

Barnes Bulletin



Nurses attending the first grand rounds listen intently to the program.

Nursing grand rounds interest is revived

After an absence of approximately seven years, nursing grand rounds have come back to Barnes Hospital.

"Nursing grand rounds are a means for nurses to keep up on new developments in medicine and new approaches of taking care of patients with complicated illness, said Kim Riker, 11200 assistant head nurse who was instrumental in reviving interest in them. "They provide good opportunities to keep up on new surgical procedures."

Open to Barnes registered nurses, doctors, housestaff and just about anyone who is interested, the grand rounds, which began in November, are scheduled on a monthly basis. Basically geared toward nursing, the rounds consist of discussions in current nursing trends, speakers, case presentations and debates. "We're very flexible," Ms. Riker said. "We're not regimented so that we always present the same thing."

A questionnaire, sent out several months ago to all nursing personnel asking them if they wanted grand rounds and what topics they were interested in, resulted in 191 in favor of and two against them. Topics suggested included chemotherapy, diabetes, renal failure/dialysis, transplants, death and dying, new equipment, new surgical procedures at Barnes and hyperalimentation.

"Grand rounds provide a continuing education service for the nursing staff in which they can participate," Ms. Riker said. A formal committee will be set up in January to coordinate the grand rounds.

Front cover: Barnes Hospital wishes everyone the best gift of all: good health and the best quality of life possible in the New Year.

Barnes Hospital, St. Louis, Missouri, December, 1979, Volume XXXIII, Number 12

Volunteers learn more about Barnes, arthritis

Barnes Hospital in the 1980's, arthritis, its many faces and its modern treatment, and volunteerism at the hospital—these were the topics presented to the hospital's volunteers during the annual volunteer workshop held Thursday, October 25, in Wohl auditorium.

"With the opening of doctors' offices in the West Pavilion and all of the outpatient services that we'll offer, we're going to have a great deal more people in our center, more than what we've got now," said hospital president Robert E. Frank. "It's going to require even greater people contact and people handling and that's hard to do. But, I depend on you all to do it the best."

Mr. Frank pointed out that the 1980's would also bring, starting with the dedication of the West Pavilion in December of this year, completion of the parking garage, increased government influence in the area of hospitals, more outpatient services, increased pre-paid health care plans, continuation of cost containment legislation, a medical director in the emergency room, continued neighborhood stabilization and improvement through the redevelopment corporation and something which will concern the volunteers directly, a patient representative program.

"We need someone looking out for the patients' best interests as well as trying to explain things to them showing the hospital's best side," he said. The volunteers would serve as a network of people who would see the patients on a one-to-one basis as they come into the hospital as well as periodically during their stay.

"When the complaints are legitimate, we have to try to solve them," Mr. Frank said. "When they're not, we have to explain that to the patient."

Following Mr. Frank, Dr. John Atkinson and Dr. Lewis Fischbein, Barnes rheumatologists, spoke on the various kinds of arthritis and their treatment. Debbie Lord Bobinette, director of volunteers, gave a report on the many facets of being a volunteer at Barnes.

Following the program, volunteers were guests of the hospital for lunch in the cafeteria. Coordinating the workshop were Mary Barenkamp, volunteer service chairman, and Mrs. Bobinette.

Jim Tunney to address Barnes Hospital Society

Jim Tunney, president of the Institute for the Study of Motivation and Achievement, Los Angeles, will be the guest speaker for the annual dinner meeting of the Barnes Hospital Society to be held Wednesday, December 12, at the St. Louis Club.

Mr. Tunney, a well-known keynoter and speaker, will draw on his 20 years' experience as an NFL referee to highlight his talk. His subject will be "Here's to the Winners" and will include some concepts of personal power dealing with self-esteem and self-confidence and stressing the importance of teamwork.

Robert Frank elected to hospital association post

Barnes president Robert E. Frank was elected chairman-elect of the Missouri Hospital Association board of trustees during the recent annual meeting of the association at Osage Beach.

Mr. Frank, who will serve as board chairman in 1981, succeeds William D. Blair, administrator of Farmington (Mo.) Community Hospital, as chairman-elect of the board. The theme of this year's meeting was "Commitment to Excellence—in patient care—in governance—in administration."

Mr. Frank joined the administrative staff of Barnes in 1961 as an assistant director. He became associate director in 1964; deputy director in 1965; director in 1966 and president in 1973.

He is a member of the board of directors of the Hospital Association of Metropolitan St. Louis and currently is chairman of the association's cost effectiveness coordinating committee. He is a member of the Missouri Voluntary Cost Effectiveness Program and a member of the administrative board of the American Association of Medical Colleges' Council on Teaching Hospitals.

Canadian medical system demise soon, doctor says

The Canadian federal health care system is working toward its total demise. That's the opinion reflected during a recent week-long seminar in Toronto, attended by Dr. Herbert Rosenbaum, Barnes neurologist.

"What seemed to be idealistically wonderful in the beginning is now realistically past the mark and we can see its demise on the horizon," Dr. Rosenbaum said. "One can see that these people, by comparing them with Britain and other countries with the same type of medical care, are now about halfway down the pike. I would think that in five years there would be a very definite worsening of the situation."

Dr. Rosenbaum, a representative to the American Medical Association's Interspecialty Advisory Board for neurology, was among thirty doctors and their wives invited as guests of the Canadian Medical Association to see medical service from the provider's standpoint.

"There are no hospitals operating in Canada like we have here," he said. "All hospitals are, by law, public." After visiting two Canadian hospitals, Dr. Rosenbaum talked to taxi drivers, barbers, pharmacists and travelers to try to ascertain the medical system from the consumer's side. The biggest complaint was about the lengthy waits to get to see a doctor and to get a bed in a hospital.

At present, there are seven beds per 1,000 people in Canada. Because the government is in the process of reducing the number of beds, especially in teaching hospitals, by the mid 1980's there will be 3.5 beds per 1,000.

There are 40,000 doctors practicing in Canada, although many are coming to the U.S. to practice

(continued on p. 2)

Canadian medical system

(continued from p. 1)

medicine. "With each passing year doctors are economically worse off in Canada," said Dr. Rosenbaum. "With each year their fees, determined by the medical association and the provinces, manage to give them less of an increase than that which would keep up with general inflation."

One reason doctors are leaving Canada is that funding for training, particularly in research, is lower than in the U.S. There are few private donors or foundations dedicated to medical research. For instance, \$75 million was allotted last year in the U.S. for stroke research compared to \$1.8 million in Canada. Training opportunities in some specialties is more plentiful in the U.S. and actual buying power in Canada has gone down in the past ten years more for doctors than for other workers.

"One can only predict that as things go on, they can only get worse," Dr. Rosenbaum said. A study of similar systems has shown that it takes ten years for a federal health system to die.

"The United States national health insurance system has been on the horizon for the past 18 to 20 years," Dr. Rosenbaum said. "Eventually, it's going to happen." The motivation for changing the present private system is not that it is a bad system, but that it does not allow all of the poor to participate because most insurance is a job benefit.

"There has been a real interest here, a genuine thrust of the private section in medicine to become more concerned with the quality of care of the people hospitalized and the duration of hospitalization," Dr. Rosenbaum said. "Hospitals must take on the attitude of a total repair shop, not a workshop for doctors."

Two attend annual ophthalmic meeting

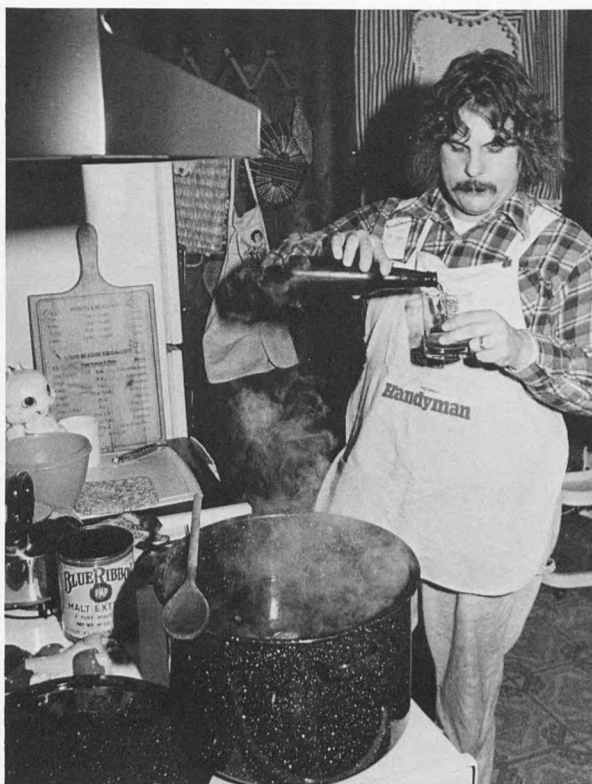
Lynn Pounders, head nurse on 7400, and Sloyce Scherrer, who works for the department of ophthalmology, were among nurses representing all parts of the United States at the annual meeting of the American Society of Ophthalmic Registered Nurses November 4 through 8 in San Francisco. The convention consisted of two days of lectures on ophthalmic nursing and two days of doctors' exhibits.

Mrs. Pounders and Mrs. Scherrer, along with Dr. Allan Kolker, Barnes ophthalmologist, spoke on how to set up a patient education program. They presented a paper on the education and rehabilitation of the blind by Barnes social worker Sue Zimmerman.

Mrs. Pounders, secretary of the organization and a member of the board of directors, and Mrs. Scherrer, a member of the nominating committee and a nominee for treasurer, are co-editors of the organization's newsletter *Insight*.

The American Society of Ophthalmic Registered Nurses was organized in 1976 at a meeting of the American Academy of Ophthalmology in Las Vegas. Today, there are 400 to 450 members. Both Mrs. Pounders and Mrs. Scherrer were among the original 30 nurses who organized the society. Next year the annual meeting is scheduled for early November in New Orleans.

Any Barnes nurse interested in joining the American Society of Ophthalmic Registered Nurses should contact Mrs. Pounders, ext. 3781.



Mr. Grillo prepares to sample a batch of his brew.

Homemade brew makes good holiday gifts

The age of the backyard still and white lightning is over, but interest in backyard beer brewing is on the increase because of new legislation which went into effect on February 1 of this year.

Public Law 95458 allows heads of households to brew up to 100 gallons of beer annually for home consumption. Before the law, brewing beer was the sole privilege of registered commercial breweries such as Anheuser-Busch, Coors and Stag. "It's a hobby you really can get into," said Tony Grillo, a home vintner since 1974, who is a member of the clinical chemistry laboratory at Barnes Hospital.

Mr. Grillo, already a veteran of five batches of brew, has tried both lager and dark beer. "The difference in the two is the amount of barley used in brewing," he explained. "Lager is a light-colored beer made from corn and barley malt, dark beer is the result of barley malt only." His recipe for a five-gallon batch of dark beer appears below:

3 lbs. malt
10 gms. finishing hops
1 tbs. yeast
1 tsp. ascorbic acid
4 lbs. corn sugar

Boil the brew until it "stinks to high heaven." Add enough additional water to make five gallons, cool to body temperature and add yeast. Wait for the yeast to settle and pour beer off sediment. Age one month. Bottle.

A six-pack equivalent costs only \$1 to make, but Mr. Grillo reports "there is a fly in the ointment—or brew—so to speak." Because homemade beer requires natural carbonation from yeast or Krausening, the resulting beer can appear more cloudy than those made at commercial breweries which rely on filtering the beer and then adding the carbonation. "But if you don't mind a little cloudiness," said Mr. Grillo, "the beer is good and well-worth the effort."

Ingredients for beer and wine can be purchased through suppliers such as Wine Art in Clayton, Continental of Indiana, Semplex in Minnesota and The Purple Foot of Wisconsin. Such outlets offer advice on the season's best wine making buys and a list of concentrates from European wineries which can be purchased by the home vintner. "The 1975 Concord grape wine was the best batch I've made so far," reminisced Mr.

Grillo, "but we finished the last bottle long ago. This year the suppliers say the white grapes in Germany and raspberries are the big sellers."

Mr. Grillo has been making wine since 1974 and this year plans to try a batch of honey wine. The list of potential wine sources seems endless and includes the traditional grapes and the not-so-traditional apples, tomatoes, clover, rice, dandelions, potatoes and even carrots. "That's one nice thing about wine—it can be made from almost anything."

A lover of red wines, Mr. Grillo purchases grape concentrates which are made after European winery vats are brimming and fruit is still plentiful in the vineyard. "It's cheaper, a lot easier than boiling or crushing your own fruit, and it's exciting to know you have the same grapes European wineries use," he added. Using concentrates require that you add only sugar and yeast, "then stand back" and let it age for three to six months.

At an average cost of \$1.50 per bottle Mr. Grillo added that his wine is not necessarily cheaper than those sold across the counter, nor even better than any store-bought label. "But it's fun to make and I like the sense of achievement I get in saying I did it myself."

"Making wine and beer is easy, you don't have to be a chemistry major to succeed." According to Mr. Grillo, the only step which could be considered hard work is the bottling process. Bottles have to be cleaned, sterilized, dried; wine corks have to be softened in water; bottles need to be filled and sealed.

Where does wife Vicky fit into all of this? "I allow Tony to do most of the brewing. But I do assist him as often as I can in the best way I know—I help him drink the results."

Volunteers are sought for memory project

Volunteers between the ages of 65 and 75 are being sought to participate in a Memory and Aging Project here which has recently received a three-year grant totaling more than \$375,000 from the National Institute of Mental Health. According to Dr. Leonard Berg, Barnes neurologist who is WU's principal investigator for the project, a study of this kind and of this duration is unique in medical research currently underway in the area of gerontology.

The main focus of the research is the serious problem of memory loss experienced by many older adults, and its eventual goal is the development of treatment methods for people with memory loss. A major objective is to determine those factors that might predict severe memory loss or the normal changes associated with aging.

Volunteers who either show no memory impairment or who demonstrate mild memory loss and are willing to be tested periodically over the next three years are needed. Procedures will include clinical assessments, psychometric tests, new methods of recording brain waves (EEGs) and specialized computerized x-ray scans of the head (CT scans). These procedures pose no risk to the individual. They will be done in McMillan, Mallinckrodt and on the eleventh floor of the East Pavilion.

Dr. Berg said his research project relates directly to the enormous public health and socioeconomic problems posed by moderate or severe memory loss in the aged. For the individual, loss of memory may lead to a deteriorating quality of life, impaired relations with others and personal suffering.



Linens are both sewn and re-manufactured into other useful items in Barnes sewing room.

Sewing room recycles linens, saves money

Once a bed sheet, always a bed sheet. Right? Wrong! Today, when the inflation rate for the overall economy is rising at the rate of 13.2 percent and prices for everything are getting higher, the laundry department at Barnes Hospital, in a continuing effort to control hospital costs, recycles all stained, torn and worn out linens.

"I'm a firm believer in recycling items," said Frank Knox, director of the Barnes laundry. "I can compare the cost per use on a recycled item with the cost of any disposable item and find it much cheaper. "We recycle almost everything," he said. "We try to salvage all torn and stained items in some way in order to cut down the high cost of replacing them. And we sell for rags the scrap material that we can't use."

Hospitals are hard hit by general inflation because they must buy their supplies in the general marketplace just like everyone else. Barnes has endorsed the Voluntary Effort, a nationwide program designed to slow the rise in hospital costs, and set its total increase in costs for 1979 to 8 percent, well below the 9.7 percent increase suggested by President Carter.

Although some items, such as pajamas with one leg cut off, are beyond repair, most can be recycled into something else. When white bed sheets are taken out of circulation, seamstresses in the laundry's sewing room remake them into pillow cases, baby sheets and cleaning cloths for the housekeeping department. Material scraps are used to make conductive shoes, the rubber soled, cloth protective shoes that are worn by all persons entering the operating rooms. "Before we started making conductive shoes, we pitched the old ones in the trash because we couldn't use them as rags," Mr. Knox said. "We started making them ourselves about four years ago because their cost was eating up our budget, plus we needed to use up scrap material."

"We can buy conductive shoes for \$43 per dozen and we can make them at a cost of \$12.65 per dozen," he said. "We go through them quite fast. This year we made 6,000 in a seven-month period. When the shoes wear out, we recycle the

salvageable material. Other institutions would just throw them away." When the shoes wear out, the rubber uppers are removed, the worn soles are discarded and new soles are sewn to the uppers.

When towels from the patient rooms become torn or badly stained, they are frequently made into wash cloths or are dyed blue and given to housekeeping for cleaning purposes. "That way, we don't have to buy any cleaning rags," Mr. Knox said. "It also prevents anyone from tearing up our good linens for rags."

Although recycling towels into wash cloths also cuts down on the high cost of replacing wash cloths, Barnes purchases an average of 14,400 dozen a year because so many are taken out of circulation and because so many disappear from the hospital. Barnes usually loses about 10 percent of what is purchased each year. "The normal lifespan of a wash cloth or a towel, if it stays in the institution, is at least 200 to 300 washes," said Mr. Knox. They are washed every day or at least every other day.

The Barnes sewing room also makes all operating room linens, with the exception of scrub caps, shirts and pants. When OR sheets, which are made out of barrier cloth, come out of circulation, they are recycled as small surgical items like towels, smaller sheets and mayo bags.

A set of specific standards determine what linens are taken out of circulation. Any linens with more than three visible mending places, which, if mended to a great degree, could cause skin abrasions on the patient, are removed from the laundry. Operating room sheets require more stringent inspection; they are inspected for minute pinholes. Linens containing any stains or spots of foreign matter that won't come out in one washing are separated from the rest of the laundry so that they can be specially treated. After treatment, if the stain remains, the item is made into something else.

The sewing room has five seamstresses working five days per week. Their jobs are made easier by electric cutters, which slice through many thicknesses of material so that several things can be made at one time, and industrial sewing machines that sew much faster than home machines.

In addition to remaking linen items, they make new curtains, shower curtains, draperies, barber and beauty shop towels, crib pads, special straps and a variety of custom items.

"Other hospitals have sewing rooms, but I don't think that they use them as extensively as we do," said Mr. Knox. "We make many, many things that people don't realize that we do. Our biggest cost saver is the fact that we manufacture so many items ourselves."

Dietetic meeting held in Las Vegas

Cynthia Foster, director of clinical dietetics at Barnes Hospital, recently attended the annual meeting of the American Dietetic Association which met October 22 through 26 in Las Vegas.

Francis Fischer, an outstanding member of the dietetic profession and past president of the ADA who did much of her work in Cleveland, was presented the Marjorie Hulsizer Copher Memorial Award. Barnes associate director Joe Greco made the presentation.

The Copher Award is administered by Barnes Hospital with recipients selected by the executive board of the ADA. Mrs. Copher was chief dietitian at Barnes prior to her marriage to Dr. Glover Copher in 1925. Upon her death in 1935, Dr. Copher established the award, the highest honor given by the ADA.

15 nursing students graduate early

Fifteen Barnes Hospital School of Nursing students graduated during ceremonies held November 4 at the school after early completion of their course of study. The graduates, who were honored at a tea held November 1, received diplomas, caps and pins presented by the school's director Phyllis Khan and Chris Durbin, instructor.

Five of the graduates have accepted positions on the Barnes nursing service staff including Theresa Dickerson, 8100; Kathleen Kopf and Sally Shaw, 8200; Nancy Miller, 8100; and Teddi Reeder, labor and delivery.

November graduates have been invited to join their classmates in formal graduation ceremonies to be held January 26 at the St. Louis Cathedral.

Both men and women are living longer

Although during the Dark Ages men and women reached old age very early in life, such is not the case today. According to data released by the Statistical Bureau of Metropolitan Life Insurance Co., the average length of life increased in every area of the country between 1965 and 1978.

Life expectancy at birth rose 2.2 years among white females and 1.9 years for white males. The highest life expectancy for white males born in 1975 was 70.1 years, recorded in the west-north-central states of Missouri, Minnesota, Iowa, North and South Dakota, Nebraska and Kansas, with 78 years being the highest expectancy for white females.

Life expectancy at birth for non-white females was 69 years and 61 years for non-white males, with South Carolina having the lowest life expectancy and Hawaii the highest.

1929 . . . 1939 . . . 1949 . . . 1954

111 Honored For Hospital Service



Four Barnes employes were honored for 30, 40 and 50 years of service to the hospital during ceremonies November 16 in the Tiara room of the Chase-Park Plaza Hotel. Those honored were Howard Hehner, 50 years; Madge Geringer and Orville Lambert, 40 years; and Mildred Brocksmith, 30 years.

The festivities also honored employes who observed their 10, 15, 20 and 25-year anniversaries between July 1 and December 31, 1979. A party in April recognized employes with special anniversaries in the first half of 1979.

Seven employes, Josephine Davis, Maxine Loucks, Ida Morris, Irma Norris, Glennon Noser, Delores Travis and Dorothy Wilton, received 25-year pins. Thirteen received 20-year pins: Delphine Alexander, Willie Lee Allen, Wilmer Brooks, Shirley Carter, Lucretia Darris, Irmgard Fehlig, Norman Hampton, Jr., Cecelia Hayes, Betty Jones, Caroline Otz, Thelma Shannon, Dorothy Spencer and Leroy Turner.

Fifteen-year pins went to Classie Brown, Beverly Butler, Phyllis Daniel, Josephine Davis, Hilda Graf, Deloice Griffin, Rubye Holland, Helen Irby, Cora Jackson, Frances Jenkins, Rosetta Jones, Virginia Kiel, Margaret Kinloch, Bobbie Lee,

Elizabeth Lefers, Melba Mehrhoff, Helen Morgan, Cassell Newsom, Martha Parson, Daisy Pickens, Thelma Reed, Ernestine Reeves, Mary Roberson, Clytee Rush, Richard Schellhase, Julia Shegog, Jeannette Smith, Clementine Spencer, Edward Thurman, Betty Tuckson, Ethel White, Lorraine Woolford and Ruth Wright.

Employes honored for ten years of service included Mary Alexander, Evelyn Bolds, Barbara Bradshaw, Clarence Bruce, Sylvia Bujewski, Joe Caldwell, Shirley Cooperwood, June Crafton, Opal Crape, James Cuddeford, Woodrow Douglas, Novella Drane, Bertha Edwards, Mary Eggleston, Gail Evans, Eddy Fleming, Gwendolyn Fletcher, Cora Gates, Beatrice Gilliam, Deleon Greer, Jr., Patricia Hanick, William Harris, Barbara Hill, Earline Holmes, William Hutchison.

Ina Jackson, Monette Johnson, Eddie Kirksey, Jr., Sandra Lindquist, Judith Loeffel, Mary Lofton, Darlene Lucas, Callistro McNairy, Evelyn Maylath, Marva Moore, Ernestine Munsell, Kristine Onaian, Jolene Overman, Brenda Payne, Katherine Pryor, Wyomina Pulliam, Betty Raup, Laverne Ray, Geraldine Rayford, Helen Robinson, Carol Rowlette, Diann Rupp, Betty Scott, Dorothy Sherrard, Emma Smith, Ruth Smith, Berenice Tate, Betty Tidwell and Ruth Wilson.



. . . 1959 . . . 1964 . . . 1969 . . .



Privacy, concern stressed in rape victims

Physical damage is not always the most serious injury suffered by the victim of rape. The violation involves trauma to the mind as well as the body. This is why the Barnes emergency room team recognizes the importance of caring for the emotional and psychological injury of rape as well as the more obvious physical injury.

Whenever any patient enters the emergency room area, a triage nurse registers the complaint, takes readings on vital signs and determines treatment priorities. Such priorities are based on physical complaint and the condition of the patient, with life-threatening conditions being tended to first. For example, a patient complaining of chest pains is seen by a physician before the person with a sore throat or cold.

"The primary concern in the emergency room must be for the physical well-being of the patient; but in cases such as rape, anxiety is also taken into consideration in determining treatment priorities at Barnes," said Pat Keys, associate director of nursing service for the emergency room.

"Privacy is very important to the psychological care of the rape victim," said ER head nurse Joe Burke. "After taking vital signs, the first thing we do is find a vacant room in which the patient can wait for the gynecology resident on call. Privacy is so important that if there is no vacant treatment room, the rape victim is offered the use of our administrative office until a treatment room is made available."

Emotional support is also important. "Nurses, by the very definition of their profession, are sensitive to emotionally traumatized patients," Mrs. Keys said. Barnes also encourages its nurses to continue their sensitivity training by participating in in-service classes which stress patient relations and the emotional aspects of abused victims and other emotional trauma patients.

"We care and we want the patient to know that we are concerned; that we are here to help in any way we can. During any wait the patient may have before seeing the doctor, nurses spend as much time as possible with the rape victim—to be a sympathetic ear, if nothing more," added Mr. Burke. "If the nurse assigned to that patient is busy with a critically ill patient and cannot provide this care, she will ask another member of the health care team to sit with the patient and offer them the support and reassurance they need."

It is the patient's decision as to whether or not she wishes to report the rape to the police. If she does, 9th District is called immediately and a vaginal specimen is taken and processed in the police lab. If she wishes to speak to her clergyman, the patient or hospital chaplain contacts that clergy. If psychiatric help is sought, the psychiatric resident on duty is called.

Recognizing that post-emergency room care may be required by the victim, emergency room personnel make follow-up information available to the patient, including referral to the Barnes psychiatric clinic or private psychiatrist. "We can also request social service to provide additional assistance," said Mr. Burke.

Where does the victim go if the assault occurred at or near her home and she does not feel safe in her old residence? To whom can she talk after a nightmare awakens her in the middle of the night—days, weeks or even months after the attack?

Barnes social workers can call a friend or relative of the patient and make temporary living arrange-

ments. The social worker can also provide the victim with a list of hotline telephone numbers which provide around-the-clock counseling for the victim of physical or sexual abuse. Such services, which help rape victims identify their options and connect them with additional resources, include Women's Self-Help Centers (631-2003 or 534-7273) or Crisis Intervention (444-5476). There is even a telephone counseling service, Rape and Violence End Now (RAVEN at 533-3372), for husbands or fiancés of women who are raped so that these men can provide emotional support to their loved ones.



Volunteers enjoyed refreshments at a reception in their honor.

Volunteers honored at annual reception

More than 200 Barnes Hospital volunteers were honored November 9 at the annual volunteer reception in Olin Penthouse.

Debbie Lord Bobinette, director of volunteers, and hospital President Robert E. Frank greeted the volunteers and recognized them for devoting so much time and talent to Barnes Hospital. Mr. Frank complimented them for a successful group effort in helping the hospital and pointed out that it takes a lot of individual talent to come together in such a unified nature.

One volunteer, Easy Hill, has given more than 12,000 hours. Other top volunteers include Helen Boyles, Helen Reno and Marian Volmer (8,001-9,000 hours), Maisie Breckenridge and Catherine Rumpf (6,001-7,000 hours), Virginia Ameiss, Helen Ezell, Dorothy Savage and Anne Wheatley (5,001-6,000 hours). Eighty-three volunteers have completed 1,000 to 5,000 hours this year.

Chaplains help patients cope with time, illness

If there is one thing that most hospital patients have enough of, it's time. Time to catch up on reading, time to watch television, time to stare out windows. Time.

Barnes chaplain David Wyatt says that many patients use this time for reflections. "It also is a time to examine the quality of their lives and often to search for their own identities and the meaning of their lives."

"For many patients, the reason they are in the hospital is because of a serious illness or injury,"

Chaplain Wyatt said. "Many are scared and are in a crisis situation, coming to grips for the first time with their perception of the meaning of life. Hospitalization and time emphasize their condition."

Chaplain Wyatt said that when this happens, many people begin to examine their religious values and some question their religious beliefs. "It's a difficult period for many who may be asking 'why me?' The pastoral care department can be of help to many patients but in the final analysis, we can only facilitate their thinking; we can't do it for them."

The pastoral care department at Barnes consists of Chaplain Wyatt, who serves as the chaplain supervisor, three priests as Catholic chaplains, a part-time Presbyterian chaplain and a part-time Jewish chaplain. In addition, there often are chaplain interns in the hospital for one of the 16-week clinical pastoral education sessions.

Chaplains visit all patients who ask or who are referred to the pastoral care department by a doctor, nurse, relative or friend. "If a patient is referred to us we make an initial visit but do not push our services on anyone. If the patient is receptive, we will do anything we can to meet his needs, emotionally or religiously."

The services the chaplains provide are varied. They will pray for or with a patient, counsel the patient, discuss religious subjects, administer last rites, or, on occasion, perform a wedding. Much of what the chaplains do is just talk with the patient. "Everyone who comes into contact with a patient, including the chaplains, has an impact on the patient. It's important for that patient to feel we care and when I say 'we,' I mean everyone who comes into contact with the patient. Talking is a way of saying we care."

"If a hospital does not meet the total needs of the patient, both physically and emotionally, you can bet that the patient will be back in the hospital in the future," Chaplain Wyatt said. "We firmly believe that Barnes does and should treat the whole patient."

Because Barnes is a regional referral hospital and a tertiary care center, it receives patients with acute medical problems. "The more serious the medical problem the more important the patient's emotional condition becomes," Chaplain Wyatt said. "Our role is to enable people to come to terms with their medical condition and hopefully to come out of the hospital with stronger faith than when they entered."

He cited the case of a young woman, married with two children, who came to Barnes for treatment of leukemia. "She had been told before coming to Barnes that she had only a short time to live. She was deeply depressed, grieving that she would have to leave her husband and two small children."

She was visited by chaplain interns who, over the course of several weeks, enabled her to "come out of her shell and to come to terms with her condition and prognosis," Chaplain Wyatt said. "Once she had done this, she became more hopeful and in fact was able to return to her home, her disease in remission. That's been a year now and she recently invited the two chaplains to her home for a weekend visit to express her appreciation and to renew their friendship."

Chaplain Wyatt pointed out that the chaplain interns did not make her change her way of thinking but rather enabled her to do so. "We are facilitators of a kind," he said. "We simply make it possible, in some cases, for people to improve their emotional outlook and in others for people to find their own religious foundations."

Tribute Fund

The following is a list of honorees (names in **boldface**) and contributors to the Barnes Hospital Tribute Fund from October 16 to November 15, 1979.

IN MEMORY OF

Wanda Kosht
Bertha Kosht

Dr. May Cliff
Ellen E. Barron

Rachel Bradley
Bob & Loyce Rutherford
Nancy Craig
Mae & Walter Martin
M/M John L. Warmbrodt
M/M J. Paul Hartwell
M/M Robert E. Frank
Alice Marshall
Joseph C. Edwards, M.D.
Leo & Gen George
M/M Marvin Bruens
Russell & Thelma DeRosa
Dr. & Mrs. Charles Gulick
M/M John K. Beverley
M/M John D. Lively
Dr. Virgil Loeb, Jr.
A. G. Blakey
M/M Don H. Telthorst
Vesta Hamrick
M/M Malcolm B. Epstein
Dr. & Mrs. Charles Roper
Raymond J. Hauser Family
John & Virginia Lone
Nancy & Shelly Lokitz
Dr. Harold Cutler
Cornelia Knowles
Stella Bradley
Jane & Ross Sommer
M/M Robert Keller
Ray & Mary Dougherty
M/M John Laufketter
M/M John F. Laufketter
Ralph, Bonnie & Robin
Lang
John L. Alderson
Dr. & Mrs. Norman
Knowlton
Mildred B. White
Jorge J. Lopez
M/M Herbert M. Wilson,
Jr.
Juanita Fuller
Dr. & Mrs. John E. Hobbs
Lawrence W. O'Neal, M.D.
Dr. & Mrs. Robert H. Lund

Ray D. Williams, M.D.
M/M Dallas Beauchamp

Anthony Wilson
Elizabeth G. Zentay

Raymond J. Hauser
Alice Marshall
John L. Warmbrodt
Richard & Janet
Linneberger
Loyce Rutherford
Accounts Payable
Clinic Cashiers
Juanita Fuller

Dr. Donald Finger
Dr. & Mrs. Norman
Knowlton

Christina Martina Busch
Gertrude B. Busch

Lemoine Skinner, Jr.
E. R. Culver, III

Milton Pohler
Alma & Bob Dahlin

IN HONOR OF
Mrs. Terrye Balin's
Speedy Recovery

IN HONOR OF
Mrs. Terrye Balin's
Speedy Recovery

M/M Sam Glazer
M/M Harris Kramer
M/M Martin Krupin

M/M Joseph Floret's 50th
Wedding Anniversary
Helen & Jerry Flexner

Dr. David Perkins'
Special Birthday
Dr. & Mrs. Harold Joseph

Mrs. May Brooks
Rutherford Family

Memorial Endowment Fund

Ruby Higgins
M/M Billy J. Baker
M/M Don L. Borchardt
M/M Ronald J. Harruff
Mildred H. Lee
M/M Peter A. Pasheilich
Cliff & Betty Powell
Robert E. Ziegler
Roberta R. Rowden

M/M John Antul
Lula Belle Bullington
O. L. Friendly
Mary B. Culbertson

In Memory of Dr. Charles
Duden
Mrs. Charles W. Duden

In Memory of
Dr. Charles Duden
Mrs. Charles W. Duden

In Memory of Rena
Hawkins
M/M Ernest Murr

Planned Gift Endowment

Vernon Goedecke
Marce Klingele

Flossie Taylor
Odessa Robinson

John & Anne Lehmann Fund

Mrs. John Lehmann

Patient Care Fund

Erwin D. Auer
Mandy Buchanan
George G. Byars
Jill & Ed Dowd
Marjorie J. Driscoll
Carol Justmann
Sarah Kornbleit
Jane Luehrmann
Mary Preston Settle

Lt. Col. & Mrs. Clarence
H. White
Rosa Velle M. Willis
Margaret H. Haag
Ethel Kaufman
Albertine L. McClure
Mary E. Micik
Betty Poggenpohl
M/M Robert A. Ridgway

Annual Charitable Fund

Albert W. McMahan
Prentice & Hilda McNeely
Henry Mezyk
Louise Moeller
John H. Munch
Dr. Lillian Nagel
Katherine Neville
William L. Pemberton
Elsie Pritchett
Walter Ransom
Alden V. Sawyer
Glen Schaeffer
Emil A. Schwarz
Robert F. Smith
Robert L. Standridge
Gertrude E. Stith
Allen & Edna Surinsky
Joseph C. Taschler
Elsie Trauffer
Kelly R. Turner
Edward F. Wahl
Kay K. Wallace
Barbara A. Wieland
Mrs. Walter J. Wills
La Von Wilson
Robert B. Work
George Zografakis, M.D.
Woodrow W. Gerard
Shirley Geringer
Goldie P. Glenn
Cora Gray
M/M Don Gunn
Lee S. Gurley
Charles Gurman
Walter F. Haase, Jr.
Aleen M. Hallam
James Hanenberger
Clara Hardbeck
Eleanor Harford
Leon A. Hermeling
M/M Michael R. Hidusky
Rose Hollander
Marina Holmes
Roger Johnson
William D. Johnson
Harvey O. Jones
Alfred Kahn, Jr., M.D.
Marcella M. Kennedy
Pat Langenberg
Robert M. Landford
Leslie & Helen Malaburn
O. K. Mallory
M. G. McDaniel
Blanche W. McKnight
Larry W. Alderson
Minnie B. Allen
George W. Anderson
Myrtle Anderson
Lena & Haymore Atkins
Wilma M. Ban
I. Baumgartner
C. Biemann
Darlene Blythe
M/M Edwin N. Brown

M/M George W. Brown
Elizabeth Bruninga
Helen M. Bullmer
Michael G. Chomko
Mrs. Earl I. Coleman
George W. Cunningham
Joseph H. Cwejbaum
Lawrence Dalaviras
Catherine Davis
Evelyn Denier
Chesley Fairris
M/M Francis E. Finch
Elsie Foley
Noel Ray Francis
Reola Freeman
Milton E. Freund
Joseph E. Sopnicar
Meyer Spritz
Alice Stevenson
Richard Stone
Edna E. Trotter
Laura E. Wadsworth
Mrs. Horton Watkins
L. H. Weinheimer
Elenor Wessels
Celia E. Wilton
Bernice Wynn
John & Helen Beck
Andrew Carosy
Dubois T. C. Chen
M/M W. O. Conn
Jack C. Conreux
Doris F. Diener
Clifton Fields
Reginald Flach
Floyd E. Garner
Bessie Govits
Harry Hieken
Raymond Hosken
Milo J. June
Laura S. Krull
M/M Joseph Lombardo
John S. Loveless
Mrs. Fred W. Maslo
Lenora Mason
Patricia J. McVey
Henry Pasch
Ethel Pershall
Ernest Picchioldi
M/M Noe Pohling
Odessa Robinson
Marvin Q. Silver
E. Balthasar
M/M George Schroeder
Ruth Slenczynska
Richard S. Sohn, M.D.
Harrison D. Stalker
Inez Steele
Judy E. Stevens
Marie W. Sullivan
Charles P. Swan
M/M Stuart Symington,
Jr.
Gertrude Traylor

M/M Frank Vilimek
Leon Visnovske
Edward Wahlbrink
Huber M. Walsh
Thelma Walthers
Amy E. Webster
Susan Williams
Walter F. Winkelman
Alice Wuertenbaecher
L. M. Young
Edward F. Zak
Elvera M. Zarka
M/M Harold I. Elbert
Oscar Kunkel
Roy T. Lackey
Irma P. Lee
Margaret Linder
Sam & Norma Lucia
Julia McCormick
Robert T. McDonald
Martha Meyer
Ida Mosley
Clarence Mueller
William Mueller
Hugh Murray
Victor F. Naes
Annie Newell
Robert M. Newell
Stephen P. Norman
Cecelia O'Brien
James F. Ogle
David L. Orrell
Ralph N. Persels
Elizabeth R. Reinhardt
William Reinholdt
Dorothy H. Remmert
Grace Risinger
John Paul Roth, Jr.
Viola M. Sharp
Herbert D. Condie, Jr.
Elizabeth Culver
Delia M. Cunningham
Mrs. Hallowell Davis
Thomas DiMaggio
Daisy Duke
Arthur T. Dunn

Mildred E. English
Fannie M. Exum
John Ficke
Norman C. Fields
Mable R. Filipiak
Estelle H. Frank
Caroline T. Gardner
Patrick J. Gilligan
Deborah Gilula
Goldie Glenn
Rose Gramann
M/M Gordie Gubin
Otis Hearndon
Mary Hemlick
Willard E. Henges
Donald A. High
Geraldine M. Holt
Lillian M. Johnson
M/M Joseph Kennedy
Arnold J. Ackermann
Minnie Allen
Vida Ashenbremer
Newell A. Augur
Cancellia Baker
M/M Max Balk
Mrs. John Band
Eleanor L. Begley
Victor H. Bierdermann
John A. Bollero
Olga Borgmeyer
Helene T. Bowles
Lucille C. Boykin
Ozella V. Brand
Luetta M. Buch
Virgie A. Buchanan
Edward Bunting
Joseph J. Busalacki
Carol Buster
Emil Carabelli
Theresa Carnaghi
Jerrel L. Carr
Richard A. Catlett
Ann Christanell
Yau-Kam Chu
Max Cohen

Hospital notes

Dr. George D. Selfridge, Barnes dentist-in-chief, has been named president of the International College of Dentists, a 5,000-member, worldwide professional organization. He was installed by his British predecessor, Dr. Cyril de Vere Green, of London.

Dr. Samuel B. Guze, Barnes psychiatrist-in-chief, has been named chairman-elect of the board of directors of the Association for Academic Health Centers. He has been a member of the board of directors since 1976.

Dr. Michael M. Karl, Barnes physician, has been elected to membership in the Institute of Medicine of the National Academy of Sciences, which is responsible for advising the government on public health problems. The membership of the Institute currently numbers 359 and is limited by charter to 400.

Former employe dies

Former Barnes Hospital plant engineering employe Lawrence E. Moorman died Sunday, October 28, at the age of sixty-seven. He was buried in the National Cemetery at Jefferson Barracks.

Mr. Moorman, who was employed at Barnes from March 1, 1946, until he retired January 27, 1978, worked on heating, ventilating and air conditioning systems in the hospital.

He is survived by his wife Virginia K. Moorman, his children Michael L. Moorman and Patricia Muenster, and his sisters Margaret Watson and Delores Efken.

Barnes
Bulletin

December, 1979

Published monthly for employes, doctors, volunteers, Auxilians, donors, former and retired employes, patients and other friends of Barnes Hospital. Available at no charge by contacting the Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110 (314) 454-3515

Daisy Kramer, Editor

Gail Johnston, Writer

Charlene Bancroft, Writer

Jim Hubbard, Director

Copyright 1979 by Barnes Hospital

Pay periods, paydays 1980

Period	Starts	Ends	Payday
1	Dec. 16, '79	Dec. 29, '79	Jan. 4
2	Dec. 30, '79	Jan. 12	Jan. 18
3	Jan. 13	Jan. 26	Feb. 1
4	Jan. 27	Feb. 9	Feb. 15
5	Feb. 10	Feb. 23	Feb. 29
6	Feb. 24	Mar. 8	Mar. 14
7	Mar. 9	Mar. 22	Mar. 28
8	Mar. 23	April 5	April 11
9	April 6	April 19	April 25
10	April 20	May 3	May 9
11	May 4	May 17	May 23
12	May 18	May 31	June 6
13	June 1	June 14	June 20
14	June 15	June 28	July 4
15	June 29	July 12	July 18
16	July 13	July 26	Aug. 1
17	July 27	Aug. 9	Aug. 15
18	Aug. 10	Aug. 23	Aug. 29
19	Aug. 24	Sept. 6	Sept. 12
20	Sept. 7	Sept. 20	Sept. 26
21	Sept. 21	Oct. 4	Oct. 10
22	Oct. 5	Oct. 18	Oct. 24
23	Oct. 19	Nov. 1	Nov. 7
24	Nov. 2	Nov. 15	Nov. 21
25	Nov. 16	Nov. 29	Dec. 5
26	Nov. 30	Dec. 13	Dec. 19

Hospital notes

Dr. **Stephen R. Waltman**, Barnes ophthalmologist, has received the Honor Award of the American Academy of Ophthalmology for outstanding service and contributions to his profession. Presentation was made at the annual meeting of the Academy, held in San Francisco November 5-10, and attended by more than 14,000 persons.

Barnes Bulletin

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

Indexed

Barnes radiologist-in-chief, Dr. **Ronald Evens**, participated in a press seminar on computed tomography sponsored by the American College of Radiology and held in Washington, D.C., on October 22. His subject was the economics and utilization of CT.

Dr. **Joe Belew**, Barnes obstetrician/gynecologist, has been elected president of the St. Louis Gynecological Society.

Several Barnes doctors participated in an Oncology-Hematology Update at DePaul Community Health Center November 7. They included Drs. **Elliott Bell**, **Elmer Brown**, **J. Heinrich Joist**, **John Rogers** and **Nathan Berger**, medicine; Dr. **Bruce Walz**, radiology; and Dr. **Gordon Philpott**, general surgery.

Philbrick retires after 17 years of service

Emma "Billie" Philbrick, a Barnes cytotechnologist since 1961, retired October 26 after 17 years of service to the hospital. A certificate of appreciation was presented to her by hospital president Robert E. Frank.

During retirement Billie and her husband plan to visit friends in Puerto Rico and Guatemala. "I also want to decoupage, work with ceramics and clean my house," said Billie. "I've spent many pleasant years at Barnes but retirement doesn't mean the end of my association with the hospital. Next spring I plan to donate some of my free time as a Barnes volunteer."

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

Property of Washington University
Medical Library

FEB 29 '80

Barnes Bulletin

ARCHIVES

December, 1979

Barnes Hospital, St. Louis, Mo.

