering employe, takes out fluorescent tube in light fixture in East Pavilion corridor. Delamping has resulted in significant energy savings at Barnes Hospital. (See story on this page).



Richard Leb, plant engineering, adjusts air control on boiler to save energy.

Energy conservation results in savings

Energy conservation efforts at Barnes Hospital resulted in savings of approximately \$200,000 during a nine-month period of 1976 and further efforts are underway to effect even greater savings during 1977.

Don Braeutigam, chief plant engineer, said that savings reflected efforts to limit energy use for such purposes as lighting and ventilation when such limits do not adversely affect patient care. "The cost of energy is steadily rising and, just like the homeowner, we have found that changes can be made within the physical plant to reduce our consumption," Mr. Braeutigam said.

Incandescent lamps in the hospital are being replaced by commercial lighting bulbs which draw less watts of energy and which provide the same amount of illumination. Fluorescent lighting fixtures have been modified so that less light is emitted in corridors and some public areas of the hospital. "We have been able to lower the light level in many areas without any problems," Mr. Braeutigam said. "In fact the end result has been pleasing, giving a softer, quieter effect in particular areas."

In addition to turning down thermostats wherever possible to the 65 degrees suggested by President Carter, fan delivery of air has been modified to save energy. The change in air flow has little noticeable effect but results in less consumption and money spent for the energy.

"We began an effort to conserve energy during the 1973 oil embargo and have continued that effort since then," Mr. Braeutigam said. "However in March of 1976 we began a concentrated

effort to reduce consumption. What we have found is that only minor alterations combined with preventive maintenance have made a big difference."

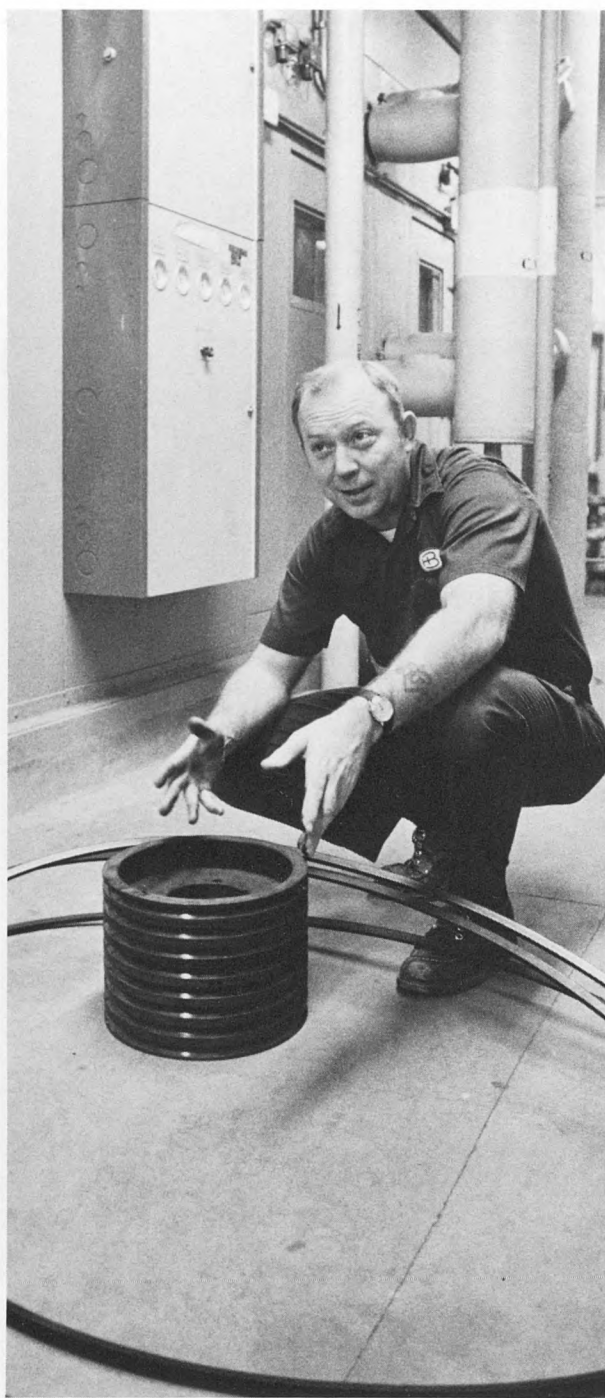
He gave examples of seemingly minor problems which cost a lot of money. "A pin-hole size steam leak can cost us between \$85 and \$155 each year for money spent to produce the steam heat," he said. "And that doesn't include the water and sewer costs which go right along with this."

He said that a single slow leak in a water faucet for hot water costs approximately \$120 each year for natural gas to heat the water being misused. A small leak in a compressed air line can easily cost \$30 each year for electricity to compress the escaping air. "Preventive maintenance to correct these problems is a big priority for us," Mr. Braeutigam said.

Other efforts which have resulted in energy conservation and the saving of money include stopping air handling units when not in use, turning off lights when not needed, installing timing devices on many exterior lights around the hospital, insulating steam lines and an effort to control excess heating in specific areas.

Barnes employes also have been involved in the effort. The plant engineering department contacted all other departments urging energy conservation and asking that problems such as overheating or leaking faucets be reported. Plant engineering employes were asked for suggestions on ways in which energy consumption could be reduced. "We found that the people who are familiar with specific areas where they work were aware of problems or ways to cut consumption," Mr. Braeutigam said.

(Continued on next page)



Herb Ford, plant engineering, displays pulley and belts which were replaced to save energy used to run ventilation fans.

Energy conservation . . .

(Continued from page 1)

The cold weather in January and February showed the degree to which savings have been made. The heating bill for January, 1977, was approximately \$94,000, \$30,000 more than in January, 1976. However, if the energy conservation program had not been in effect, the estimated cost for heating in January, 1977, would have been at least \$15,000 more based on the number of degree days during the month.

"The reason for the increased cost during a one year period is that we are heating more areas than during January, 1976, and the cost of the energy has risen substantially," said Mr. Braeutigam.

In addition to expecting greater savings during 1977, conservation plans for procedures to further decrease consumption are underway.

Credit Union is new employe benefit

Provision for membership in a credit union has proved to be one of the most enthusiastically received benefits ever offered Barnes employes, according to the personnel department.

Membership application cards were distributed in March, with the first payroll deductions beginning April 15. "More than 700 employes had enrolled by April 1," said Bill Davis, who has

been processing applications through the personnel office. "Of course all employes will continue to be eligible and may join at any time with an initial deposit of \$25. (Or you may open your savings account through payroll deductions of at least \$5 per check and when the account reaches \$25, you receive membership.) Membership is also open to immediate relatives of employes, including parents, children, siblings, and grandchildren."

Mr. Davis said that a large number of employes are taking advantage of the payroll savings plan, which allows deductions of \$5 or more from each paycheck to be automatically credited to the employe's savings account. "Employes have commented to me that this is a relatively painless way to let a little nest egg build up."

Barnes elected to become part of the St. Louis Teachers Credit Union, chartered in 1942, because it was felt that the group has the experience and expertise to operate a credit union to the best advantage of Barnes employes. It is run by a Board of Directors elected by the members at a yearly meeting, and Barnes members will be eligible to participate in these elections.

"As a share holder, employes ARE the credit union and they run the show," said Ernie Stewart, representative of the St. Louis Teachers Credit Union. He spoke at the March management meeting and pointed out that savings were federally insured up to \$40,000 just as they are in other types of savings institutions.

"One big difference between a credit union and other savings plans is that the money you save represents a share of ownership. Therefore, each \$25 unit of a member's savings is called a regular share on which dividends are compounded and paid quarterly. Interest is presently at a rate of 5½% per year."

Another service the Credit Union is offering on a limited basis is privileged payment accounts, which in most respects are similar to a bank checking account, except that the money deposited earns interest.

The Credit Union office is at 3651 Forest Park, near Grand. Other services include time certificates of deposit, classed as special shares, loans of various kinds, money orders, travelers checks, a drive-up window and night depository.

To join or for additional information, employes should contact Barnes personnel office or the Credit Union office at 534-7610.

Stork arrives early at Barnes doorstep

"I guess we started just a little too late," said one new mother in summing up the experiences of two women whose babies were born recently at Barnes—but not inside the labor and delivery area.

Both babies and mothers are doing well following the events within a one-hour period March 15 during which Mrs. Everlena Peete gave birth to a son on an East Pavilion elevator and Mrs. Bernice Blakley gave birth to a son in a car outside the East Pavilion.

Mrs. Peete said she started having labor pains in the early morning and her sister brought her to Barnes. They parked and walked inside to the elevators to go to the third floor labor and delivery area. "When we got inside I just couldn't go any farther," she said.

Marilyn Deeken, an LPN who works on the 11th floor of the East Pavilion, assisted Mrs. Peete. "We got her a wheelchair and on the elevator," Miss Deeken said. "But by the time we went up the three floors, the baby was there. I can't say I delivered it, the baby did most of the work himself." Miss Deeken said her only previous labor and delivery experience was when she received her nursing education and helped in one delivery.

Labor and delivery personnel were ready when the elevator arrived, taking the mother and new baby into the care area for treatment and attention.

Both mother and her seven-pound son were discharged a few days later and joined five other children at home. "I know my husband is going to be happy to have me home," Mrs. Peete said. "He has had a pretty tough time of it too, trying to go to work and run the house as well."

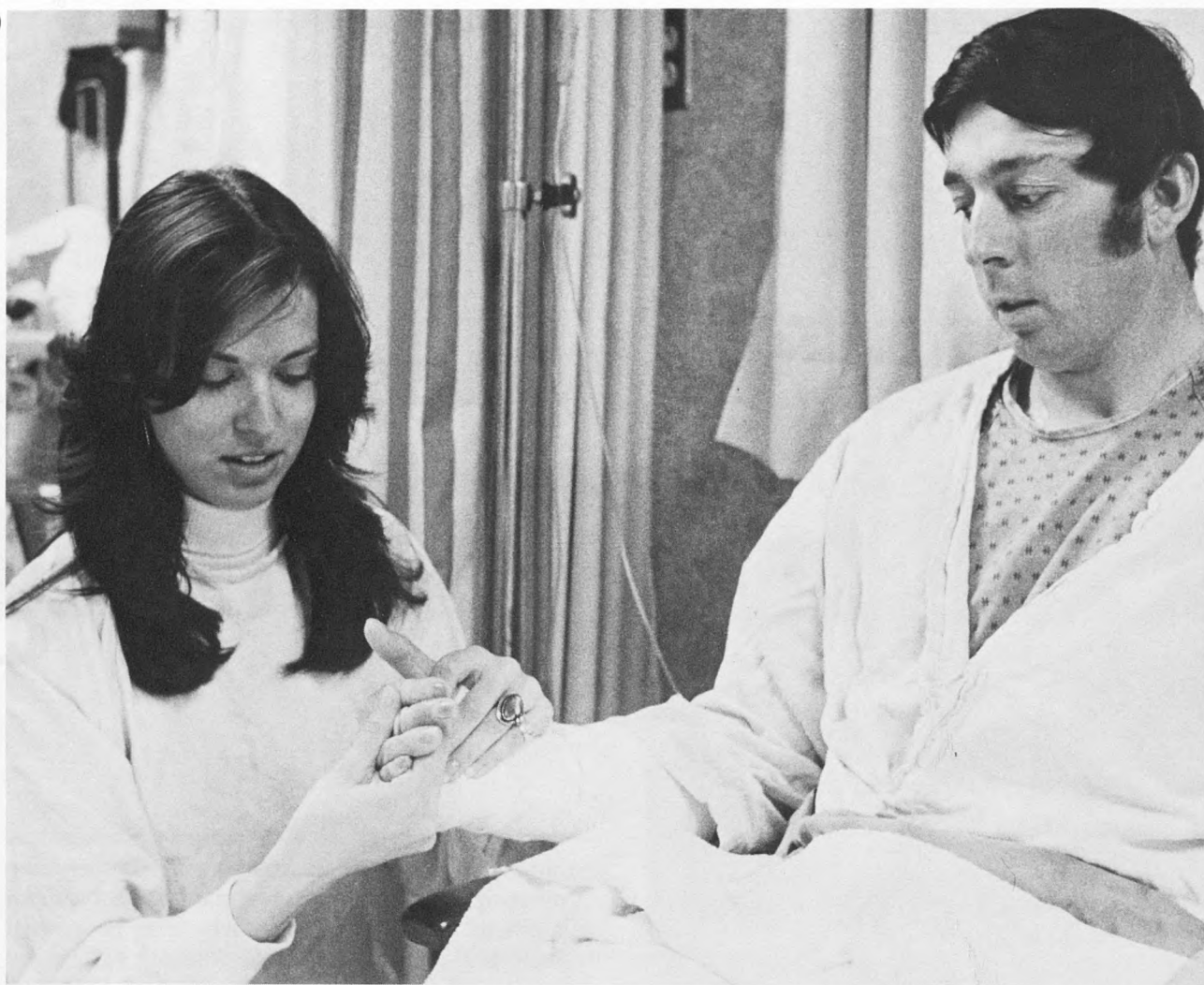
Mr. and Mrs. Blakley were expecting their third child in April when Mrs. Blakley said she started having labor pains. "We called our doctor and started for the hospital," said Mrs. Blakley, who lives in Madison, Ill. "The traffic was good and we made it to the hospital very quickly, but just not soon enough."

Mr. Blakley drove up to a security officer outside the East Pavilion. The officer notified labor and delivery who sent a team of medical personnel to the parking area. The boy, approximately a month premature, was born in the car and delivered by medical personnel. The mother was admitted to the hospital and the baby was taken to the premature nursery where he will stay until his weight increases to five pounds.

Marie Rhodes, associate director of nursing with administrative responsibility for the labor and delivery area, said that births on the hospital "doorstep" are unusual. "This rarely happens and to have two within an hour's time is highly unusual. I think it is important to note that the labor and delivery personnel were ready to step in as soon as possible to assure that the mothers' and babies' health was assured."



Mr. and Mrs. William Blakley and son



Marlene Kiehl, occupational therapist, works with patient in Barnes burn unit.

Occupational therapist assists burn patients

Carl Casey had done it before—used diesel fuel to get a fire going on the farm where he and his family live in southeast Missouri. But this time something happened. The fuel exploded and Mr. Casey wound up in the burn unit at Barnes Hospital, 150 miles away from his home, family and work.

But for Carl Casey and many others, his hospitalization and recovery are being made easier by the special treatments developed at Barnes for burn patients, by the attentiveness of the nursing care he receives in the burn unit and because an occupational therapist works closely with him so that his return to a productive life comes more quickly.

Marlene Kiehl, occupational therapist in the medical center's Irene Walter Johnson Institute of Rehabilitation, works exclusively with patients in the Barnes burn unit. In addition to helping them regain use of burned limbs, she also provides emotional support to encourage patients to become more self-reliant.

"Often a burn patient is cared for totally when they first arrive in the burn unit," Miss Kiehl said. "Severely burned patients are not physically able to do much for themselves and some become reliant on others to look after their every need.

"We approach the patient with the idea that when they recover, they are going to have to look after their own needs and that they need to return to the same lifestyle and activities they were involved in before they were injured. The recovery process begins as quickly as possible."

She said that for many burn patients the desire to undergo rehabilitation is low because they may suffer from change in physical appearance which embarrasses them. "We may see a woman who has been proud of her appearance and all of a sudden she is no longer attractive. This is a terrible blow to her morale. Similarly, we may see a young man, perhaps with a family, who

has always been active. Again, quickly he finds that he has physical injuries which force him to change his self-image."

Miss Kiehl works with patients from the time they are hospitalized until after they have been discharged. Often the total time of hospitalization and recovery at home can last months. Her job includes the making of adaptive devices so that the burn patient has more normal use of arms, legs and hands.

"As soon as the patient is able to let me work with them, we start motion exercises aimed at reducing the stiffness of joints and decreasing skin contraction which is normal for burn patients," Miss Kiehl said. "Often just these simple movements are painful but they are necessary to start the patient quickly on the way to regaining full use of their body."

During recovery burn patients are taken to the rehabilitation institute where they undergo more rigorous exercise treatment. "We use a progressive-resistive activity so that the patient becomes stronger in areas most affected by the burns."

During rehabilitation, patients also work with devices in the institute which require body motion. Some patients make use of the workshop to make adaptive devices for other burn patients.

"Not only are the patients benefiting from the physical exercise, our program also keeps their minds off of their own burn injuries. This is important because burn patients often are hospitalized for long periods of time and have a lot of time to think about their own conditions. It is easy for patients to become depressed and this, in itself, is harmful in terms of recovery," Miss Kiehl said.

The care does not end when the patient is discharged. "We often set up a home activity program for the patient to follow and I see them regularly, depending on how they are progressing. Sometimes, too, it is important to talk with other members of the family to explain the patient's progress and to suggest ways in which family members may be helpful."

Miss Kiehl said her main role is to work with the burn patient so that he or she can return to the useful lifestyle the patient had before the injury. "Many of our patients are young men injured in work accidents. Often they are the breadwinner and we feel it is important to work with the patient so that he can return to the role as a breadwinner whenever possible.

"Many burn patients are 'Mr. Fix-its' around the house. Maybe they try to do something outside of their ability and knowledge and they become burn victims. Ironically, this type of person often is the more motivated of our patients. They are interested in 'fixing' their bodies so they can get back to their regular lives."

Miss Kiehl has a bachelor's degree in occupational therapy and worked with neurology patients prior to her work in the burn unit. "When I came in touch with burn patients I could sense a real need, within me, to try to help them. Many of them become withdrawn and I think occupational therapy can help draw them out, to give them confidence in themselves. They have to be made to realize that there are people, including the doctors and nurses, who are pulling for them."

Dr. C. Robert Wray, plastic surgeon and burn unit director, said that Miss Kiehl's work has been invaluable. "She fills a much-needed role in our total care program. It is easy to see the results of her work each time I walk into the unit. There is a positive change in the outlook of the patients as a result of her work."

More than English is spoken here

English is not the only language spoken at Barnes Hospital. Occasionally, a patient is admitted who speaks a foreign language and does not understand or speak English. When this happens, hospital employees, house staff members and volunteers come to the rescue.

The hospital's personnel office maintains a current list of people in the hospital who are proficient in languages other than English. The list was recently updated and identifies approximately 75 persons who know languages such as French and Spanish. But others among the list also know languages such as Armenian, Dutch, Filipino, Chinese, Russian, German and Vietnamese.

"There are perhaps five to ten times each year when we need language help," said John Tighe of the personnel office. "But when we do we are able to quickly determine who we can turn to for help."

He said that the most common needs are for persons who are able to speak Spanish or Italian. "We have residents of the St. Louis area who immigrated to this country and have not been able to learn the English language. When they come to Barnes there is a real problem because, in most cases, they are frightened of being hospitalized and they probably do not feel well. To be unable to communicate with a nurse or doctor only adds to the problems," Mr. Tighe said.

"We are able to fill most requests for language assistance but sometimes we run into additional problems. We have had patients who speak only a dialect. In those cases our work becomes more difficult as we make arrangements to help the patient.

"It is interesting that many of the people on our list are able to speak or communicate in more than one foreign language," Mr. Tighe said.



Barnes housekeeping employe Gussie Brock presents card to Barnes patient. The card bears her name and

indicates she is proud of her work in making rooms ready for patients.

When people talk about health care, they are really talking about more than the medical expertise and modern technology that makes treatment of disease possible. The health care team includes everyone who works in the hospital, and sometimes a kind word or cheerful service is a vital ingredient in the patient's recovery. To remind both hospital workers and the public of this, the theme for National Hospital Week (May 8-14) this year is "We put the care in health care."

"Hospital week is an opportunity for us to salute our employes for preserving the old-fashioned quality of caring while providing the most modern medical treatment," said Robert E. Frank, Barnes president. "It's a good feeling to know that because you care, someone will get well a little more quickly, a little more comfortably, or a little more cheerfully."

Hospital week also is an opportunity for Barnes employes to take stock of the many ways they can put the *care* in health care. Employes from all areas are unanimous in their opinion that caring is that extra quality that people bring to their tasks, which often includes things not mentioned in job descriptions. "Being courteous and taking a few minutes to direct a visitor to the correct elevator is caring," points out a nursing service employe. "So is picking up a piece of paper from the corridor or elevator."

A clinics nurse said caring is another word for thoughtfulness. "Remembering to walk to the right in corridors rather than strolling along four or five abreast, blocking wheelchairs and stretchers, is just common courtesy. It makes a patient's progress easier. That little step toward relieving his frustration and nervousness when he is already worried about so many other things can be a step toward helping him get well."

A Barnes doctor, who emphatically agrees that everyone who works in the hospital has a hand in helping the patient get well, said that thoughtlessness in word is sometimes even more detrimental than thoughtlessness in deed. "Nurses and doctors—or anyone else—should never discuss patients on elevators or anywhere else where they can be overheard. Even though



Bob Patania of dispatch holds elevator door open for Barnes visitors.



Dietetic department employe Johnnie McCoy carefully places meal tray within easy reach of eye patient.

Putting

one is careful not to use names or identification, this kind of discussion can be very depressing to a patient who may have a similar problem, or to his relatives who may be on that same elevator. It's a case of thinking before you speak and that is an important aspect of caring."

Mr. Frank feels Barnes employes should go even further and make every effort to curtail any personal conversation in front of patients. "One of the things patients mention most often as a pet peeve during their hospitalization is personal conversation among employes. A too-frequent complaint is that employes interested in carrying on private conversations do not give adequate attention to patients and their relatives. Another is loud talk among employes at nursing stations."

One employe said, "I have to admit that sometimes I forget it myself, but usually I try to remember when I am on patient floors that I should keep my voice down in the hallways," said the employe whose job takes him all over the medical center. "When you chance on someone you know, it is tempting to stop and chat a minute or so, but if this is near a patient's room, you may be awakening someone who has just dozed off after a bad night. Or you may just be irritating someone who already has enough on his mind."

A dispatch worker who says she spends a lot of time going up and down elevators said one little courtesy that she tries to remember is to let people get off the elevators before trying to get on. "Some of our patients, who can't move too quickly, can be nervous about either possibly missing the elevator or missing the floor they intend to get off on. I try to remember to stay to one side and to use the hold button when that's needed. Elevator courtesy is an important part of caring in a place as big as Barnes."

"It is important to see ourselves as others see us and that's especially important if you wear a uniform that readily identifies you with the hospital," said a young nurse. "Appearances DO count. That is what we're judged by. You can be very conscientious but if a patient sees you walking down the hall licking on an ice cream cone or slouching on a bench in the public areas of the hospital munching on a candy bar, the image that you reflect won't be a very professional one. You can hurt your own self-respect and you can hurt your profession. Anyone with pride in their job has to have pride in the image they project. I happen to be a nurse, but

the care in health care

Diane Kovalik, Barnes nurse, demonstrates the bad appearance given by employes who eat in corridors in Barnes Hospital. Her pose also suggests a safety hazard by blocking part of the corridor.

I think what I said goes for anyone who takes pride in themselves and their job, no matter what that job is."

A Barnes housekeeper who prides herself on keeping patients' rooms spic and span said, "I always try to have a cheerful word and a smile. I've had patients tell me it brightens their whole day and that makes me feel good. Sometimes we don't realize what cares a patient has. Maybe he has heard bad news or maybe he's just scared. Sometimes he's here in the city with no friends. If I can help him have one better day, maybe that'll help all his days be better. I try to let them know I do care about them just by doing my job in a way that shows I care about it."

"Two things I feel are important in care and caring are to be cheerful when I take a patient's food tray in, and to make certain I put it within easy reach," said one dietary employe. "Mealtime may be the most important part of a patient's day, and I try to do what I can to make it a highlight. I like to think that good service and a smile can make the meal even more enjoyable, and if that doesn't help the patient get well it at least makes him feel better."

A nursing service employe said that attention to detail is very important. "Even if a patient is not feeling well, he will remember the little extra I put forward on some matter, something which is insignificant to me perhaps, but which may be very important to the patient. People will remember the little things just as much as the big things I do for them."

Barnes employes agree that sometimes it is necessary to remind themselves that they are indeed responsible for putting the care in health care. They have various ways of doing this. One very practical man said simply, "Even though I don't have too much contact with patients, I try to always remember that the patient is the one who is paying my salary. If enough patients would choose to go somewhere else to buy hospital care, I would probably not have a job. So it's to my own selfish benefit to be a thoughtful, caring emissary of Barnes."

Another employe pointed out that it is easy to get in a rut and think of one's job as just another job without being cognizant that patients are real people. "I try to think of every patient in the same way that I would if it were my mother, or my child, or my husband. This person is very dear to someone just as my loved ones are dear to me. Keeping this in mind makes it easy to put the care in health care."



Walking beside each other may help conversation but blocks corridors within the hospital.



Sylvia Rajnoha and dietetic intern Sally Saban discuss recipe in new test kitchen in the dietetics department.

Test kitchen being used extensively

Before patients receive their meal trays at Barnes, the food on plates has gone through extensive testing to make sure that it is both nutritious and tasty.

Now a new test kitchen in the dietetics department is making testing procedures easier to accomplish and is a helpful teaching aid for the department's dietetic internship program according to Sylvia Rajnoha, teaching dietitian at Barnes.

The test kitchen is included in department offices in the Peters building and is different from a kitchen at home only in location (within an office set-up) and that it includes a gram scale, an item few home kitchens have.

"We test each recipe before it is included in the patient menu selections," Mrs. Rajnoha said. "Before we had the test kitchen we worked in the main hospital kitchen and this sometimes disrupted the work there because we had to use their work area and their equipment. Now we are able to perform our tests here without disrupting the work of the main kitchen."

Not only are patient menus tested, but the kitchen also is used to adapt Barnes menus to individual servings for patients to follow after they leave the hospital. "We often receive requests from patients for recipes to take home, recipes for particular dishes they enjoy as well as some which fit restricted diets which patients must follow," Mrs. Rajnoha said.

The test kitchen is used by dietitians and dietetic interns to prepare food to fit restricted diets ordered by physicians. "If we can make our tests here, in the test kitchen, we can be of help to the main kitchen when they begin their food preparations."

Dietetic interns prepare supplements in the test kitchen to take to student nurse conferences. The student nurses taste the supplements so they will be aware of what the patient is receiving. In this way student nurses and dietetic interns can then discuss the use of food supplements for patients with particular diseases or illnesses.

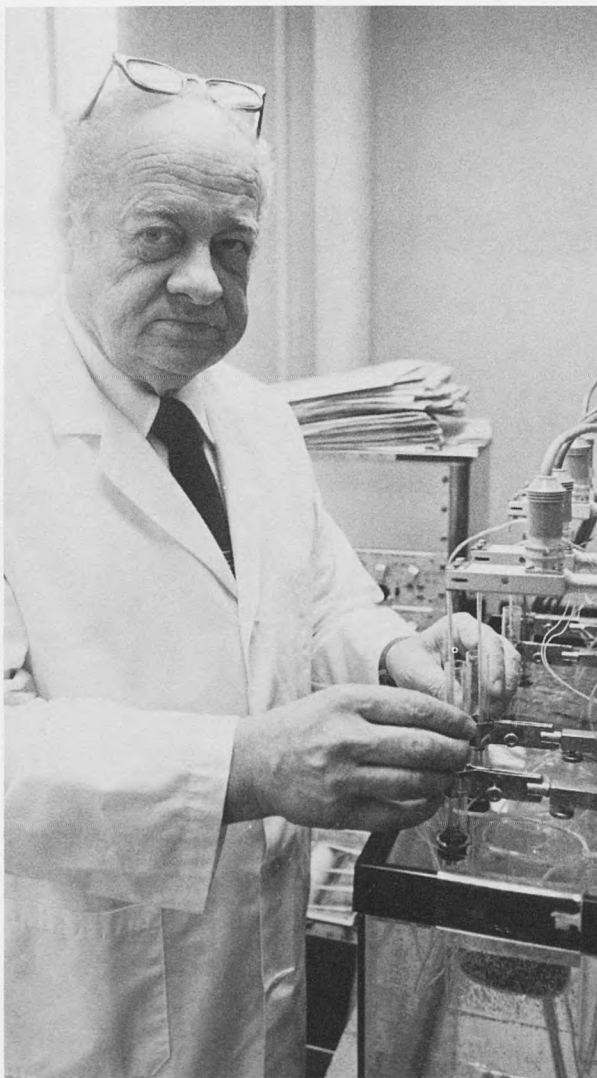
"Many of our dietetic interns will become food service managers for various medical facilities," Mrs. Rajnoha said. "In addition to knowing the theory behind nutrition and food selection, the

interns also learn the mechanics of how testing is done and how that testing eventually enables the patient to enjoy nutritious and good tasting food while on the road to recovery."

Study offers promise of prevention of prematurity

Preliminary results of a pilot study give promise of preventing premature labor long enough to allow the unborn child to mature sufficiently to survive. Dr. Arpad Csapo, whose research on the prevention of prematurity goes back to the 1940's, has submitted a paper to the *American Journal of Obstetrics and Gynecology* in which he reports success in arresting premature labor in 19 patients treated with isoxsuprine.

Dr. Csapo points out that the prevention of prematurity is one of medicine's greatest challenges. More than 300,000 premature births occur in the United States each year. Many women who very much want children have premature labor in pregnancy after pregnancy, and deliver infants



Dr. Arpad Csapo conducts screening of "B-Mimetic" drugs in preparation for clinical trials on the prevention of prematurity.

too young to survive. Premature births are a major factor in infant mortality rates.

Although babies that weigh about 2 pounds can be kept alive with current technology, severe abnormalities such as mental retardation, improper motor development, or blindness too often result. At best, these children are frequently physically stunted throughout childhood. Prematurely born infants who do survive usually require 20 or more days of hospitalization at a cost of upwards of \$300 a day.

"It is both safer and more economical to keep the developing fetus in the uterus rather than the prematurity nursery," points out Dr. Csapo. That is what he is attempting in his most recent work. He reports that of 36 women admitted in labor at about the 31st week of pregnancy, all 19 treated with isoxsuprine retained their pregnancies. Three had babies at 34 weeks and 16 at 38 weeks. All the infants showed normal development at 6 weeks of age.

Pregnancy was prolonged an average of 45 days in the treated women, and the average weight of the newborn infants was 6 lbs., 9 oz. Of 17 clinically comparable women given placebos, only four retained their pregnancy long enough to deliver mature infants.

"In two-thirds of the cases of premature labor there is no identified obstetric cause," Dr. Csapo points out. "We need to learn how to stop labor to gain time for diagnosis and thus for rational therapy."

Dr. Csapo's research into what triggers uterine contractions began in his native Hungary right after World War II. His work ultimately led to the formation of the "seesaw" theory, a concept explaining the complex mechanisms that maintain or terminate pregnancy.

According to this theory, pregnancy is maintained normally as long as the uterine muscle stimulant (prostaglandin) and its suppressor (progesterone) are in a regulatory balance. Dr. Csapo explains that the uterus is an intrinsically active muscle whose action is suppressed by progesterone, which acts as a brake on the uterine muscle. "It is this brake that must be released by a regulatory imbalance before labor can begin. If the brake is released too soon, premature labor results.

"All of the 36 patients in our study had significant progesterone deficiency when admitted. The brake was being released. By suppressing uterine activity, isoxsuprine increased the progesterone levels and the brake held. The placebo did not do this and as progesterone continued to decrease, labor progressed to premature delivery."

Dr. Csapo cautioned that isoxsuprine provoked hypotension and tachycardia in both mother and fetus. He noted, however, that when such side effects can be controlled, in a closely monitored trial, the hazards of prematurity far outweigh the risks of side effects.

He added that only extensive future trials can provide reassurance that isoxsuprine can be safely and effectively administered under routine hospital conditions. "It is possible that undesirable side effects will become more apparent as more cases are seen. But if so, we will restrict the use of isoxsuprine to acute treatment. Then once uterine activity has been suppressed, we can shift to other drugs for maintenance therapy."

The important thing is that a definite step has been taken in the prevention of premature labor. Nineteen women who were threatened by prematurity delivered mature and healthy babies.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from Feb. 20 to March 18, 1977.

IN MEMORY OF:

Marion K. Baum

Mr. and Mrs. Edwin B. Meissner, Jr.
Mary Freedman
Mrs. Jules H. Kopp
Mrs. William Schwab
West Port Plaza Merchants Association
Mrs. Arthur J. Freund
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the Victorian House Girls

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Bulletin**

April, 1977

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Barnes Sidelights

by Jim Hubbard
Public relations director

In a story in this issue of *Barnes Bulletin* we said that rarely are babies born just outside the hospital. A week after the two babies mentioned in the story were born a third baby was born as the mother was being driven to Barnes. A St. Louis traffic officer delivered the baby on the side of Highway 40 at Grand Avenue. Mother and daughter are also doing well.

Another story deals with the hospital's efforts to conserve energy and at the same time reduce the amount of money spent for energy. The story is one of several planned for the *Bulletin* on what steps Barnes is taking to control the cost of being hospitalized. Concerted efforts are underway in many areas of Barnes to limit hospital expenses because, ultimately, the patient must pay for such expenses.

Recently the managing editor of a newspaper in Pittsfield, Ill., was hospitalized at Barnes and the newspaper printed several columns the editor wrote while she was a patient at Barnes.

We were pleased to note the writer had many nice things to say about Barnes and Barnes employees. The point is that, as hospital employees, we never know who is watching us and we must strive to treat each patient with the utmost care and consideration.

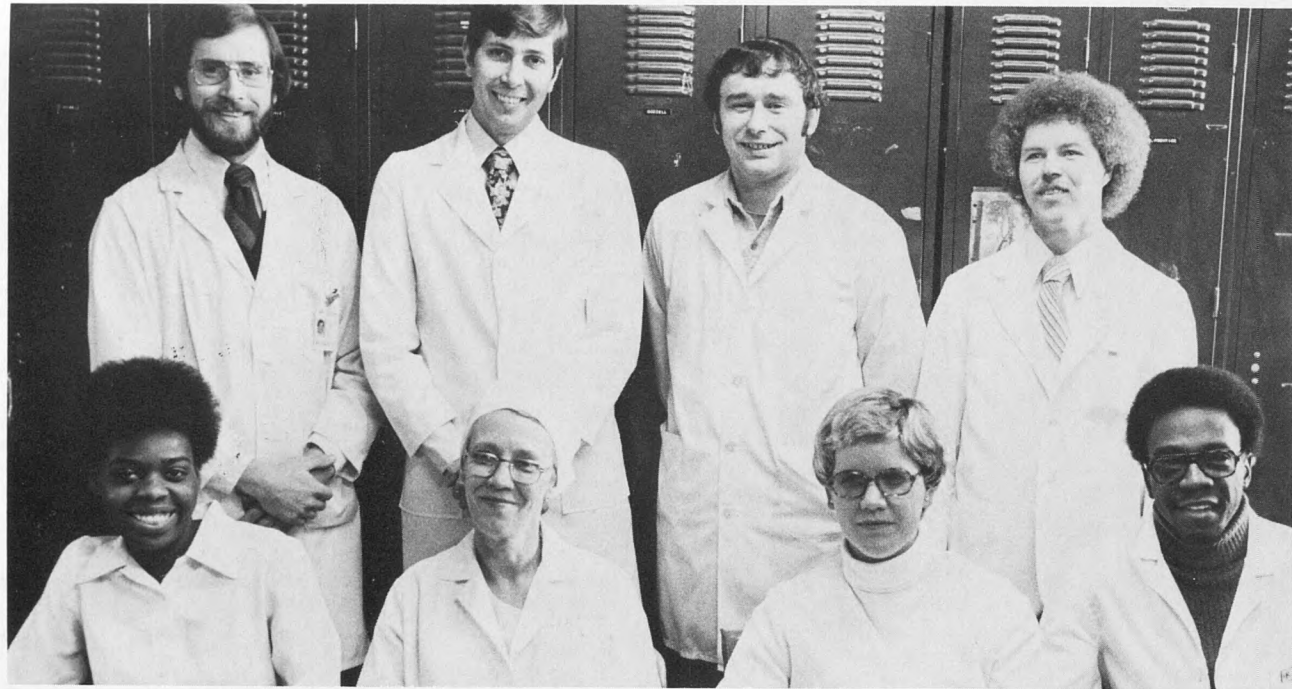
The moving of laboratory facilities to the new Peters Memorial Building is essentially complete. We want to congratulate all of the laboratory employees for continuing to provide the high quality of diagnostic test service during the relocation period. Credit for the successful move also is to be given to the housekeeping and maintenance departments.

Books and magazines needed

Donations of books and recent magazines are needed by the volunteer office's library. The books and magazines are circulated for patient reading and must be constantly updated. Anyone wishing to donate reading material is urged to take it to the volunteer office.

Joins medical staff

The President's Office reports that Dr. Peregrina Labay is on staff as a voluntary assistant in the outpatient department.



Recent graduates of the Barnes Hospital School of Nurse Anesthesia include, front row from left, Janice Daniels, school instructor Louise Grove, Mary Marquis, and Custis Fair. Second row, Gary Muetzfeld, David Busso, Robert Bauman and Mike Petru. Missing when the photograph was taken was Sister M. Heinmann.

Hold public forum on arthritis

Dr. John Atkinson, Barnes physician and arthritis specialist, spoke on the disease during a public forum held March 15 at the Christ Church Cathedral in St. Louis. The forum was sponsored by the Eastern Missouri Chapter of the Arthritis Foundation.

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St. Louis, Mo. 63110

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Ferguson leads group

Dr. Thomas Ferguson, cardiothoracic surgeon at Barnes, has been elected vice president of the Council of Medical Specialty Societies, an organization representing approximately 200,000 medical specialists. In October, Dr. Ferguson will become chairman of the American Board of Thoracic Surgery. He recently completed a term as president of the Society of Thoracic Surgeons.

Dr. Bricker joins state hospital

Dr. Eugene Bricker, surgeon emeritus at Barnes, has joined the staff at Ellis Fischel State Cancer Hospital in Columbia, Mo. Dr. Bricker retired from the Barnes staff in 1975.

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