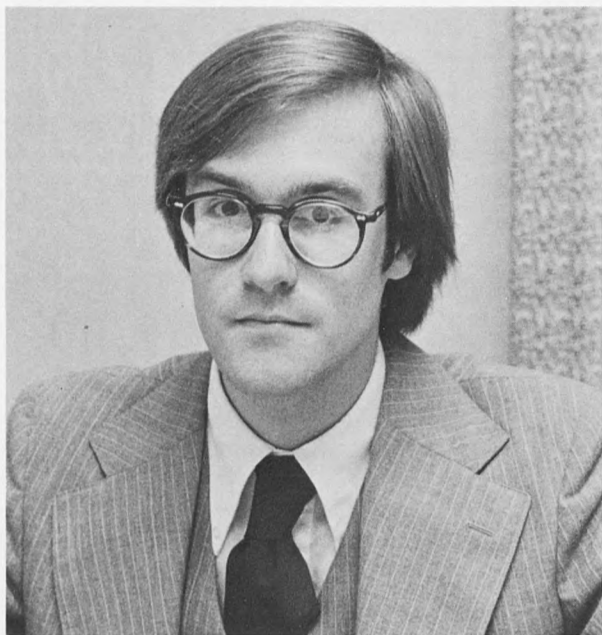


Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, July 1977, Volume XXXI, Number 7



Robert P. Maurer, Jr.

Changes announced in administrative duties

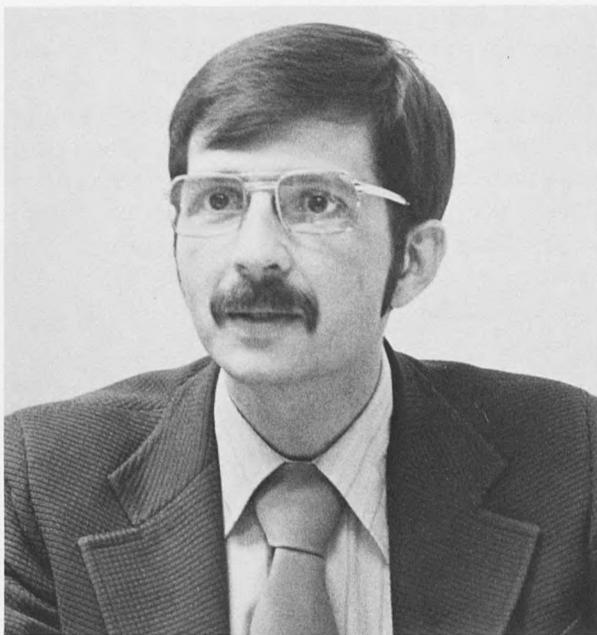
A new evening administrator has been hired, another will be hired shortly, and various duties have been reassigned in a reorganization of administrative responsibilities. In line with the other changes, Robert P. Maurer, Jr., former evening administrator, has been promoted to assistant director. All changes are effective as of July 1.

Richard Linneberger, formerly ambulatory care department coordinator at Children's Hospital, who is working toward his master's degree in health care administration at Washington University, will take over the duties of evening administrator four evenings a week beginning July 1. Plans call for another graduate student to be hired shortly who will be responsible for the other evenings of the week so that Barnes will have an administrator on the premises seven evenings a week.

The nine-month administrative internship of Suellen Keller-Siegel has been extended to 12 months so that she will continue to serve in that capacity until August. At that time, she is expected to join the hospital as an assistant to Robert E. Frank and John Warmbrodt.

Jay Purvis, formerly associate director for professional services, has resigned and his responsibilities have been reassigned to Thomas Winston, vice-president, and Rich Grisham, associate director. Mr. Maurer will be assistant director, working with Mr. Winston, and Dillon Trulove, assistant director, will work with Mr. Grisham.

Because of the growing importance of fundraising and development, Joseph Greco, associate director, will now devote full time to that field. His other duties are being assumed by other members of the administrative staff, but he will continue to serve as liaison between Barnes and the board of directors of Barnard Hospital.



Richard Linneberger

Under the reorganization, the Auxiliary and volunteers will work directly with Mr. Frank.

Mr. Winston will be responsible for plant engineering, laboratory, heart station, nurse anesthesia, social work, telecommunications, clinics, perfusion service, infection control, construction supervision, house staff and chaplaincy.

Mr. Grisham's responsibilities will now include housekeeping, laundry, central services, dispatch, admitting, medical records, pharmacy, respiratory therapy, tower dining room, ambulatory care, dietary, activity therapy and the barber and beauty shops.

Barnes again ranked among top hospitals

Barnes Hospital is listed as one of the dozen leading hospitals across the United States according to a recent survey conducted by *Family Circle* magazine and published in the June 28, 1977, issue.

According to the article, "Where to Find the Best Medical Care," written by Genell Subak-Sharpe, editor of *Medical Opinion Magazine*, *Family Circle* talked to leading medical educators and recognized experts in various medical areas as well as directors of health agencies and foundations. "A dozen medical centers seemed to be on almost every expert's list as places to go with problems that seem beyond the capability of the community hospital. Many are the places they would go themselves or where they would send a member of their family," writes Ms. Subak-Sharpe.

The article went on to say, "These hospitals have a dazzling roster of medical talent, the latest in equipment and facilities, and most offer complete medical services. Most are affiliated with a medical school, with staffs that include leading researchers as well as clinicians."

Barnes is the only hospital on the list located in the Midwest. Eight of the twelve are on the East Coast, one on the West Coast, and two in the South. Besides Barnes, the list includes Columbia-Presbyterian in New York; Duke University Hospital in Durham, N.C.; Massachusetts Gen-

eral in Boston; Hospital of the University of Pennsylvania in Philadelphia; Mount Sinai in New York; Peter Bent Brigham in Boston; Johns Hopkins in Baltimore; Yale-New Haven Hospital in New Haven, Conn.; Cedars-Sinai in Los Angeles; Baylor in Dallas; and Vanderbilt in Nashville.

Barnes has consistently been ranked among the top ten hospitals in the United States whenever such a survey has been undertaken. Most recently Barnes was listed as No. 5 in the nation in an article in the June, 1975, issue of *Mainliner* magazine.

Behavior modification aids in weight control

Two 20-week courses on "Behavior Modification as Applied to Weight Control," being sponsored by the nutrition clinic, began June 13 at Barnes. The afternoon and evening programs are limited to ten persons each with the goal of developing skills to overcome stimuli to eating, according to dietitians Nancy Olson and Edna Oakley, who conduct the classes.

The format for the course was developed by Dr. James M. Ferguson at the Eating Disorders Clinic at Stanford University and uses his manual, "Learning to Eat," as its text. The core idea of the program is behavior modification to change eating habits to avoid the yo-yo effect of dieting that results in a pattern of losing and regaining extra weight.

Ms. Oakley cited a study that showed that 95% of people who lose weight on a diet will regain it within one to two years whereas 80% of those people who participate in the behavior modification approach were able to keep the weight off for at least two years.

One participant in the first class, a woman with diabetes who had been told she had to lose weight, succeeded in shedding 31 pounds in 20 weeks and plans to weigh 115 by the end of the next session. Although weight loss varied, all those who completed the course lost weight.

Another participant in the first series, which was completed June 1, said she had found out how important where and when you eat is. "There should be a designated place to eat and you should not eat anywhere else. You can become aware of eating habits if you make sure you take the time to sit down and eat when you're hungry rather than grabbing a bite no matter where you are. The course really helps you to see yourself for what you are."

Ms. Oakley explained, "Overweight people don't just eat because they are hungry, or need the food, or because it is healthy. The course teaches you to eat for the only appropriate reason: because you are hungry, not just because something looks or smells good. It teaches skills to help you overcome signals that make you eat."

Ms. Olson emphasized that keeping a food diary is essential to participation in the course. "Not only does writing down everything you eat make you more conscious—and perhaps ashamed—of how much you eat, the process (continued on page 2.)

Front cover: Ledora Surgeon uses gown folder, a new piece of equipment in Barnes laundry, which is helping add to the efficiency of the laundry, which washed approximately 7,000,000 pounds of laundry last year. (See story on page 2)

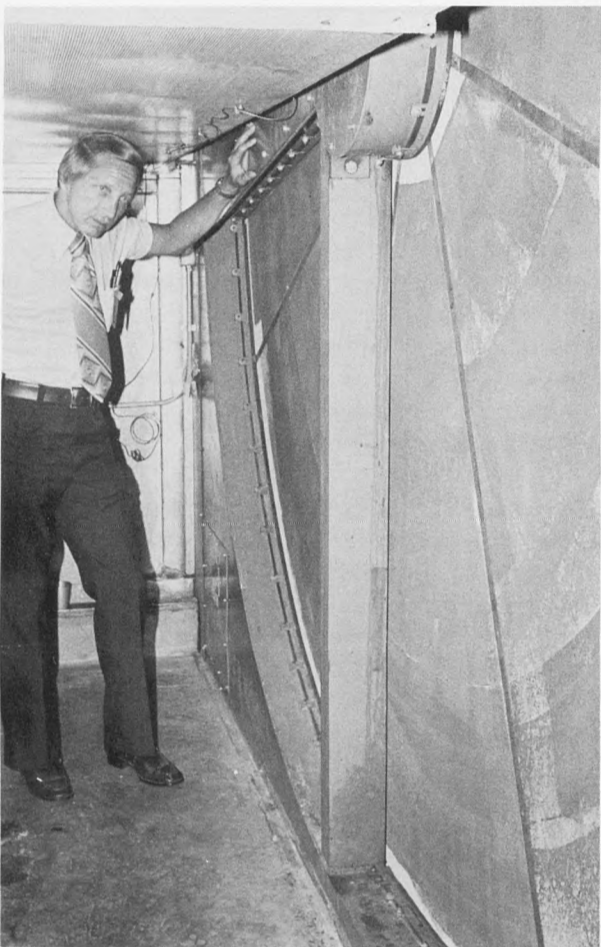
Behavior . . .

(continued from page 1.)

reveals problems by including when you eat, with whom, what you're doing at the time, how long it took, etc."

There is no charge for the course, but selection of participants is made on the basis of their motivation, and keeping complete food records is mandatory. So is class attendance and homework. A charge of \$6 is made for rental of the manual but that is refundable at the end of the course. Another motivation is a \$25 deposit called a homework fee. The complete \$25 is refundable at the end of the course if all homework has been completed and turned in on time.

The course consists of 20 classes of 1½ to 2 hours each and includes confidential weigh-ins to chart progress. Another series of classes will begin at the first of the year.



Don Braeutigam examines recovery wheel on top of Building 3.

Wheels make news by recovering energy

It has been a few thousand years since the wheel made headlines, but today there are two news-making wheels at Barnes Hospital.

The wheels are energy-saving "recovery wheels" located in Building 3 and the Peters Building. The wheels recover heat from the air in winter and coolness in summer before the air is exhausted to the outside. The result is significant energy savings.

Simple in design and operation but difficult to explain, the wheels are installed in a housing, or box, connected to the heating and cooling system. Pie-shaped sections of asbestos-type material cover the wheel. The wheel rotates very slowly in the box, which is divided into two sections: one for incoming (fresh) air and one for outgoing (exhaust) air.

In hot weather, outside air entering the hospital passes through the wheel to cooling coils, and then through ducts into the rooms. After the air has circulated through the rooms, it goes through another duct back to the housing. There, the cool air again passes through the wheel.

The asbestos filter is cooled by the exhaust air. As the wheel turns, the cooled section passes into the airstream from the outside and partially cools the fresh, incoming air before it reaches the cooling coils. This saves costly energy needed to cool the outside air.

In winter, the process is reversed and the wheels capture heat from exiting air and use it to warm incoming air. The wheels are able to recapture 65 to 80 percent of the heat or cold that would otherwise escape outside, unused.

Although expensive, the wheels quickly pay for themselves, said Don Braeutigam, chief plant engineer. "For example, the wheel that services Building 3 has an estimated savings on utilities of \$17,000 a year at present energy prices," Mr. Braeutigam said. "There are all kinds of recovery systems today; I think this is one of the most efficient."

"This is another way in which we have been able to become more energy efficient," Mr. Braeutigam said. "Any way in which we can reduce our costs ultimately represents a savings for Barnes patients and a savings of our nation's energy resources."

Laundry workers welcome help from new machines

Monday is wash day at Barnes. So are Tuesday, Wednesday and all the other days of the week. When there are more than 140,000 pounds of laundry to do each week, it takes seven days to get it done.

But Barnes laundry employees are now getting help from two recently installed machines, a gown folder and a drier.

The gown folder folds patient gowns, baby blankets, towels, pajama pants and robes, all of which used to be folded by hand. The machine can fold about 700 gowns an hour. It takes just one person to operate the folder which frees three employees to work in other areas of the laundry.

The other new machine is an extra-large clothes drier that can dry 2,000 pounds an hour. The other driers in the laundry can dry 800 to 1,200 pounds an hour.

To put these figures into perspective, imagine that ten pounds of laundry contain a blanket, two bath towels and four sheets.

The new machines require fewer employees, releasing them for other duties. "We have taken on more work," said Frank Knox, director of the laundry. "We now use washable bed pads instead of disposable ones and we've taken on more work from Children's Hospital."

The Barnes laundry is the largest-volume laundry in the St. Louis area, Mr. Knox said. "We are also the most highly productive hospital laundry that reports to the American Hospital Association," he added.

Last year the laundry washed 6,992,126 pounds—a figure that should be close to 7½ million this year. Mr. Knox said the Barnes laundry is able to wash clothes for about half of what a commercial laundry would charge.

"The contributing factor to our success as the biggest laundry is our efficiency. We have standards for everything we do, and our employees exceed the standards in many cases," Mr. Knox said. "The more efficient we are the more money we can save."

Nursing school curriculum changes are announced

Students entering the Barnes Hospital School of Nursing will have twice as many college credits when they graduate as previous graduates have had because of recent changes in the curriculum announced by Barbara Bradshaw, director of the school.

Curriculum changes increase the number of courses students will take at the St. Louis Community College at Forest Park. However, the length of the nursing program remains at 29 months and will continue to concentrate primarily on clinical courses at Barnes.

The changes will give students a head start toward working for a Bachelor of Science (B.S.) degree in nursing.

"We did a survey of our students and found that a great majority of them ultimately plan to get a B.S. in nursing," said Miss Bradshaw. "This change will help them move more rapidly toward that goal."

The curriculum changes will also benefit students who have completed college courses before entering the nursing program, according to a letter from Leon Cecil, director of admissions, to students entering the school in the fall of 1977.

Students who have already completed the required college courses may choose to begin second level clinical courses somewhat earlier, and consequently complete the nursing program about 11 weeks earlier than the majority of students. Or those students may elect to remain in the program for the full 29 months, taking advantage of a lighter required-course load to improve their financial status through part-time employment.

The changes were developed by the curriculum committee of the school and were approved by the school's faculty. Committee chairman Phyllis Khan, R.N., and Miss Bradshaw then met with the Missouri State Board of Nursing, which approved the changes.

Cancer workshop held

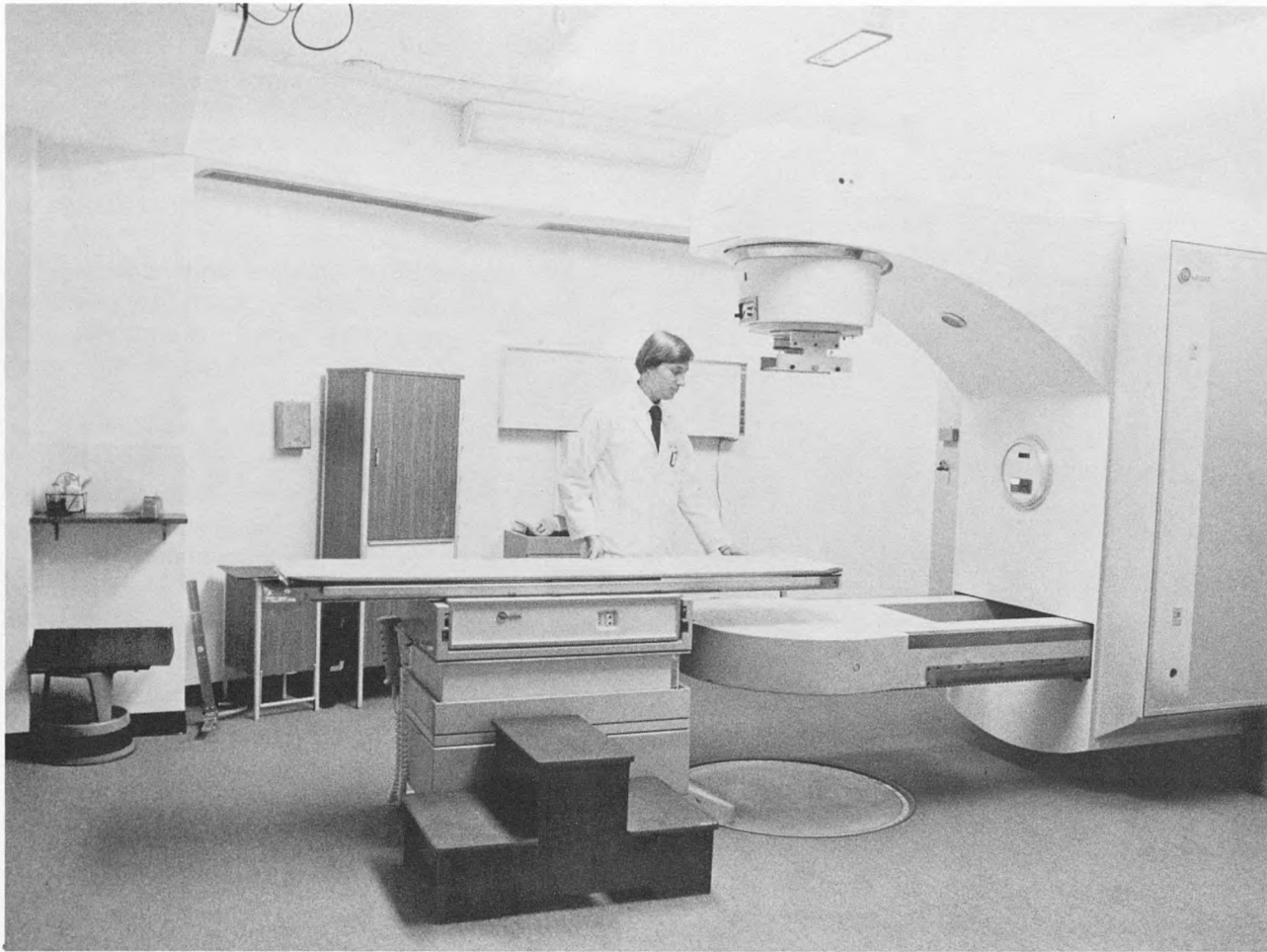
A cancer workshop on glioblastoma multiforme was held on June 1 in the East Pavilion auditorium under the sponsorship of the division of radiation oncology of Mallinckrodt Institute of Radiology.

Speakers included Dr. Robert Ratcheson, Barnes neurosurgeon, who gave a "Survey of Results at Barnes Hospital"; Dr. Fred Valeriote of Mallinckrodt, whose subject was "Laboratory Rationale for Use of Drugs and Hypoxic Cell Radiosensitizers"; Dr. David Crafts, St. Louis University neurosurgeon, who spoke on "Animal Tumor Models"; and Dr. Michael Walker of the National Institute of Cancer, who covered "Impact of Multimodality Treatment."

Attend kidney symposium

Becky Baldrige, clinical nurse in neurosurgery, and Joyce Weber, head nurse in the emergency department, represented Barnes Hospital at a day long annual kidney symposium held recently at the Alameda Hotel in Kansas City.

Doctors and nurses from St. Louis area hospitals were guests of the St. Louis Regional Transplant Association learning the most recent techniques in identification of donors and kidney harvesting and transplantation.



One of only two in the country, the Clinac 35 machine and its quarters were also painted and refurbished.

New look brightens radiation oncology

There's a bright new look in radiation oncology on the ground floor and first floor of Mallinckrodt. The reception area, treatment rooms and machines, examining rooms, offices and lounge are all sporting new coats of paint, fresh wallpaper, colorful cabinets and carpet.

"The two most important considerations in redecorating were cheerful colors and coordination," said Dr. Carlos Perez, director. "We tried to get everything into a unified theme."

Lime green, nectarine orange and off-white are the dominant colors. "We chose those colors because they are uplifting for the kinds of patients we have as well as a morale booster for the employees," said Kathy Black, administrative



Medical student Robert Saltman demonstrates use of color bars which indicate doctor, service and whether patient is being seen or is waiting.

assistant. Members of the staff worked closely with a decorator to coordinate the effect from room to room.

The project was nine months in the planning stage. Actual work began in January and is now close to completion.

"The patients love it," Dr. Perez said. "Now we plan to make some changes in the floor plan that will help us work more efficiently, with as little trouble as possible for the patient."

Dr. Robins' contributions to psychiatry honored

A scientific symposium honoring Dr. Eli Robins, Barnes psychiatrist and former psychiatrist-in-chief, was held in the Carl Moore auditorium May 27 and 28 with outstanding psychiatrists from throughout the world participating.

Dr. Robins is recognized as one of the men who helped redefine the role of psychiatry within the framework of medicine and science over the past 15 years. He was psychiatrist-in-chief from 1963 to 1975 and is credited with having "helped build a department of psychiatry in which each member is an investigator, in which laboratory and clinical investigation exist side by side in equal strength, and in which the importance of data is recognized and respected."

Dr. George E. Murphy, chairman of the program committee for the symposium, said, "Interest in and respect for data has spread throughout much of American psychiatry, and this is in large measure due to the efforts of Dr. Robins, who seemed to have had few allies a decade and a half ago. His success stems from a unique combination of attributes, a broad understanding of biology, a precise grasp of neurochemistry, a clear commitment to quality in both clinical and laboratory research, great energy, personal integrity, charm and warmth and a vision of the future."

The symposium was supported by contributions of friends, colleagues and former students of Dr. Robins, the W. R. Persons Foundation and several pharmaceutical firms. Its purpose, according to the printed program, was "to celebrate Eli Robins and what he stands for."

Nurses snap babies' birthday photographs

Before they see the light of their third day, babies in the Barnes nursery have had their first photographs taken. These eventful "first photos" are the product of the Auxiliary's Baby Photo.

Hannah Golden, chairman of Baby Photo, supervises the selling of the babies' photographs to the parents. But the nursery nurses are the photographers.

"Learning how to take pictures is part of the regular orientation for nursery nurses," said Aggi Johnson, head nurse.

There is a camera in the nursery, installed by a commercial baby photo firm. The baby's bassinet is wheeled under the camera and the nurse takes several poses, hoping the baby will be alert and awake for at least one.

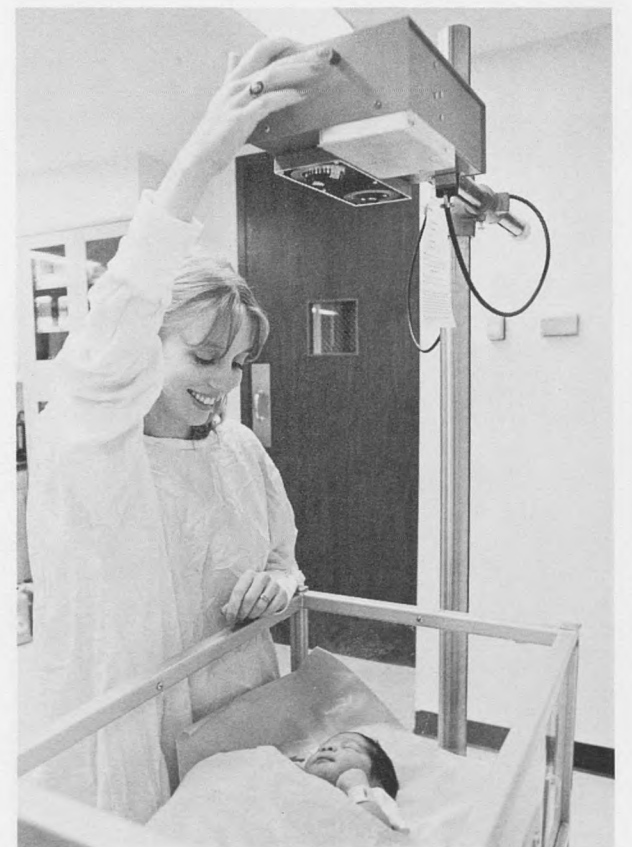
"It is sometimes hard to catch the baby at a good moment," Mrs. Johnson said. "We can't take the pictures right before feeding time because the baby is too hungry and fusses. We can't take the picture right after feeding because the baby is too sleepy and will have closed eyes."

It takes a little planning to snap the photograph when the baby's eyes are open. Mrs. Johnson said the nurses may rub the baby's back or use a pacifier to make the baby calm, collected and awake for the picture.

"The tough ones are twins or triplets," Mrs. Johnson said. Both babies appear in the same photograph and it is hard to catch them both with their eyes open.

The night nurses take most of the pictures, with daytime personnel helping out during busy times. The camera company comes every day to load the camera with fresh film and to bring developed photographs.

Parents are usually very pleased with their little one's photographic premiere, Mrs. Golden said. "It's an important part of their hospital experience and will give them pleasant memories of Barnes for a long time. A lot of the credit goes to the nurses," she added. "With all the work they have to do, they still take the time to take the pictures, and to do as good a job as possible."



RN Debbie Nelson prepares to take first photo of newborn baby in Barnes nursery.

Special problems, special nurses



Jill Feldman counsels patient about to be discharged.

A group of Barnes Hospital nurses are providing an added dimension to the traditional concept of nursing care. As a result, Barnes patients with difficult medical and surgical problems are benefiting from added attention and experienced care.

Clinical specialists and nursing care advisors serve to expand the attentive nursing care which is provided to all Barnes patients according to Maureen Byrnes, director of nursing and associate director of Barnes.

"These nurses perform many functions including patient education, discharge teaching and staff education to assure that patients with difficult problems receive the full benefit of the expertise available at Barnes," said Miss Byrnes. "Our program, while not new, is really coming into its own and we see many positive benefits which affect all of our patients."

Pat Keys, associate director of nursing for quality assurance, believes that clinical specialists and nursing care advisors reflect the high level of experience and professional capability at Barnes, a major medical center. "When we think of Barnes, we have to think in terms of the teaching aspects," she said. "I think this program reflects the value of the teaching that is available to Barnes patients."

Currently there are ten nurses, three of whom are clinical specialists who have masters of science degrees in nursing and seven of whom are nursing care advisors who have bachelors of science degrees in nursing. Both of the positions require extensive nursing practice in the respective specialties.

Clinical specialists and their areas of responsibility are Carol Dabbs, medicine; Joanne Tonn, ostomy care; and Jill Feldman, pulmonary disease. Nursing care advisors are Kathy Becker, cardiothoracic; Colette Chase, obstetrics; Kathy Kater, neurology and neurosurgery; Pat Pa-

welczak, psychiatry; Pat Hanick, urology; Theda Guzman, renal transplantation; and Vicki Kamdowski, oncology.

Mrs. Keys said that the primary responsibilities of the group are to provide attentive care to patients with specific problems; to help educate the patient and the patient's family regarding home care; to aid and teach staff nurses; and to serve as role models.

"One very important function they serve is to devote as much time as needed to the patient they serve," Mrs. Keys said. "This enables other nursing personnel to devote their efforts to other patients in need."

Jill Feldman, clinical specialist in pulmonary disease, works closely with physicians in that specialty to meet the needs of persons with respiratory problems.

"Recently I have been seeing a young patient who, at 30 years old, has such severe respiratory problems that he is unable to work," Ms. Feldman said. "He needs help in order to be able to live more comfortably at home without frequent hospitalization. He has to know a program of home care and it helps when I can explain what his condition is and, with the help of the doctors, what he can expect in the future."

Ms. Feldman is largely responsible for a series of classes which recently started for pulmonary disease patients. The classes are interdisciplinary in approach and include presentations by pulmonary disease physicians, physical therapists, dietitians, occupational therapists, respiratory therapists and social workers.

"My job is challenging because of the nature of these diseases. Patients with chronic pulmonary diseases often find it extremely difficult to function in our society, more difficult than many people realize," she said. Approximately seven

Percent of all admissions to general medical divisions at Barnes are patients with chronic pulmonary diseases.

Pat Hanick, nursing care advisor in urology, said that her first responsibility is to the patient. "The patient is why we are here and the patient comes first," she said. "After that we have the continued obligation to work with members of the nursing staff in an in-service education situation so they, too, can benefit from the specialized training that we have."

Mrs. Hanick works throughout the hospital, seeing patients with urinary problems that may require bladder training, self-catheterization, or giving instruction to staff members as requested on catheters, catheter care or specific problems of postoperative urology patients.

Mrs. Hanick sees many urology patients who have had ileal conduits. When a person's bladder has to be removed because of disease or poor function, surgery to provide an outlet for urine is necessary. The surgery includes an ileal conduit to provide for drainage of the urine. It is then necessary for the patient to wear an appliance to collect urine.

"Often patients have problems with self-image following this type of surgery," Mrs. Hanick said. "Not only do I work with them on the mechanics of how the ileal conduit works, I also try to help them and their families understand that they remain the same person and can hopefully resume a near normal life-style when they leave the hospital."

Both Ms. Feldman and Mrs. Hanick stress that their concern for the patient does not end at the time the patient leaves Barnes. In addition to developing pulmonary disease classes, Ms. Feldman makes referrals to the Visiting Nurse Association in St. Louis or other professional care organizations for continued care. Mrs. Hanick often sees patients when they return to see doctors for follow-up care and is available to talk to patients by phone if they have any questions after they go home.

Just as these nurses help patients and staff nurses, they also help each other. Mrs. Keys feels that the clinical specialists and nursing care advisors have grown more cohesive and are able to assist each other as a result of a peer review program which the group has initiated. "We see that we know each other better and that means that, if we have a problem we can't solve, we know we can talk it over with another member of the group."

Miss Byrnes said that the group also enables nurses to advance clinically. "In the past the only place to which a nurse could be promoted was to nursing administration. And many do not want to become involved in the administrative part of nursing. They want to continue to work directly with patients. Our program provides recognition for clinical expertise.

"I also think it says something about the role of the nurse in medicine today," she said. "Nurses are assuming more responsibilities in the care of patients, enabling doctors to see more patients and to give the extra attention to those with the most significant problems. These changes have contributed to revitalization and excitement within the profession."

Mrs. Keys said that some members of the medical staff are not aware that clinical specialists and nursing care advisors are available to see patients. Doctors who wish their patients seen by a member of the group can call 3571.



Theda Guzman goes over transplant information booklet with patient who has received a donor kidney. Part of the information tells the patient how

to recognize any early symptoms of rejection of the organ.



Pat Keys discusses scope of clinical specialists and nursing care advisors with Maureen Byrnes.



Pat Hanick talks to patient on 12200 about his continuing care after he is discharged.

Editor writes about facing up to cancer

(Editor's note: Betty Kriegshauser, managing editor of the Pike Press of Pittsfield, Ill., died March 23 of lung cancer. While a patient at Barnes she wrote several columns for the Pike Press. The following is her last column, devoted to trying to face facts about her condition, and is being reprinted with permission of the Pike Press.)

BY BETTY KRIEGSHAUSER

I have lung cancer.

That was a most difficult sentence to write. Getting it down in black and white represents a small personal victory, too, for it means I have accepted my situation and have drawn the battle line for fighting the disease. And fight it I will.

This 'chapter' from Barnes has been churning around in my mind for days. We've learned something—something we like to think is worth saying and, hopefully, will make it easier for future cancer victims, their relatives and friends.

First of all, we've got to stop whispering about cancer and keeping it a secret. No one is reluctant to talk about heart disease, a kidney ailment or even hemorrhoids, which, to our way of thinking, is an indelicate subject.

We've said it straight out to friends who've visited or phoned. Selfishly, it forces us to accept the fact of cancer. Only one person has sounded uncomfortable by our frankness. With all the others, you can almost feel them relax; their guarded looks disappear. They even ask questions. "You make it easier to talk to you," said one friend. "We know how to act around you," said another.

What has surprised us most is that our openness has given others the courage to admit that they or a family member have suffered a bout with cancer and have been doing fine for the past two, five, six, even ten years.

"He (or she) just wouldn't talk about it" or "we just never mentioned it," are what they usually say. So we only hear about the tragedies. That's too bad, because cancer victims thrive on hope and draw their courage and strength from the success stories of others. Letters from friends and acquaintances who have already gone through what we're experiencing have carried us over the humps.

And while you know that no two cases of cancer are exactly alike, that the disease is unpredictable, and that individuals respond to treatment in different ways, you cling to the idea that you'll be one of the lucky ones who'll beat the statistics. Reason enough to shout the success stories no matter how temporary they might turn out to be. And there are more victories than you might think.

Discovering you have cancer is a nightmare. There's no greater feeling of futility or loneliness than your ears ringing with the echo of the doctor saying "the tumor is malignant . . . no, it is not operable."

We have not felt anger, or that we've been wronged, even in our bleakest moments. Dying is as much a part of living as being born. Our feeling has been one of defeat, as though we've been benched in the middle of the game, when we still have lots of plays to make and goals to shoot.

Every patient reacts a different way. During the series of tests, we became sort of buddies with

a man down the hall when we both kept showing up at the same labs and learned we were patients of the same chest specialist.

Even though we both had the same tell-tale "tattoos" on our necks and chests, drawn for radiation treatments, he could not bring himself to admitting he had cancer, nor did he ever question the significance of the tests.

We, on the other hand, were full of questions and informed in general.

One day, standing together in the hall, our friend, his eyes moist, said "I should be asking questions, but I don't know what to ask."

Begin by telling them your fears," we said, aching for him, "you'll be able to take it from there." We haven't seen him since that afternoon. He's a resident of East St. Louis and is continuing his radiation treatments as an outpatient. We hope he found the courage.

As brave a front as most all cancer patients put up, we're all scared underneath. You see it in the eyes of those in the radiation treatment waiting room—fear, bewilderment, disbelief. At one point (we're past it now) we were actually afraid of being alone—unheard of from one who has always relished living alone and has driven alone to both coasts without giving it a thought.

"Perfectly normal, it happens to most patients," our M.D. smiled.

You also go through stages of feeling sorry for yourself. One morning reading the newspaper we came across an ad for a dress we thought would be nice for spring.

"What's the point. We might not get to wear it," we allowed ourself to think, wallowing in our misery. That's a dumb attitude.

Another time, looking for an x-ray and consumed with the impact of our situation, we said to a technician, "All this (meaning the radiation treatments) is for the birds." She looked us square in the eye and replied "They'll make you feel better." The lesson? It's foolish to waste time in dumb attitudes and self-pity.

The philosophy that none of us knows how long we've got—"Heck, who knows? You could get hit by a truck tomorrow."—really doesn't do much for a cancer victim. How many people do you know who greet a new day with "Well, this could be my truck day."

We look at it this way. We recognize that somewhere behind us an unfriendly little man is dogging our footsteps. The idea is to keep as much distance as you can between you and him. You don't look back over your shoulder to see where he is and you don't pause lest he take advantage to gain on you.

So, the philosophy we're working on (and it's hardly a new one), is that each new day is an opportunity—a bonus, if you will—to share with others, to accomplish something no matter how small, and to enjoy the beauty of the simple things that are everywhere if you take time to look around.

Dr. Bennett Alvis Dies

Dr. Bennett Y. Alvis, Barnes ophthalmologist emeritus, died on June 18 at the age of 92. Private services were held at Oak Grove Mausoleum. Survivors include a son, Dr. Edmund B. Alvis, also a Barnes ophthalmologist, a daughter, Mrs. Lillian Schrader, and a sister, Mrs. Lucy Helm. The family requested memorials to the department of ophthalmology in lieu of flowers.



Carole Bryan

Student paper wins blood bank award

Carole Bryan, a blood bank student in a training program at Barnes, received the R. O. Muether Award presented annually to a medical technologist or blood banking student who writes the best paper about blood banking. The award was presented during the annual meeting of the Heart of America Association of Blood Banks in May in Overland Park, Kan.

Dr. Laurence Sherman, director of the Barnes blood bank, is serving as president of the association and was among several members of the Barnes staff participating in the meeting.

Mrs. Bryan was presented with the award by Mrs. R. O. Muether. Her husband was a pioneer in blood banking and past president of the Heart of America Association of Blood Banks. He was a resident of St. Louis and died in 1975. Mrs. Bryan's award-winning paper was about leukocyte associated antigens.

Also participating in the meeting were Dr. Glenn Rodey, director of the Barnes histocompatibility laboratory; Jeanne Weidner, an instructor in the diagnostic laboratories; and Bernice Koster, Irene Dornier and Julie Damalas, all of the Barnes blood bank, who were involved in planning the meeting's program.

"Dixie" Trovillion dies

William Henson Trovillion died on June 20 at the age of 66, after a long illness. Known to fellow employes as "Dixie," Mr. Trovillion was employed at Barnes in November, 1953, and retired in March, 1977, after having been on leave of absence since September, 1976.

Mr. Trovillion, a groundskeeper in housekeeping, is remembered as a very conscientious and dedicated employe who seemed to know everything about plants and was always eager to share helpful hints with employes who needed his advice about gardening problems. Marge Dorn, his supervisor, recalled his loving care of the flower beds in front of Wohl and Renard Hospitals. "He always knew just exactly what to do to keep everything beautiful. His green thumb and eager helpfulness are missed."

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from May 23 to June 21, 1977.

IN MEMORY OF:

Dr. Thomas Burford

Barnes Hospital Society
Leona Husmann
Dr. and Mrs. Justin Cordonnier
Dr. and Mrs. Carl Lischer
Mr. and Mrs. Guy Roper
Dr. and Mrs. David M. Skilling, Jr.
Mrs. Louis T. Byars
Dr. and Mrs. James B. Finn
Mrs. Cecil Charles
Dr. and Mrs. E. B. Alvis
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Dr. Robert Lund

Rose Radunsky

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Rose Radunsky

Barnes Hospital

Mr. and Mrs. Anthony D'Ippolito

The 25th Anniversary of

Dr. and Mrs. David Perkin

Dr. and Mrs. Harold Joseph

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| Mr. and Mrs. Lawrence Garbs | Robert P. Brennan |
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| Leon Finkelstein | |

Join medical staff

Nine doctors have been added to Barnes medical staff. They include Dr. Arnold Tepper, assistant physician; Dr. Paul M. Stein, assistant physician; Dr. John A. Wood, assistant physician; Dr. Norman S. Druck, assistant otolaryngologist; Dr. Gene L. Davis, Jr., assistant radiologist; Dr. S. El-Chammas, assistant psychiatrist; Dr. John W. Knesevich, assistant psychiatrist; and Dr. John R. Taylor, assistant psychiatrist, all effective July 1, 1977.

Dr. Thomas F. Deuel, assistant physician, is on staff effective April 1, 1977.

**Barnes
Bulletin**

July, 1977

Published by the Public Relations Department of Barnes Hospital, Barnes Hospital Plaza, St. Louis, Missouri, 63110. (314) 454-3515

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Anne Albrecht Assistant Editor

Jim Hubbard Director

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Barnes board gives message of appreciation

The Barnes Auxiliary recently received a message of appreciation from the board of directors. President Robert E. Frank presented the citation to Auxiliary president Carol Minor.

The hand-scripted message expressed to the Auxiliary "sincere appreciation of the final payment of its \$850,000 pledge toward the cost of a new cardiothoracic nursing division and intensive care unit," which will be part of the new West Pavilion.

The board also recognized the Auxiliary's enthusiasm in planning a new project—a \$1,000,000 pledge toward the cost of one floor of the West Pavilion.

"Not only is this outstanding record of giving appreciated: The time, talents, and caring of each member of the Auxiliary is gratefully acknowledged," ends the message signed by Mr. Frank.

EP parking spaces reclaimed by City

The City of St. Louis replaced the meter heads for the 23 parking spaces in front of the East Pavilion on June 15 and began enforcing the parking meter ordinance. The spaces had been controlled by Barnes Hospital security for emergency use by doctors and patients being admitted or discharged from the hospital.

Barnes Bulletin

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

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Barnes and the City had come to an agreement for the hospital to pay the equivalent of the amount parking meters would realize so that the spaces would be available to the hospital after the annex lot was closed in October, 1976, and this was being honored. However, when the City decided to put the agreement in writing in early June, the Mayor ruled there was no legal basis to permit such an agreement and it was rescinded.

Arrangements have been made for doctors who have been using the spaces to park free for up to three hours in the subsurface garage if they have their tickets validated in the doctors' lounge, nursing office, or ground floor information desk. Drivers may stop outside the East Pavilion to pick up or discharge patients but may not leave their vehicles. Security officers will be available to assist patients.

Dr. Ferguson receives Heart Association award

Dr. Thomas B. Ferguson, Barnes cardiothoracic surgeon, has received the Dr. Arthur V. Strauss award from the St. Louis Heart Association. Presentation of the group's most distinguished award took place at the Association's annual meeting held at the University Club on June 2.

The award, given in honor of the late Dr. Strauss, one of the founding fathers of the Heart Association, has been presented for the last nine years to persons who make significant contributions to the heart cause. Dr. Ferguson is a board member of the Association.

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July, 1977
Barnes Hospital, St. Louis, Mo.



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