

Barnes Bulletin

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New kidney center improves patient care

Advances in dialysis technology are adding more hours to the day for patients who must undergo kidney dialysis at Barnes. New machines in the Chromalloy American Kidney Center, which was recently moved to the tunnel level of the East Pavilion, require four rather than six hours for each treatment. Since most patients must be dialyzed three times a week, this adds six hours of useable time to each week for them.

The new area doubles the space of the older Center located on the second floor of Barnes and provides room for expansion of services. The number of dialysis machines has been increased from 18 to 28 and the more efficient use of time permits three shifts of patients a day instead of two.

The Kidney Center was established in 1969 by a grant from Chromalloy American and its chairman, the late Joseph Friedman, and it has been supported through the years by that corporation. Jane Pelton donated money in 1974 for an addition to the unit, and the isolation unit in the new facility has been designated the Kuhn-Pelton Unit in her honor.

The Center has plans for an extensive home-training area for patients who want to learn home dialysis, a more convenient and less expensive approach for certain patients. A new type of dialysis, peritoneal dialysis, as contrasted to hemodialysis, will also be available, and the Center is involved in several national projects designed to test the effectiveness of different methods of dialysis.

"Ten years ago people with total kidney failure had no hope. Today, dialysis can help them have a fairly productive life or tide them over until a kidney transplant becomes available," said Dr. Herschel Harter, director of the Center. "We hope our work here and these new facilities will provide an even better quality of life to even more people."

Front cover: Dr. Philip Ludbrook, medical director of the Cardiac Catheterization Unit, and Dr. Siddhesh Gowda, associate director, review patient's cineangiogram prior to reaching a final diagnosis. (See center-spread story.)

Dr. Saulo Klahr, director of the renal division, explains advances in kidney dialysis to Barnes board member John Shepherd and benefactress Jane Pelton during open house at the Kidney Center. Other special guests at the dedication included Mrs. Joseph Friedman and Wesley J. Barta both of whom have contributed generously to the Center.

Portrait to be unveiled of Dr. Theodore Walsh

Walsh Auditorium on the ninth floor of McMillian will be the setting at 8 a.m. on January 11 for ceremonies honoring the late Dr. Theodore Walsh, former head of the department of otolaryngology of WUMS and Barnes otolaryngologist-in-chief from 1940 to 1966.

Highlight of the event will be the unveiling of a portrait of Dr. Walsh. It will be permanently installed in the Barnes corridor. Dr. Walsh's son, Dr. Peter Walsh, who is at Temple University, will unveil the portrait, and Mrs. Theodore Walsh will be a special guest.

Other guests on the program will include Dr. Joseph Ogura, Dr. Walsh's successor as Barnes otolaryngologist-in-chief and head of the department; Dr. Hollowell Davis, CID; Dr. S. Richard Silverman, CID; Chancellor Francis Sooy, University of California at San Francisco; Dr. Gunnar O'Neil Proud, University of Kansas; Dr. Harold Cutler and Dr. Morris Davidson, both Barnes/WU otolaryngologists, and Dr. Kenton King, Dean of Washington University School of Medicine. Thomas Winston, Barnes vice-president, will accept the portrait on behalf of the hospital.

79 students to graduate from nursing school

Seventy-nine students will graduate from Barnes School of Nursing in ceremonies at St. Louis Cathedral at 7:30 p.m. Saturday, January 27. The students, some of whom will be employed by Barnes, have completed a 29-month program.

Robert Frank, Barnes president, will present diplomas to the graduates, and Barbara Bradshaw, director of the School of Nursing, will present the pins. For the first time there will be two speakers: Donna Granda, associate director for the nursing service and former assistant director of the School of Nursing, and Mark Holthaus, a student in the graduating class. The speakers were chosen by the students.

Cinderella ballet to benefit kidney center

The Chromalloy American Kidney Center at Barnes will receive all proceeds in excess of production costs from a full-length performance of Serge Prokofiev's "Cinderella" to be staged at Kiel Opera House January 26 and 28 by the Missouri Concert Ballet.

The Friday night performance is a memorial tribute to Joseph Friedman, the late president and board chairman of Chromalloy American Corporation. Special parquet seating by private subscription of \$100 per seat is available for that performance in addition to the regular ticket prices of \$3.50, \$5, \$7 and \$8.50. Mr. Friedman was instrumental in establishing the Kidney Center in 1969 with a quarter of a million dollar grant from the Chromalloy American Corporation and his own private funds.

"Cinderella" will be presented by a cast of 67 dancers and a full 52-piece orchestra led by James Sedares. The role of Cinderella will be danced by Patti Woods in the 8:15 p.m. Friday performance and by Vivienne Albers in the 2 p.m. Sunday matinee. Eight male guest artists from New York will dance other major roles. Tickets are available at Kiel and all Sears stores and telephone reservations and information may be obtained by calling 968-3770.

Second cyclotron installed here

A second biomedical cyclotron, specifically designed to produce short-lived isotopes for medical diagnosis, has been installed on the ground floor of the Barnard Hospital building, making this the first hospital in the world with two cyclotrons.

In 1964, the first cyclotron to be situated in a medical center in the United States began operation in Barnard. The second cyclotron will allow increased flexibility in isotope production and permit a greater workload of research at the medical center's Mallinckrodt Institute of Radiology, one of the foremost research facilities dedicated to the healing arts through atomic sciences.

Dr. Michel Ter-Pogossian, director of Mallinckrodt's division of radiation sciences, has directed the installation of both cyclotrons. He is a leader in this field and, according to Dr. Ronald Evens, radiologist-in-chief, "the ultimate objectives of Dr. Ter-Pogossian's interdisciplinary research team are spectacular and unprecedented."

Dr. Ter-Pogossian's group has pioneered the combined use of selected cyclotron-produced radioactive isotopes, and positron emission tomography represents a decisive advance over current nuclear imaging systems because it allows the regional study of biochemical processes fundamental to life.

They have developed specifically for this investigation the positron emission transverse tomograph (PETT), capable of imaging the distri-

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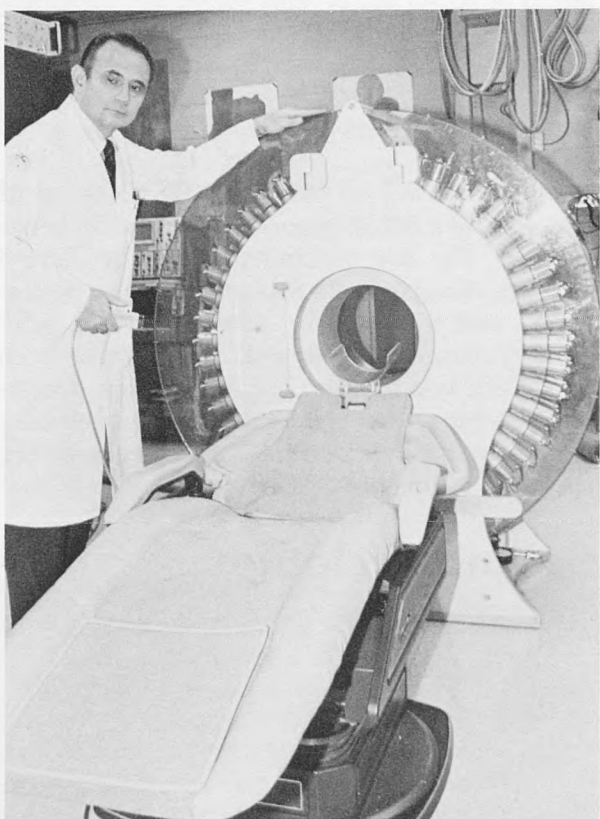
Cyclotron

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bution of a positron-emitting radionuclide distributed in a living subject. The PETT IV, one of the tomographs developed by the group, is capable of examining vital organs of a patient, such as the heart, lungs, liver and spleen.

Presently installed in Barnes coronary care unit for the evaluation of heart disease, the PETT IV makes it possible to see the blood distribution in various sections of the heart and detect abnormal metabolism. The patient is injected with a slightly radioactive liquid which makes it possible to trace the blood supply of the heart muscle. (A diminished blood supply could lead to a heart attack.)

During the scan, the positron emission from various parts of the heart is collected by 48 moving radiation counters and transmitted to the computer where it is recorded on magnetic tape and appears on a TV screen. This technique replaces other methods of heart examination which are highly uncomfortable and carry a certain amount of risk for the patient.



Dr. Ter-Pogossian with the Positron Emission Transaxial Tomograph (PETT V) a unique concept in tomography developed at Mallinckrodt Institute of Radiology.

A fifth generation tomograph (PETT V) has been developed by Dr. Ter-Pogossian's team, which will be used in highly advanced research into the biochemistry of the brain and heart. Capable of providing simultaneously images of seven layers of the brain, each with a resolution of 7 mm. to 1 cm., PETT V can measure blood flow in the brain, show where sugars and other substances are being metabolized, and reveal the distribution of molecules of functional importance in the brain.

It can also be used to locate benign or malignant brain tumors, and may shed light on the causes of epilepsy, schizophrenia and depression. The isotopes used in this process have short half-lives, and are produced in the new on-site cyclotron in Barnard for immediate use.

Hospital notes

Dr. Jack Hartstein recently returned from Bogota, Columbia, where he took a course in Refractive Keratoplasty. He also recently spoke at the annual meeting of the New Jersey Ophthalmological Society and at St. Vincent's Hospital in New York City.

Co-directors named for dietetics

Cynthia Foster and Alex Hajne have been named co-directors of the Barnes' dietetics department according to an announcement by Rich Grisham, vice-president of the hospital.

Mr. Hajne, who has experience as a chef as well as in managing hospital food services, will be director of food services. Mrs. Foster will serve as director of clinical services. She had been associate director for dietetic intern education in the department.

Mr. Grisham, in making the announcement, said that food services and clinical dietetics will function as coordinated units and that Mrs. Foster and Mr. Hajne will have both individual and joint responsibilities in the department. "Both Mrs. Foster and Mr. Hajne are well-qualified for the positions. Dillon Trulove, assistant director, will continue his administrative responsibilities with the dietary department. We expect the food service will continue to improve under the direction of these very capable individuals," he said.

Mrs. Foster has responsibility for clinical dietitians, dietetic assistants and the outpatient nutrition clinic in the Wohl Clinics building. These functions include determining nutrition essentials for patients and monitoring patients' nutritional care. Nutritional assessments of patients are increasing, Mrs. Foster said.

Mrs. Foster also is responsible for the dietetic internship at Barnes. The nine-month program, which is recognized as one of the most respected in the nation, has two classes of 10 students each year. She received her bachelors degree in dietetics and masters degree in clinical nutrition from the University of Kentucky.

As director of food service, Mr. Hajne will oversee all phases of food production, including purchasing, kitchen, tray assembly and delivery to patients. He also has responsibility for the employe cafeteria, which is a major function of the food service program at Barnes.

Mr. Hajne attended the chef's training school, "Culinaire Art" at The Hague, Netherlands, and has had extensive experience in hospital food service in the Chicago area. "Everything we do should put a little love in the patient's food," he said. He feels that a little extra effort should always be made to brighten a patient's day and that this can be done by making his food attractive as well as appetizing.

Clearinghouse established for arthritis information

An Arthritis Information Clearinghouse, designed to serve as a broker for the nationwide flow of arthritis information, has been established by HEW's National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD). The Clearinghouse will perform bibliographic searches of the biomedical literature on arthritis and related musculoskeletal diseases, will prepare a newsletter and will establish a library.

The Clearinghouse will help physicians, clinical investigators, nurses, physical and occupational therapists and other health professionals find out what materials and programs are available for patient, public and professional education in the arthritis field. Inquiries should be directed to Arthritis Information Clearinghouse, P.O. Box 34427, Bethesda, Md. 20034.



Mrs. Allen shampoos patient on 5200.

Bedridden patients enjoy shampoos on 5200

Joyce Allen, LPN on 5200, is a good example of a Barnes employe who cares. For the past several years she has been giving shampoos to patients who are confined to their beds.

"You should see the looks on their faces. It gives me pleasure," Mrs. Allen said. "The whole thing takes 15 minutes from set-up to finish and it costs them nothing."

Her equipment, all of which is donated, consists of towels, two plastic trash bags, a bucket and shampoo. The towels and plastic bags are placed under the patient's head so that the excess water and shampoo run off into the bucket on the floor.

Mrs. Allen got started in the shampoo business when a young girl was in an automobile accident and had dried blood, dirt and broken glass in her hair. Since the girl was in traction and couldn't be moved, Mrs. Allen devised the simple procedure to wash her hair—and has been doing shampoos ever since.

In addition to the shampoos, which are done free of charge for any patient on the floor, she has also given men shaves and trimmed mustaches. Frequently, she teaches relatives how to give shampoos to bedridden patients so that it can be done after the patient is released from the hospital.

All of the supplies are donated—the hair dryer from a hospital secretary, the bucket from another secretary and the shampoo from a variety of people ranging from nurses on the floor to her hair stylist. Whenever the shampoo supply runs low, Mrs. Allen frequently replenishes it herself.

Depending on how much time she has to spare, Mrs. Allen does one or two shampoos a week or sometimes one or two a night. Whenever she is required to work on another floor, she takes her supplies with her. "When I get pulled to other floors I take my bag of goodies with me," she said. Although patients frequently offer to pay her, the shampoos are given enthusiastically free of charge.

Food baskets brighten holidays for chronically ill

A 19-year-old mother, terminally ill with cancer, is unable to care for her two young children. She moves home with her parents, who have six other children, so her mother is forced to quit her job to take care of all of them. An elderly couple, the husband blind and the wife stricken with severe arthritis, still struggle to make it on their own financially. A woman in her mid-30's, progressively disabled with a systemic disease with many medical complications, has four children to feed and clothe, but she is no longer able to move her legs enough even to come to the clinic for her regular visits.

For these families and others, the Christmas holidays were a little brighter because of the work of the Barnes Hospital's department of social work and individual employes throughout the medical center. The department again this year continued its tradition of giving food baskets to families of chronically ill patients. "Christmas baskets are a very concrete way to help someone," said Evelyn Bonander, director of social work. "I think it's our way of sharing in Christmas."

Just prior to the Christmas holidays social workers in the hospital submitted names of less fortunate patients to a committee consisting of Jamie Gold, Bobbi Benton, Gail Shawver and Pat McLafferty. Those in the most need were selected to receive the Christmas food baskets, and names of the families not receiving baskets were given to other agencies for possible aid.

A variety of food products, including the ingredients for a full turkey dinner, was in each basket. Cookies and candy were included if there were children in the family. "We do tailor the baskets to the individual family," Ms. Bonander said. "If they have dietetic needs, we pay attention to that."

Shopping for the baskets was done by members of the committee. "By doing the shopping ourselves we can get foods that are familiar to the patients and are nourishing," said Bobbi Benton.

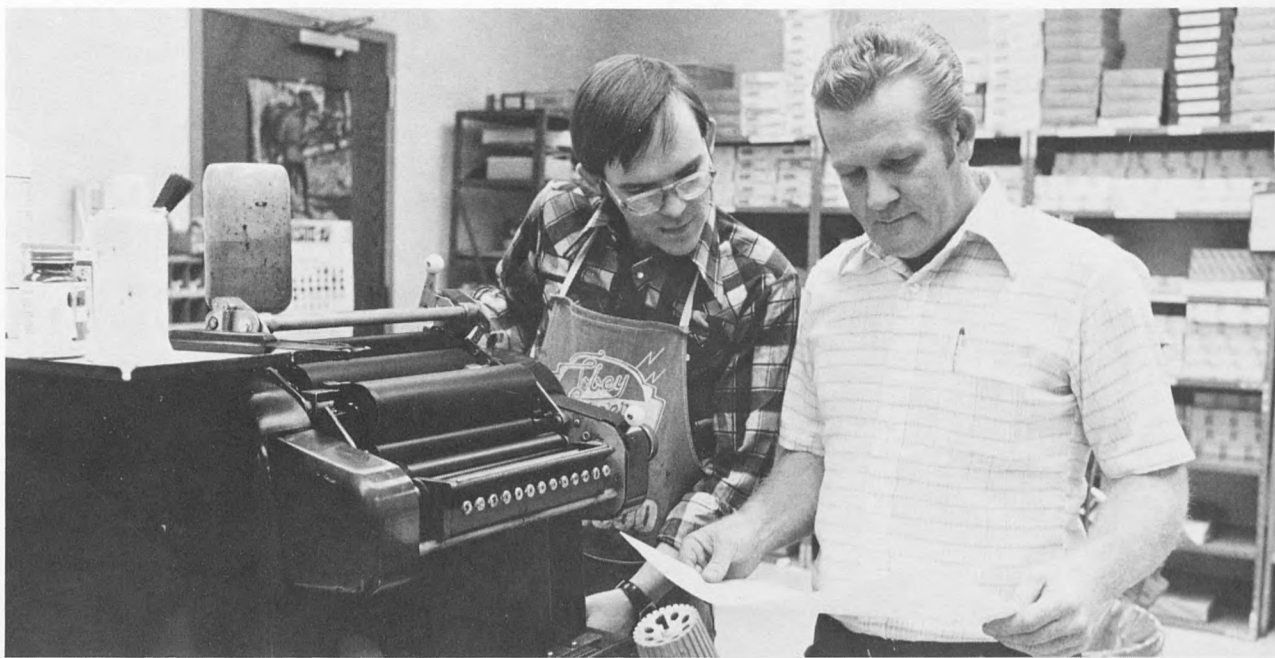
The money for the Christmas baskets came primarily from the social work department staff with some contributions from those on the medical staff. In addition, donations of canned goods and dry groceries came from the microbiology lab, 4400, second and third PAR and 5 Wohl. The distribution marked the fifth year that food baskets have been distributed.

"It's a concrete way to show that we care," said Gail Shawver. "All year we are involved in setting things up for others to help less fortunate patients. By giving the Christmas baskets, we are able to directly help these people."

"It's an extension of the Barnes cares—we care theme," said Ms. Bonander.



Social work employes prepare the baskets.



John Llamas and Larry Null look at press sheet to check printing quality.

Print shop, forms design work closely together

From storeroom forms to supply requisitions to security forms, the forms used daily at Barnes Hospital are large in number and varied in purpose and design. Although they are initiated by various hospital employes, it is actually forms design and the print shop which put them together and do the printing.

Although forms design, formerly forms control, and the print shop are different departments, they work closely together and are headed by Larry Null. "A lot of times you can combine forms and save money," he said.

Forms design, which functions as a printing coordinator and provides consultation for layout and design work, has the purpose of controlling printing costs and clerical effort through centralized and coordinated design of printing requirements. Forms design, which has a lead varitypist and a varitypist, handles hundreds of different types of forms including brochures for education and training, storeroom forms and jobs for Washington University.

A person who wants a form printed goes to the lead varitypist who works with him and determines the size of the type. It is set in type and proofread. From there it goes to the print shop to be printed.

"We try to handle everything that comes in here," Mr. Null said. Last year forms design had 2,309 requisitions, 306 of them involving copy design and 185 requiring purchase orders. Objectives of forms design are to remove forms from files, to produce a complete and up-to-date forms list from the collection of samples of all forms used, to make flow charts, to work more closely with the print shop regarding printing orders and to make it less confusing for employes to obtain pricing for their work without having to go back and forth between the two departments getting a price for one thing and adding another price for the rest of the work.

After a job is finalized in forms design, it goes to the print shop where photocopy, mimeograph and offset printing are done. Mr. Null must first determine the amount needed, the size of the paper, whether it is photo direct or metal plate, the color and if it is a card or not. All jobs are done according to the date they come in and the shop tries to have them all out by the end of the week.

"You have to figure these jobs so that people save money," Mr. Null said.

The print shop has five full-time employes. "I



In forms design, Judy Trail and Karen Paradise discuss layout of a job.

think I have the most efficient crew I've ever seen because each one knows his job," Mr. Null said. In addition to printing, they drill holes in paper and stuff bills into envelopes.

The print shop prints brochures, books (such as for dietary), cards, Barnes memos, forms, supply requisitions and nursing memos. In September, 1978, the shop handled 35,000 mimeograph, 70,000 Xerox and 994,492 offset. In one month alone the shop uses close to 250,000 sheets of bond paper. The shop also prints menus for dietary; in one week, for example, they printed 6,270 black, 1,400 brown, 1,400 green, and 1,500 blue.

Mr. Null also pointed out that they service their own machines and develop their own metal plates and, in the future, hope to make their own negatives.

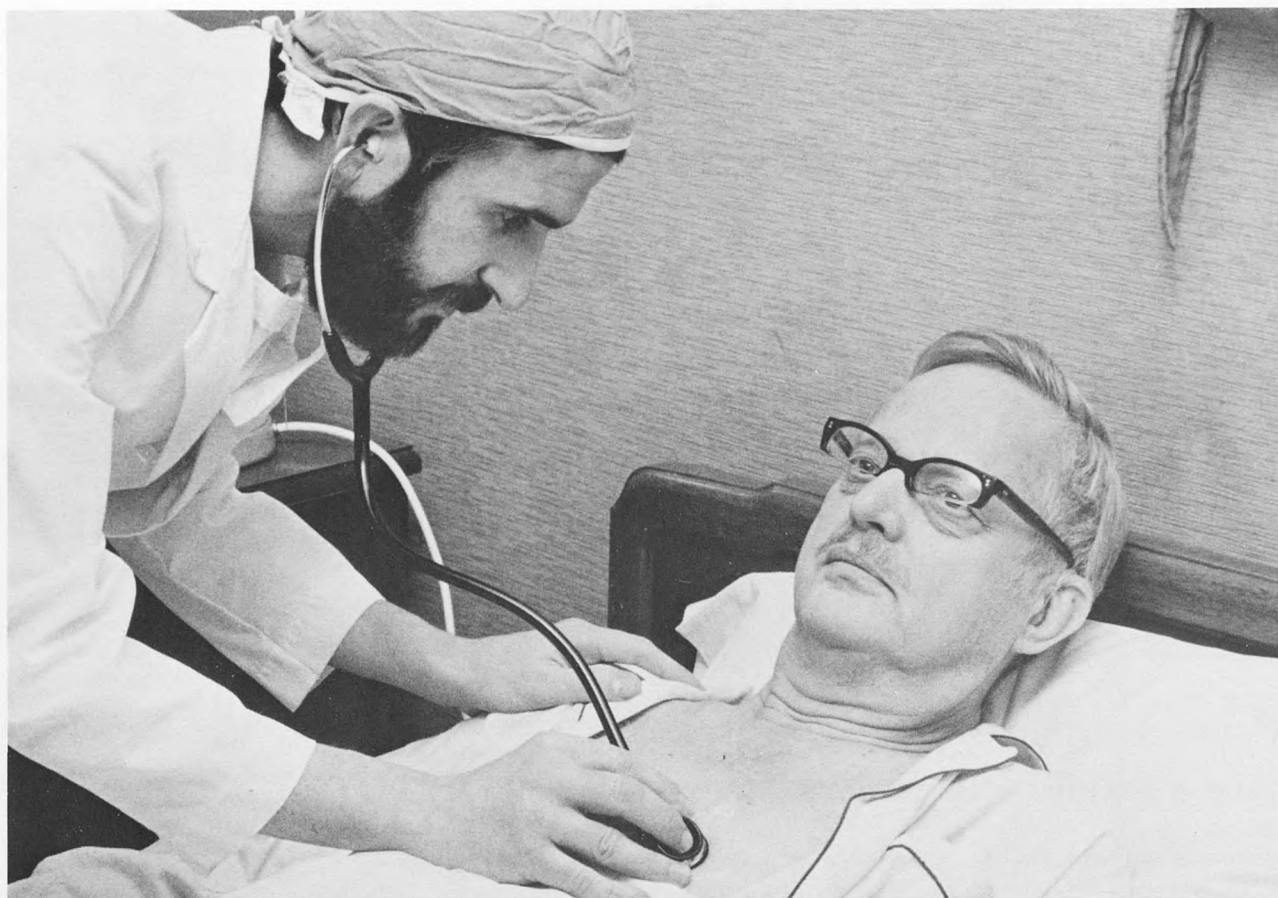
Dr. Evens named head of review committee

Dr. Ronald G. Evens, Barnes radiologist-in-chief, has been named chairman of the Residency Review Committee for Radiology training programs in the United States.

The committee is responsible for developing criteria and guidelines for radiology residency training programs in diagnostic radiology, radiation oncology, and for special competence in nuclear medicine, as well as evaluating individual training programs.

The committee is composed of four members of the American Board of Radiology and four members from the American Medical Association's Committee on Medical Education, of which Dr. Evens is a member.

Care Cathete



Dr. Ludbrook evaluates patient prior to catheterization.



The cardiac catheterization team prepares patient for insertion of catheter into the artery and vein of the groin.



Dr. Gowda, assisted by Dr. Alan Tiefenbrunn, a Cardiology Fellow, flushes catheter preparatory to measuring blood pressures within the heart.

When Rusti Moore, Barnes Hospital director of education and training, suffered chest pain during a meeting at the hospital one morning recently, she was hospitalized, and tests were run to rule out a heart attack. Although the tests were negative, a heart murmur still suggested the possibility of a heart problem.

Like anyone else in these circumstances, Mrs. Moore, an RN, felt the importance of an exact diagnosis. The specific problem had to be pinpointed, and a determination made as to whether surgery was necessary. "Of course, I dreaded the worst" she remembers. "But the biggest fear is of the unknown. What was causing the murmur? Would I need an operation?"

The answer for Mrs. Moore, like more than 800 other patients here at Barnes Hospital, was cardiac catheterization, a procedure that can tell more accurately and comprehensively than any other technique currently available what is happening in the heart and arteries. "Catheterization is the most accurate and comprehensive diagnostic test available to determine the anatomic and functional condition of the heart, and particularly the coronary arteries—and at Barnes, is remarkably safe," according to Dr. Philip Ludbrook, medical director of the Cardiac Catheterization Unit.

The Cardiac Catheterization Unit is located on the third floor of the Mallinckrodt Institute of Radiology and is operated jointly by the Department of Radiology and Medicine. The patient lies on a special mobile x-ray table while Dr. Ludbrook, or Dr. Siddhesh Gowda, the associate medical director of the Unit, and the team which includes a cardiology Fellow, two cardiovascular technologists, two registered nurses, one radiographic technologist, and the director of cardiovascular radiology, Dr. Robert McKnight, who also interprets the x-rays, perform the catheterization procedure. Although under moderately heavy sedation during the test, the patient is awake and able to cooperate with the catheterization personnel, particularly with regard to control of breathing. Many patients are even curious enough to observe their own heart on the x-ray television monitor.

A thin flexible plastic tube, or cardiac catheter, is passed through a vein and an artery of the groin or elbow, until its tip enters the heart. The progress of the catheter is followed on a televised fluoroscopic x-ray monitor, while the catheter is maneuvered by the cardiologist into the various chambers of the heart, or selectively into the coronary arteries, or other of the great vessels. A radiopaque contrast agent, or dye, is injected through the cardiac catheter into the heart, the coronary arteries, and the great vessels leading from the heart; the resulting x-ray images are recorded on movie film to produce a cineangiogram. Anatomic or functional defects can thus be detected and subsequently analyzed in detail. In addition to the cineangiogram, the x-ray images are recorded on video tape, providing for instant review of the entire examination.

During the procedure, the heart rhythm is constantly monitored by the electrocardiogram, while sensitive electronic equipment measures

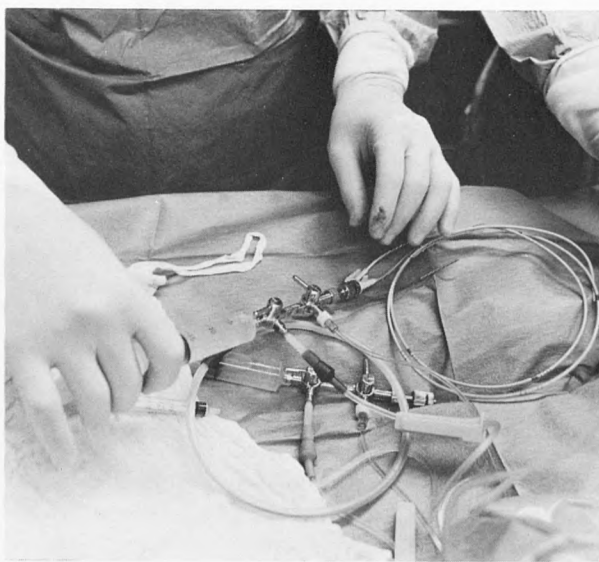
diac rization

and records the blood pressure inside the various heart chambers. Abnormal pressures may indicate, for example, a blocked or leaking valve, or may indicate abnormal function of any specific chamber of the heart. Multiple samples of blood are drawn from various sites within the heart, and their oxygen saturation measured using special equipment in the Catheterization Unit's blood gas laboratory, located within the Cardiac Care Unit on 8200. Alterations in the blood oxygen saturation may help diagnose and localize an abnormal communication, or hole, between certain heart chambers.

Like Mrs. Moore, many patients are referred for cardiac catheterization to ascertain the precise cause of chest pain, which in many instances may be attributable to obstructions, or hardening, within the coronary arteries. The procedure also provides necessary specific anatomical and functional information concerning the coronary arteries, heart valves, or chambers for the patient who is to undergo heart surgery. "At this stage of our experience, almost everyone who is to undergo open heart surgery needs cardiac catheterization to provide the cardiac surgeon the maximum information concerning the individual patient's heart and the pertinent defect," Dr. Ludbrook said.

Although cardiac catheterization carries a small though definite risk, Dr. Ludbrook emphasizes that its potential benefits in general far outweigh the possible dangers. "The highest risk may exist in the patient who is most sick; for example, someone who has suffered recent heart failure or even a heart attack, and whose physician considers the information that can be provided only by catheterization necessary for optimal treatment" he said. The risk may be substantially less in patients studied electively for coronary artery disease or valvular heart disease. Overall, the incidence of mortality associated with catheterization is considerably less than 1 in 1,000 procedures in this institution, substantially lower than that reported in some recent national surveys.

Dr. Ludbrook points out that the risks in a large medical center such as Barnes, where many hundreds of catheterization procedures are done each year, may be much less than in smaller, less well-equipped or staffed hospitals. He believes that this may in large measure be attributable to the experience and competence of the entire catheterization team. "We have a full complement of well-trained personnel," Dr. Ludbrook states. Every procedure is performed and supervised by a fully trained, experienced staff cardiologist—either the medical director or the associate medical director, assisted by a trained cardiology Fellow and a team who devote most of their time to cardiac catheterization. This helps to make the procedure quicker and more efficient, and minimizes the chances of complications that may be more likely in a prolonged, less efficient procedure. In addition, the expertise exhibited by such an experienced team minimizes the chances of obtaining inadequate or incorrect information about a patient, recently described by Dr. Melvin Judkins, one of the pioneers of coronary arteriography, as a "major complication" of the test.



The catheter (right) is flushed out before it is inserted into the vein.



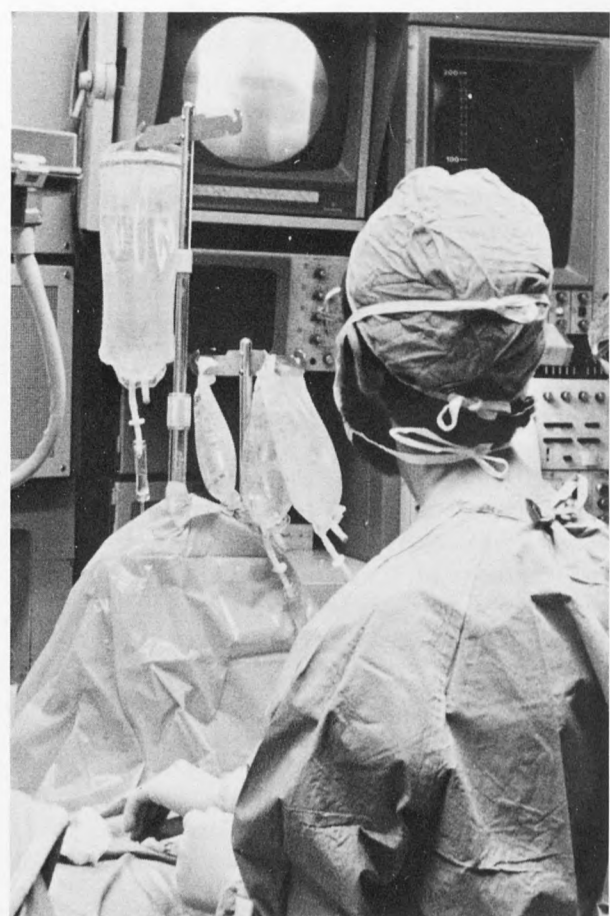
Frank Reed, a cardiology technologist, checks the blood pressure recordings and monitors the electrocardiogram during the catheterization procedure.



Dr. Ludbrook watches as Dr. Peter Gallerstein, a Cardiology Fellow, prepares to insert needle into a groin vein to facilitate introduction of the catheter.



Sue Sloan, a radiologic technologist, operates the controls for the x-ray equipment.



Dr. Ludbrook observes the progress of the catheter on the x-ray television monitor during the procedure.

When a patient is referred to Barnes for cardiac catheterization by his personal physician, the patient is evaluated in full by the cardiac catheterization team, and the potential benefits of the examination weighed in comparison to the small risks of complications for each individual patient.

As might be expected, the risks are least in people with the least heart disease. Thus the population of patients who are studied electively on a purely diagnostic basis to determine the cause of chronic chest pains, may well have a much smaller risk of complications than patients with more crucial symptoms. "Hence we feel relatively comfortable performing the test in patients with chest pain, for example, solely to diagnose the presence or absence of coronary artery disease," Dr. Ludbrook said. This indication has recently been cited briefly but succinctly by a national authority as "the need to know." Documentation of a normal heart, and normal coronary arteries, by cardiac catheterization may have enormous psychological and socioeconomic benefits for many patients. This may be particularly important for persons engaged in occupations involving some hazard to public safety, such as airline pilots or bus drivers, or others whose personal physical safety—for example, construction workers—may be threatened by the existence of heart disease.

"So the patient who turns out not to have cardiac disease frequently benefits as much, or more, than the patient in whom a heart problem is demonstrated," Dr. Ludbrook said. "A normal result can remove the specter of heart disease from the patient's mind." As has been recently stated by Dr. Goffredo Gensini, another of the pioneers of coronary arteriography, "600,000 or more individuals die of ischemic heart disease in the United States each year; on the other hand, untold thousands of people live in constant fear because of an erroneous diagnosis of coronary heart disease."

Rusti Moore can testify to the truth of this statement; her catheterization demonstrated no significant abnormality. "The relief was great. I could breathe again. You can imagine all kinds of things until you know for sure that it is OK. I lay there looking at the monitor during the procedure, fearing the worst. It's like being reborn to know all is well."

1,172 participate in Barnes weigh-in

Many Americans are concerned about being overweight, and Barnes Hospital visitors and employees are no exception. Eleven hundred seventy-two persons participated in a weigh-in of employees and visitors held at hospital entrances recently.

Sixty-one percent of the persons weighed were found to be overweight 17,437 pounds. Twenty-nine percent were found to be within their suggested range and 10 percent were underweight. Sixty-two percent of Barnes personnel weighed were overweight, averaging 24 pounds each. Fifty percent of Washington University School of Medicine employees were overweight, averaging 22 pounds each. Sixty-seven percent of the patients-visitors were overweight, averaging 30 pounds each.

A special follow-up session was held in the East Pavilion Auditorium Tuesday, Nov. 14, to make persons aware of their weight. Among topics discussed by Julie Scheel of education and training and Cynthia Foster of dietetics were descriptions of problems of being overweight, physical discomforts, emotional and medical complications, solutions of weight control and various alternative methods of weight control.

Special follow-ups for Barnes employees, held Tuesday and Wednesday, Nov. 14 and 15, included discussion of a behavior modification program sponsored by the department of dietetics, weight control organization programs such as Weight Watchers and Overeaters Anonymous as well as individualized assistance.

Further information can be obtained by calling 454-3561.

Blood pressure checked on hypertension day

More than 400 persons, including employees, patients and visitors to Barnes Hospital, had their blood pressures checked Thursday, November 16, at the second hypertension day in the East Pavilion. The project was a joint venture of the volunteers, the department of education and training and the Auxiliary.

Experienced college volunteers who work in the emergency room and members of the department of education and training took the blood pressure readings. The Auxiliary provided hostesses and clerical assistants.

Barnes doctors recommend that blood pressure readings be taken annually. High blood pressure, sometimes referred to as the silent killer, has few or no symptoms and affects persons without their knowledge. Because the three main organs dependent on adequate blood flow are the heart, kidney and brain, high blood pressure can be the forerunner of heart disease, kidney failure or stroke. When the blood doesn't flow easily, the heart must pump harder, increasing the pressure in the arteries, causing them to become less elastic and less efficient.

Normal blood pressure readings for adults usually range from a low of 90/60 to a high of 140/90. The heart usually beats between 70 and 90 times a minute, each beat producing pressure in the arteries which is called systolic pressure. This is the higher of the two numbers used to indicate blood pressure. The lower number, the diastolic pressure, is produced when the heart relaxes between beats.

Another hypertension day is scheduled at Barnes in the spring.

Volunteers, director honored at reception

The honoring of Barnes Hospital volunteers, with special recognition of those who achieved significant plateaus of hours of service to the hospital during 1978, was combined with a salute to volunteer director Katie Beyer at the annual volunteer reception December 1 in Olin Residence Hall.

Barnes president, Robert E. Frank, introduced volunteers attending the reception who are among the 28 who earned either their first 1,000 hour award or who achieved an additional thousand hours of service during the year. (Many other volunteers have given large numbers of hours at Barnes but did not reach a specific 1,000 hour plateau during 1978.)

Billie Erickson, Carol Minor and Dorothy Niemoeller each exceeded 4,000 hours, and Chloe Adams, Gertrude Barth and Thelma Clark exceeded 3,000 hours. Reaching a total of 2,000 hours or more were Hilda Buchheim, Helene Ficker, Irene Franzen, Mary Graves, Joan Kaseberg, Buddy Mathis and Clara Tremayne.

Attaining their first 1,000 hours of total service were Alice Achenbach, Eleanor Dvorak, Mary Ann Fritschle, Fae Hawkins, Wilma Marcee, Verna Nassar, Shirley Pfeifle, Janet Reiss, Al Ringwald, Joe Scott and Lee Sicher.

Carol Minor, president of the Barnes Auxiliary which sponsors the volunteer program, presented an award to Ms. Beyer, who has resigned as director of volunteers to move to Chicago.

The award, in the form of a proclamation signed by the Barnes Hospital Auxiliary board of directors and volunteers, expressed appreciation to Ms. Beyer for her concern and her "stubbornness" resulting in a "super job." The proclamation recognized that she is departing St. Louis because of circumstances "beyond our control" and that appreciation and affection go with her.

Ms. Beyer accepted the proclamation declaring that the Auxiliary and volunteers at Barnes are "the greatest people in the world and I love each and every one of you."

Three long-time Barnes employees retire

Three Barnes employees retired recently after many years of service at the hospital.



Mrs. Schooley Ms. Burton Miss Jones

Eugenia Schooley, a psychiatric technician for 16 years, retired November 15; Elizabeth Burton, housekeeping, retired November 30; and Alice Jones, central service, retired December 1. Each received a certificate of appreciation from Barnes president, Robert E. Frank.

Mrs. Schooley had begun work at Barnes in 1962 on 6 Renard and most recently worked on 4 Renard. She said that what she enjoyed most about her job was seeing patients able to go home much improved over their condition at admission.

During her retirement she plans to catch up on her reading, take a winter cruise to Nassau and become more active in social clubs. She also plans to devote more time to her garden next summer and sleep later in the morning.

Ms. Burton, who joined the Barnes staff in 1959, said she has "loved working here." She said religion plays an important role in her life and that she plans to do more missionary work for her church. She also plans a trip to the Holy Land, which she describes as a "major goal."

Miss Jones started at Barnes in housekeeping in 1949 but for the past 19 years has been in central service. Most recently she has been in charge of the department's wash area. She said she has no definite plans for retirement, but, like Mrs. Burton, would like to visit the Holy Land.



Volunteers who reached the 4,000 hour plateau during 1978 pose with Mr. Frank. They are Billie Erickson, Carol Minor and Dorothy Niemoeller.

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from November 21 to December 15, 1978.

IN MEMORY OF:

Wyllys K. Bliss

Mrs. Harry Wuertenbaecher

Sarah Rogul

Burt & Elaine Wenneker

David Strickland

Barnes Hospital Auxiliary

Don Owens

C. R. Stephen, M.D.
D. M. Bhatt, M.D.
Dr. V. Kunjappan John
Washington University

IN HONOR OF:

M/M Irving Edison's Anniversary

Mrs. Sam'l B. Edison

William B. Weakley

Standard Container Company

Dr. & Mrs. Theodore Sander's 40th Anniversary

M/M Paul F. Ring

Mrs. Charles Claggett

M/M George H. Schlapp

Dr. & Mrs. G. H. Copher

J. Schwarz

Kent Ravenscroft

Mrs. E. R. Culver, Jr.

M/M Louis Tiger's Special Anniversary Trip

M/M Philip L. Moss

Brother Phillip Korrinizer

Mrs. Martin Krupin

Barnes Hospital

Stanley Feldman

Dr. Rollin A. Daniel

Miss Martha Shirley
Mrs. Nelle F. Shirley

M/M Ralph R. Brandenburger

Birth of M/M Burt Wenneker's Granddaughter

Macy & Betty Abrams

Charles C. Boling

M/M Dillon Trulove
Mrs. Dan Crowley

Dan Menser in honor of Christmas

M/M Joe Rickman

Annual Fund

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Stanley Adrian
Aubrey Bailey
Mrs. Werner K. Bauer
Henry Bedar
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B. Bierman
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Clara E. Braun
Louise B. Braun
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Shirley Fredlich
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Ferd Goewert
Augusta Gregory
Ineda Griffin
Margaret B. Grigg
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Mildred L. Hibbard
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Rollin A. Daniel, Jr., M.D.

M/M George P. Mueller & Family
Dr. Frederick Dale Wilson & Family

Mrs. Charles E. Claggett

M/M William L. Spencer

IN HONOR OF:

Services received from Elizabeth Hewitt

M/M James Allee

Dr. Gordon Newton

Cecilia O'Brien

Betty A. Glover

Maurice Glover

Dr. David Alpers

Ruth Ellis Lesh, M.D.

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Edith Ellis

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Mrs. Hope Komm

Patient overcomes life's adversity

Joan Burnett knows adversity. But one would hardly know it by her lifestyle.

Mrs. Burnett, of Eldorado, Ill., recently was hospitalized at Barnes for treatment of multiple sclerosis, an illness affecting the body's nervous system. She has had the disease for 14 years and has been a patient at Barnes numerous times—"more times than I can remember," she said.

She moves only with the aid of a walker or wheelchair. Added to this physical limitation are the emotional problems associated with the illness itself and marital problems leading to separation. "Two years ago I just felt that I could not go on," she said.

Now, however, she feels "reborn" to life as a result of medical science, her will to live, and an organization which promotes travel tours for handicapped persons. In fact, she feels so good that next year she plans to enter a beauty contest sponsored by the organization, Handy Cap Horizons, and her bathing suit will be made out of Barnes Hospital towels.

"Becoming a member of Handy Cap Horizons helped me realize that I can be an independent person and that I have something to gain and contribute from living life," she said. Travel includes tours both in the U.S. and abroad.

"I feel wonderful all the time," she said during an interview, "and wherever I go I tell people about Barnes Hospital. It is the *only* hospital as far as I am concerned."

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Social Security taxes increased again

Effective January 1, both the rate and the base for Social Security tax (FICA) deductions were increased for all employees. The rate has been raised from 6.05 percent to 6.13 percent and the taxable base from \$17,700 to \$22,900, making the maximum amount deducted in 1979 equal \$1,403.77, an increase of more than \$300 over 1978.

Under a law passed by Congress in 1977 the rate and taxable wage base will continue to increase each year so that the maximum deduction in 1987 will be \$3,045.90 if no further increases are voted before then. Social Security taxes pay for retirement benefits and Medicare as well as disability payments and death benefits.

Employers are required by law to match dollar for dollar each employee's tax, so the total bill for Barnes Hospital for Social Security taxes in 1979 will be more than \$2.8 million.

Government regulation of hospitals ups bills

The Hospital Association of New York reports that compliance with regulations from 164 governmental agencies is costing New York hospitals in excess of \$1.1 billion a year and accounts for about 25 percent of a patient's hospital bill. Furthermore, the cost of hospital regulations is growing and is estimated to be 4 percent more each year.

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The two-year study involving about 150 hospitals and covering costs for 1976 observes that 115 million hospital man-hours each year are spent on regulatory matters. This is the equivalent of 56,000 hospital employees—enough to staff 75 hospitals, each with 250 beds.

Ten graduate from dietetic internship

Ten students in the dietetic internship program at Barnes Hospital graduated November 3 in ceremonies on the first floor of the nurses residence.

Cynthia Foster, director of clinical services, presented the pins; Rich Grisham, vice-president, distributed the diplomas; and Kathy McClusky, former director of dietetics, gave flowers to the graduates.

Of the ten graduates, Marlene Gustara of St. Louis has remained on staff at Barnes working in Wohl and the RICU. Other graduates are Lizabeth Czumbil, Trenton, N.J.; Lynn Francisco, Paradise Valley, Ariz.; Genevieve McKeon, Ukiah, Calif.; Debra Boardly, Warren, Ohio; Judith Ponser, Normal, Ill.; Karen Korsan, West LaFayette, Ind.; Ann Rejent, Gross Point, Mich.; Thomas Samartino, Flushing, N.Y.; and Susan Tierney, Norman, Okla.

The dietetic internship program at Barnes is one of two in St. Louis and one of 61 in the United States.

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