

Barnes Bulletin

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Service Awards Dinner to honor 129 employes

Five top honorees are among the 129 Barnes employes to receive awards at the November 21 Employe Service Awards dinner held in the Tiara Room at the Chase-Park Plaza.

This year's top honorees include Augusta Jordan, a housekeeping employe who celebrated her golden anniversary July 24; Mae Martin, admissions director, with 40 years of service; 35-year veteran Lloyd Peek, a supervisor in plant engineering; Marcella Powell, a nurse's assistant in the cardiothoracic care unit with 30-years service; and Lois Vahle, assistant director of nursing services, who celebrated her 30th working anniversary September 11. In addition, there will be eight employes honored for 25 years service, 14 for 20 years, 46 for 15 years and 56 for 10 years.

Service awards will be given to all employes who celebrated 50, 40, 35, 30, 25, 20, 15 and 10-year anniversaries at Barnes between July 1 and December 31, 1980. A party in April recognized employes with special anniversaries in the first half of 1980.

Barnes pension plan revised, upgraded

Revision of the Barnes pension plan provides a minimum benefit and increases the monthly benefit for those who choose early retirement.

The minimum benefit provision will guarantee that no retiring employe's benefits be less than \$4 per month for each year of continuous fulltime employment with Barnes. For example, any employe having 30 full years of continuous fulltime service, who retires at age 55, will receive a pension of at least \$120 monthly (30 years \times \$4 = \$120). Previously there was no minimum benefit provision.

Employes with at least 10 years of vested service who wish to take early retirement between the ages of 55 and 65 will receive a larger percentage than under the old rules.

Plan Before This Amendment			
Age	Factor	Age	Factor
55	0.5000	60	0.6667
56	0.5333	61	0.7333
57	0.5667	62	0.8000
58	0.6000	63	0.8667
59	0.6333	64	0.9333
Plan After This Amendment			
Age	Factor	Age	Factor
55	0.6000	60	0.8000
56	0.6400	61	0.8400
57	0.6800	62	0.8800
58	0.7200	63	0.9200
59	0.7600	64	0.9600

Other changes include the return of employe contributions for those employes who belonged to the plan before it became noncontributory, and some employes who were members of the earlier pension plan will be credited with additional years of service. Specific details will be mailed to employes by Barnes personnel office.

Front cover: Aerostat enthusiast Jan Bee, clinic oral hygienist, has joined the growing number of hot air balloonists soaring through St. Louis area skies. In 1979, there were over 1,000 hot air balloons in the U.S. and nearly twice that many FAA-certified aerostat pilots. (See story page 3.)



Barnes Hospital volunteers and staffers checked more than 170 blood pressures and performed 67 lung capacity and 150 diabetic tests during the September 21 Euclid Jubilee in the Central West End.

Blood pressure checks screen for hypertension

Free blood pressure checks to screen for hypertension will be conducted on the ground floor of the East Pavilion from 8 a.m. to 4 p.m. Tuesday, November 11.

Hypertension—or high blood pressure—is an incurable disease which can be fatal if it is not carefully controlled. According to the American Heart Association, it is a disease which has reached epidemic proportions. A 1980 survey by the Association estimates that approximately 34,880,000 Americans suffer from this disease commonly referred to as the "Silent Killer."

The disease is silent because it usually has no symptoms to warn its victim of its destructive presence. And, it is a killer. Uncontrolled hypertension is the leading cause of heart disease, kidney disease and stroke. However, when controlled by daily medication, individuals can lead normal lives.

Recognizing the need to inform more individuals about the dangers of high blood pressure, the Barnes Auxiliary and department of education and training have been conducting Hypertension Day semi-annually for three years. Specially trained volunteers, assisted by staff nurses, will be on-hand to screen individuals as well as to answer any questions.

Screening procedures include weight and blood pressure checks to determine how much strain is being placed on the heart and blood vessels. If the blood pressure reading is over 140/90, it usually means too much pressure is being placed on the cardiovascular system. Generally, the higher the pressure reading, the greater the strain on the heart.

Although a 140/90 blood pressure reading is not necessarily hypertension, it could be a warning sign of future high blood pressure. This early warning check has been a major factor in controlling hypertension before major cardiovascular damage is done and is decreasing the death rate from high blood pressure.

Clinical Research Center —medicine's frontier

When a patient's symptoms present a puzzle rather than a diagnosis, or when his disease is one for which there is no standard effective treatment, or when time is running out, the Washington University Clinical Research Center offers one more hope to Barnes patients and their doctors.

Established in 1960, the CRC here is one of the oldest and largest in the country, as well as one of the most scientifically productive. It is supported by a grant from the Division of Research Resources of the National Institutes of Health, and funds are awarded on a competitive, merit basis. Its reason for existing is to shorten the time lag between the development of new basic information and its application to the diagnosis and treatment of patients.

The 25-bed adult center is located on the fourth and fifth floors of Barnard Hospital and has been described as a mini-hospital within a hospital. It differs from other hospital floors in several ways. It includes a central laboratory, specimen-collecting facilities, a food preparation room and unique equipment such as an artificial pancreas.

The special facilities are necessary to the research that goes on in the center—research covering a wide range of medical areas and involving doctors with a wide range of expertise. Indeed, one of the strongest points of the CRC is the collaboration between scientists, surgeons, medical researchers, neurologists, psychiatrists and others whose fields overlap and complement one another to focus on many facets of a disease process.

To patients and their doctors from all over the United States who look to Barnes Hospital and Washington University for their medical care, the CRC offers one more avenue for treatment. Patients are referred to a CRC investigator by their doctors; the investigator may suggest participation in an appropriate research project. The pa-

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Clinical Research Center

(continued from page 1)

tient is then thoroughly informed of the nature of the treatment, including any possible side-effects and its chances for success. "Our work is tightly supervised and no studies are done until the patient understands and signs the consent form," explained Dr. Philip Cryer, director of the CRC, who is also an associate professor in the WU department of medicine and a Barnes physician specializing in the diagnosis and treatment of diseases of the endocrine glands, including diabetes.

Cathy Farris came to Barnes and the CRC from North Carolina when doctors there determined a bone marrow transplant was needed to control her leukemia earlier this year. So did Carla Skiles, of West Plains, Mo., who was the victim of a rare condition known as aplastic anemia. Over the past 20 years others have come to the center because of bone diseases, diabetes, depression, hypertension, skin problems, muscle dysfunction, metabolic disorders, pituitary tumors, kidney diseases, cancer, and obesity.

Some of the protocols may be completed in a matter of weeks. Others have been ongoing for more than a decade. One protocol may lead to the establishment of another. In this way, careful studies may be done on a step-by-step basis, ultimately leading to the development of better means of treatment or discovery of a hidden cause. Some prove or disprove the validity of a treatment.

In one such instance, doctors followed 100 patients who had undergone jejunoileal bypass surgery because of extreme obesity. The studies showed for the first time that the operation was extremely dangerous, although it was becoming a common procedure throughout the country. "Other, more superficial reports had been generally positive about the operation," Dr. Cryer said. "The unique thing about the CRC study is that 100% of patients were carefully studied repeatedly after the operation as well as before. Five died, 20 had to have the operation reversed because of complications, and more than half the others had chronic problems. Only one out of four who had the operation lost weight and felt well."

Another study discovered the cause of infertility in a certain group of women who all had ceased to have their monthly periods and developed a



RN Jane Hamilton and CRC diabetic patient Linda Kothe discuss insulin pump which automatically injects insulin into the diabetic at preset times and intervals. Barnes/WU was the first medical center to use the autosyringe for insulin to control diabetes.

breast discharge. They were found to have pituitary tumors which caused an elevation in prolactin levels. One of the first immunoassays for prolactin was developed at Washington University and used during this study; it is now being done all over the world. The study also showed that this type of infertility could be cured by removing the pituitary tumor causing it.

Diabetes has been a major area of research in the CRC and resulted in the development of the artificial pancreas here.

The CRC saw more than 700 in-patients last year (admitted through the Barnes admitting office) and an additional 1,000 outpatients. "One advantage we enjoy is having access to the multitude of services available in this medical center," Dr. Cryer said. "These include the high quality clinical laboratory and radiology services provided to Barnes Hospital patients."

The CRC staff itself includes nurses, dietitians and laboratory technicians as well as physicians and scientists. The staff is large compared to that of a regular hospital floor. Research protocols call for 24-hour urine collections, timed blood sample collections and precise treatment procedures, including preparation of food and medication to exact protocol specifications. In addition, complete and sometimes complex records must be scrupulously maintained.

Jane Hamilton, CRC nursing administrator who has been with the center almost 18 years, said that one of the most important jobs of a CRC nurse is making the patient feel comfortable. This includes establishing an open line of communication between patient and staff as well as the patient's family. "We don't keep a lot from our patients. We try for as much open communication as we possibly can, both between doctors and nurses, and among nurses, doctors, patients and their families. We let our patients know what it is we are aiming for so they understand what is happening to their bodies. The patient, too, is part of the team."

Teacher on wheels: new program for diabetics

In conjunction with November being National Diabetes Month, a new method of diabetic patient education has begun at Barnes Hospital. Diabetes teaching carts were purchased through the Dr. William Olmsted Fund to help nurses teach diabetic patients about various facets of the disease. In Dr. Olmsted's memory, each cart bears a gold plate engraved with his name.

Dr. Olmsted had been associated with Barnes since it opened in 1914 until his death in 1978. From 1920, Dr. Olmsted specialized in diabetes, and in that year a milestone in the history of medicine was reached when insulin was found to be effective in saving lives of patients with the disease. Barnes was selected as one of the first hospitals to treat patients with insulin that year and Dr. Olmsted was thus the first to use insulin in the St. Louis area.

Mounted on each cart is a film screen. The nursing staff can choose filmstrips on such topics as: "Living With Diabetes," "Understanding and Preventing Diabetic Acidosis," "The Self-Injection of Insulin," "Living With Diabetes Not Requiring Insulin," "Understanding and Preventing Insulin Reactions," and "Skin and Foot Care of the Diabetic." Each filmstrip has an accompanying workbook that contains a knowledge pre-test, a program post-test and a handbook that contains main points of the film. More in-depth filmstrips with concentration in insulin injection are also available.

The cart is also stocked with numerous pamphlets on diabetes. These pamphlets have very large and vivid illustrations which are helpful for diabetic patients with visual difficulties. Also available are take-home kits with sample syringes, Medic Alert tags, urine testing information, foot care information and various pamphlets on rotation of injection sites. Most of the materials are published and provided by pharmaceutical companies.

The concept of diabetes teaching carts was adopted through the Barnes department of education and training. According to Liz Hewitt, patient education coordinator, "The nurses needed more educational aids at the patient's bedside. After reviewing other possibilities, the education and training staff decided the teaching carts were the best way to use the bequest from Dr. Olmsted."

Ms. Jeanine Gettinger, instructor in the department of education and training and past-president of the American Association of Diabetes Educators, has been conducting in-service training for Barnes staff nurses who deal with diabetic patients. She teaches them how to use the equipment and familiarizes them with the filmstrip library available. The cart also serves to keep nursing staff up-to-date with changing medical concepts and advances in diabetes care.

Three carts are available. Any nurse treating a diabetic patient can call the department of education and training to request a cart and choice of filmstrips. Ms. Gettinger stressed, "The diabetes teaching carts are a very positive aid to assist the nurse in patient education. It will enhance and support her efforts." She added, "Basically, the program spells 'Help is here' for both patient and nurse on the subject of diabetes."

Dr. Wm. Newton dies; transplant pioneer

Dr. William T. Newton, a pioneer in transplant immunology who was instrumental in developing the kidney transplant services at Barnes and the VA hospital, died Sept. 25, in Miami, after a long illness. He was 53.

Dr. Newton was a graduate of Yale University School of Medicine and served his internship and residency at Barnes. He had been on the Barnes/WU staffs since 1958 and at the time of his death was a professor of surgery at Washington University and a surgeon at Barnes in addition to being chief of surgery at John Cochran Veterans Administration Hospital.

He is survived by his wife, Patricia, a daughter, three sons and a brother. Memorials may be made to the department of surgery, Washington University.

Cancer Information Center is model for others

The Cancer Information Center on the first floor of Barnard Hospital in the Barnes complex has given impetus to a similar center at the Ellis Fischel State Cancer Hospital in Columbia.

Like the one here, the new center will provide information to patients, their families and the general public about cancer detection, diagnosis, treatment, rehabilitation and research. The CIC at Barnes is staffed by volunteers and is under the direction of Mallinckrodt's department of radiation oncology. It provides professional resources in addition to those for the public.



The Great Forest Park Balloon Race in St. Louis was held September 20 with twenty-nine aeronauts competing.

Hot air ballooning—flight without wings

"Hot air is lighter than cold air; therefore, hot air rises" is the principle of physics upon which the sport of hot air ballooning is founded—a sport that has grown from only a dozen balloons 10 years ago to well over 1,000 balloons in the United States last year.

Ballooning came about by accident in the early 1780s when Joseph and Etienne Montgolfier observed paper ashes mysteriously floating up the chimney. Although the phenomenon of hot air rising was probably discovered long before the Montgolfiers, the brothers are generally credited with the first practical use of hot air in balloon flight. There was one flaw in their thinking: They incorrectly reasoned that smoke had some magical lifting power, so early hot air balloons were fueled with damp straw, old shoes and brandy-soaked rags.

Smoke-belchers were soon replaced by hydrogen filled balloons which were used in science, war and sport. But such aeronautics took a back seat to powered flight of the 19th century.

Modern hot air ballooning made its debut in a half-hour flight on October 22, 1960, when Ed Yost lifted off in a 40,000 cubic foot balloon near Sioux Falls. The development of strong, lightweight fabrics and new technology making propane-fueled heater systems possible joined to give hot air ballooning a dramatic revival in the early 1960s.

By the mid '60s, two balloon designers, Don Piccard and Tracy Barnes, joined Mr. Yost in constructing hot air balloons for adventurous sportsmen. The Federal Aviation Administration approved their various designs and granted type certification in 1967-68.

Today there are almost 2,000 FAA-certified balloon pilots—a figure that one Barnes oral hygienist wants to see increased to 2,001. "I lived next door to a balloonist who owned his own hot air balloon. I took one look at the awesome balloon, more technically called an aerostat, and fell in love," said Jan Bee, a Barnes clinical oral hygienist for more than 5½ years. "I did some research and kept my eyes and ears open to learn all I could about the sport."

Ms. Bee entered ground school at Meramec Community College last January and after completing the course in April, she passed the written commercial test and started flying in May. She is currently working on a pilot's license.

"How many people want to come to the dentist? In my job, I see people who would really rather be somewhere else. With ballooning, I'm where people want to be."

On weekends Ms. Bee serves as a member of several hard-working ground crews whose routine includes waking at the crack of dawn to get the balloon airborne before late morning thermals make hot air ballooning treacherous.

"Ballooning has to be a labor of love," said Ms. Bee. A crew's payment is not in dollars and cents but in the thrill of an accomplished lift-off, satisfaction of a successful flight and post-flight feast ("a good excuse to share the experience with pilot and ground co-workers").



An oral hygienist on 2 Wohl Clinics for 5½ years, Jan Bee sports hot air balloon pins on her uniform lapels and enjoys talking about her hobby to patients after giving her mini-lectures on the benefits of flossing.

Crewing is hard work and requires total concentration and quick reaction to the pilot's instructions. After the crew unloads the balloon equipment in the field, they roll the envelope fabric out to its 50 to 60 feet extension and stretch it downwind. The fabric is then spread open. The crew takes their assigned stations at the crown and throat of the balloon for the inflation process. "It's the group effort that gets the balloon to lift-off," said Ms. Bee, who used to consider herself a loner.



The balloon envelope is usually made of lightweight, tear-resistant rip-stop nylon which is reinforced with "rip stoppers" to check tears. An average envelope is made from over 1200 yards of fabric and could weigh as much as 120 pounds.

"Only the wind knows where the balloon is going and it may change its mind."

A balloon is constantly under the influence of varying atmospheric conditions. It cannot be steered right or left, slowed down or accelerated. "It's up to the wind," said Ms. Bee. "Weather is the biggest factor in hot air ballooning." Flying temperatures must be above 30° F, and wind speed no faster than 10 knots.

Hot air balloons do not have a lighter-than-air gas inside of them. The modern hot air balloon can be made to descend or ascend only by increasing or decreasing the temperature of the contained air.

The basic hot air balloon is made up of an envelope, a suspension system, a burner, a basket or gondola and various accessories. The envelope is generally spherical in shape and made of synthetic fabric with a 10 to 15-foot-in-diameter opening at the base. The propane burner, or the "engine," of the hot air balloon injects heat upward into the air-filled envelope. A wicker basket is attached to load-bearing cables and has enough room to carry a pilot and two or three passengers, two or three propane tanks and other related ballooning equipment.

The inflated canopy or envelope contains thousands of cubic feet of air that the balloonist borrows from Mother Nature and returns at the end of the flight. The air inside this nylon casing is heated to temperatures of between 180° and 230°, usually 100° to 150° higher than the outside ambient air temperature.

The average balloon system costs approximately \$8,000 to \$15,000. "Many pilots take one- or two-hour commercial flights with two passengers and charge \$175 for the trip," according to Ms. Bee. But there are other activities for hot air balloonists throughout the country.

Balloon sportsmen have devised several competitive events to test their skills in flying and ability to judge the winds. The Hare and the Hound race, like the Great Forest Park Balloon Race held in September in St. Louis, is modeled after the English Fox Hunt and is one of the most popular tests of a pilot's skills. In this event, a lead balloon—the Hare—takes off and the other balloons—the Hounds—track and follow, trying to land as close as possible to the Hare's final resting spot.

Ms. Bee is a member of the Gateway Aerostatic Association in St. Louis and serves as that group's newsletter editor. The club currently has about 90 members.

Roast Turkey

Wash turkey and pat dry. Rub cavity lightly with salt. Season outside of bird with salt and pepper. Baste bird with melted corn oil margarine. (Turkey giblets and neck may be boiled in seasoned water to make extra fat-free broth for gravy and dressing.)

Stuff turkey just before roasting with cornbread dressing. Tuck drumsticks under band of skin at tail or tie together with heavy string. Heat oven to 325° F. Place turkey breast side up on rack in covered shallow roasting pan. When turkey starts to turn a golden brown, baste again with margarine. Add two cups of water to roasting pan. Cut band of skin or string holding legs.

After turkey is $\frac{3}{4}$ done, remove lid to finish browning. Turkey is done when drumstick moves up and down easily; if done the joint should give readily or break. Drumstick meat should also be very soft. When turkey is done, remove stuffing, carve and serve. (Approximately 75 calories per ounce.)

Zesty Cornbread Dressing

1 small onion, chopped	2 cups dry bread crumbs
$\frac{1}{2}$ cup chopped celery	1-2 teaspoons sage (season to taste)
$\frac{1}{2}$ cup corn oil margarine	salt and pepper to taste
3 cups cornbread crumbs	fat-free broth from turkey

Saute onion and celery in margarine until tender. Combine all ingredients above, adding fat-free broth as needed. Stuff turkey and cook extra dressing in a greased casserole. Bake in a moderate oven (350° F) for 30 to 45 minutes.

Yields 10 $\frac{1}{2}$ -cup servings (approximately 160 calories per $\frac{1}{2}$ -cup serving).

Low-Cal Gravy

2 cups fat-free broth from turkey
2 tablespoons cornstarch

Heat broth in small saucepan. Place a small amount of liquid in a bowl or cup; add cornstarch and stir until smooth. Add cornstarch mixture to liquid in saucepan. Simmer until gravy thickens slightly.

Yields four $\frac{1}{2}$ -cup servings (virtually calorie-free).

Broccoli Superb

1 medium onion peeled and chopped	2-10 ounce packages of frozen broccoli
1 green pepper seeded and chopped	2 teaspoons pimento
2 teaspoons salt	$\frac{1}{2}$ teaspoon tarragon
$\frac{1}{4}$ teaspoon pepper	2 teaspoons parsley

Place onion, green pepper, salt and pepper in skillet with cold water. Saute mixture on low heat until tender. Increase heat, bringing mixture to a boil. Reduce heat and simmer five minutes. Place frozen broccoli in covered skillet and cook at medium heat for 10 to 15 minutes. Add pimento, tarragon and parsley to broccoli.

Yields six 1-cup servings (virtually calorie-free).

(Note: Asparagus spears can be substituted for broccoli. If fresh broccoli or asparagus is used, cook separately until tender before placing in onion/green pepper mixture).

ROAST TURKEY

ZESTY CORNBREAD DRESSING

LOW-CAL GRAVY

BROCCOLI SUPERB

A diet is mind over matter. The less you mind the more matter grows—slowly spreading over hips, thighs and tummies—in all those places it just shouldn't be.

Minding matter, at best, is difficult. And, during the holidays you might be tempted to say it's anything but a "losing" proposition. Festivities abound. Tables pile up high with plenty of tasty, eye-catching delicacies. The last thing you want to do is count calories. So you don't. You nibble on a pate de foie gras here, a

RUM EGG NOG and
VEGETABLE MEDLEY with

Rum Egg Nog

6 eggs	1 tablespoon rum extract
1 quart skim milk	Artificial sweetener to taste

Separate egg yolks from whites. Beat yolks until thick and lemon colored. Gradually add milk, artificial sweetener and rum extract. Chill. Beat egg whites until stiff. Fold into yolk mixture just before serving. Sprinkle with nutmeg.

Yields eight 1-cup servings (approximately 115 calories per serving).

Vegetable Medley

Radishes	Scallions
Hearts of Celery	Cherry Tomatoes
Carrots	Zucchini

Slice vegetables. Arrange decoratively on bed of ice. Serve with low-cal onion dip. (Virtually calorie-free).

MENU

CRANBERRY PUNCH

LOW-CAL ONION DIP

FLUFFY ACORN SQUASH

LOW-CAL CRANBERRY-CELERY MOLD

SUGAR-FREE PUMPKIN CUSTARD with

CALORIE COUNTERS WHIPPED TOPPING

hors d'oeuvre there, or a piece of fruit cake elsewhere. Finally, your mind lets go, and you just plunge in, eating more and more matter.

At the end of the holidays you're miserable. You promise next year will be different. Why not make this the year that mind wins the battle over matter—and have fun doing it? Trying your hand at a few of these delicious low-calorie recipes supplied by the Barnes dietetics department will make your holiday happy, yet satiated.

JUDY TRAIL

Fluffy Acorn Squash

2 acorn squash, halved	¼ teaspoon allspice
1 tablespoon skim milk	½ teaspoon salt
½ teaspoon cinnamon	

Preheat oven to 400° F. Place squash cut side down on a large cookie sheet. Bake approximately 30 minutes or until tender. Remove from oven. Cool slightly. Carefully scoop squash from shell into a medium-size bowl. Mash squash. Beat in remaining ingredients. Refill shell with squash mixture. Sprinkle lightly with cinnamon.

Yields four to six ½-cup servings (approximately 70 calories per ½-cup serving).

Low-Cal Cranberry-Celery Mold

4 cups fresh cranberries	5 teaspoons unflavored gelatin
1 cup orange juice	1 cup water
8 ounces fresh chopped apple	1 teaspoon powdered artificial sweetener
4 ounces chopped celery	

Chop cranberries in blender. Cook cranberries in orange juice for five minutes. Chill. Combine apples, celery and sweetener with cranberry mixture. Dissolve gelatin in water; add to cranberry mixture. Pour into ½-cup molds.

Yields eight ½-cup servings (approximately 40 calories per ½-cup serving).

Spiced Cranberry Punch

1 cup water	6 tea bags
½ teaspoon whole cloves	12 ounces low-calorie cranberry juice
6 inches stick cinnamon	1 tablespoon lemon juice
½ teaspoon ground nutmeg	
1 quart boiling water	

Simmer one cup water and spices for 20 minutes. Drain spices. Steep tea in one quart boiling water for four minutes. Add spiced liquid to tea and allow to cool. Pour into punch bowl. Add ice, lemon juice and cranberry juice. Decorate with orange and lemon slices and mint leaves.

Yields 16 4-ounce servings (virtually calorie-free).

Sugar-Free Pumpkin Custard

¾ cup canned pumpkin	¼ teaspoon vanilla
¾ cup skim milk	⅛ teaspoon salt
1 egg	½ teaspoon cinnamon
1 teaspoon artificial liquid sweetener	¼ teaspoon ginger

Beat eggs; add milk, vanilla, artificial liquid sweetener, salt, cinnamon and ginger. Mix well. Put pumpkin in large bowl. Add egg and milk mixture. Mix well. Pour into four custard cups. Place cups in a shallow pan with one inch of hot water in it. Bake in moderate oven (350° F) for 50 to 60 minutes or until a knife, when inserted near the center of the custard, comes out clean.

Yields four 3-ounce servings (approximately 70 calories per serving).

Low-Cal Onion Dip

1 cup plain yogurt	3 tablespoons onion soup mix
1 cup low-fat cottage cheese	¼ teaspoon chili powder

Mix yogurt, low-fat cottage cheese, dry onion mix and chili powder together. Refrigerate for three hours before serving.

Yields two cups dip (approximately 13 calories per tablespoon).
Note: serve dip with vegetable medley below.

Calorie Counters Whipped Topping

¼ cup nonfat dry milk	1 tablespoon lemon or orange juice
¼ cup ice water	
½ teaspoon artificial liquid sweetener	

Chill bowl and beaters thoroughly. Mix dry milk and ice water in bowl. Beat until soft peaks form. Add juice and artificial sweetener. Beat until stiff peaks form.

Yields 1¾ cups (virtually calorie-free).

Leora Heard retires after 15 years at Barnes

Housekeeper Leora Heard retired last month after more than 15 years of service to Barnes Hospital. Mrs. Heard was presented a certificate of appreciation from hospital president Robert E. Frank in ceremonies held September 19.



Leora Heard

"Leora was a good worker and we're really going to miss her here at Barnes," said executive housekeeper Ernest Launsby. "She has served Barnes patients for more than a decade and all of her friends in housekeeping wish her the best of luck."

"I don't plan to do any fishing," Mrs. Heard said, "but I am looking forward to caring for my grandchildren and participating in more church activities. I may even volunteer some time to helping the elderly living in retirement homes in my neighborhood."

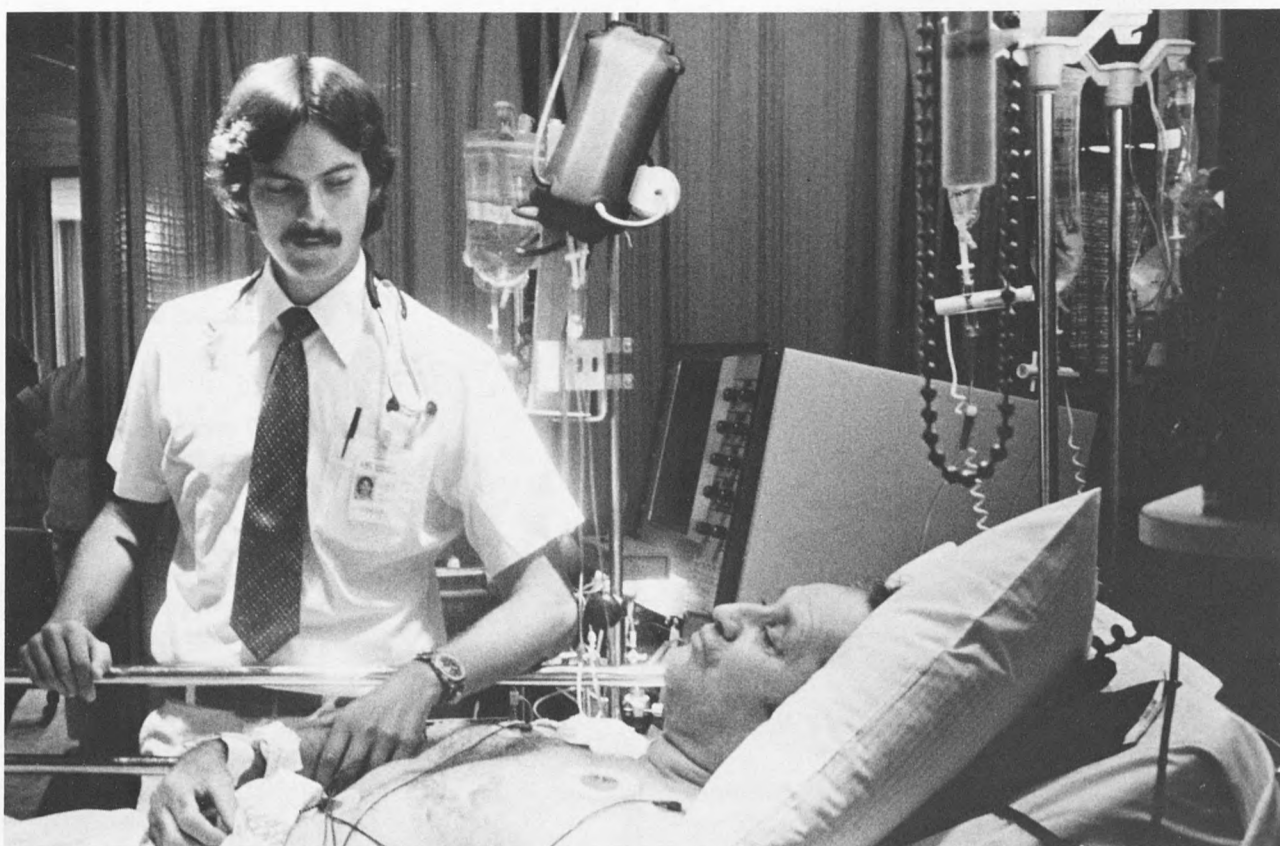
AMA issues principles of medical ethics

The American Medical Association has voted approval of a revised list of seven principles of medical ethics, the first rewrite of the AMA's code of ethics since 1957. The new code places emphasis on the concerns and rights of patients.

The preamble states: "The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician."

The seven principles are as follows:

- I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
- II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
- VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.



One of only 243 diabetics in the U.S. who has used insulin for 50 years, Lyle Byrns was admitted to the CCU August 9 after suffering a heart attack.

Patient celebrates 51 years on insulin

Lyle Byrns collects odds and ends, and all of it goes in his shopping bag of memorabilia that he carries to and fro. Both Mr. Byrns, 61, and his shopping bag have been in and out of Barnes Hospital numerous times. And, each time he comes he opens up this bag of treasures for all to see.

His shopping bag contains many treasures, tangible and intangible. His tangible treasures include such objects as a "Made in Hong Kong" pet snake; a photo of his seeing-eye dog, Lady Sue Marie; a card signifying he is an instructor of masonry; two medals and a syringe. It's the intangible objects, though, that cast the spell. With these he weaves a tale spanning 50 years that fascinates all listeners.

One of the tales Mr. Byrns tells is that of being an insulin-injecting diabetic. He has already celebrated his golden anniversary on insulin, and as of September 23, he has been on insulin for 51 years. That may not seem significant, except as of January 7, 1980, there were only 243 other diabetics in the United States who had been on insulin for 50 years or longer.

In November, 1979, the Joslin Diabetes Foundation of Boston, Massachusetts, gave Mr. Byrns a gold medal in recognition of his 50 years on insulin. Since then, the Eli Lilly Foundation has awarded him a silver medal attesting to the same fact. He has never seen either medal owing to blindness in both eyes caused by diabetes. However, these are the first treasures he takes out of his shopping bag when passersby stop to chat.

When Mr. Byrns was put on insulin in 1929, little was known about diabetes. Extensive research had not been done, hence causes and effects of the disease remained a mystery. Doctors theorized Mr. Byrns diabetes was caused by measles which left an infection that settled in his pancreas. A second theory is the disease was hereditary, since three of his cousins on his mother's side developed diabetes in adult life.

Insulin, itself, was a relatively new treatment during Mr. Byrns childhood diabetic years. The drug had been perfected from pork fat in Canada in 1922. Mr. Byrns disease had been diagnosed in early childhood, and at a young age he was

completely dependent on daily insulin injections for survival.

"I was only 10 years old when Dr. Alex Hartmann, Sr., put me on his lap at St. Louis Children's Hospital and said, 'Sonny boy, we're gonna have to put you on insulin.' I cried and cried, because I knew I would have to stay on it all my life," said Mr. Byrns.

Besides hospitalizations—mostly at Barnes—to have his insulin upgraded and regulated he's been hospitalized for amputation of two toes, an inflamed bladder and acidosis. Mr. Byrns has also participated in extensive research on diabetes. He's been in and out of Barnes 11 times.

His most recent admission on August 9 was to the cardiac intensive care unit after suffering a massive heart attack. "It was about 2 o'clock in the morning when I woke up with this bad chest pain. I reached over and dialed that 911 number. The last thing I remember was an ambulance taking me to the hospital." Mr. Byrns was brought to Barnes with DKA syndrome or acute acidosis, which is a severe reaction to too much sugar in the blood. According to Dr. Robert Jansen, the DKA triggered the heart attack.

While hospitalized here Mr. Byrns' celebrated his 51st anniversary on insulin. His story was carried in the *St. Louis Post-Dispatch*, *St. Louis Globe-Democrat* and on the KSDK-TV Channel 5 news. On October 1, Mr. Byrns was discharged from Barnes.

Hospital notes

The following are reported on staff: Dr. **Jerald Maslanko**, assistant physician, effective August 18; Dr. **John Garrett**, assistant physician, effective August 25; Dr. **William M. Thomson**, assistant physician, effective September 15; and Dr. **Mani Menon**, assistant urologic surgeon, effective July 1, 1980. Dr. **Richard Markham**, assistant physician; Dr. **Robert Collins**, assistant neurologist; Dr. **Louis Altschuler**, assistant oral and maxillofacial surgeon; and Dr. **Moon Nahm**, assistant pathologist, all effective September 1.

Judy Mange has been named director of physical therapy and **Carolyn Baum** appointed director of occupational therapy services at the Irene Walter Johnson Institute of Rehabilitation.



Betsy McDonald

New writer joins public relations staff

Betsy McDonald, formerly of the admitting office, has been named public relations assistant effective October 1. Her responsibilities include editing the Barnes employe *Newsletter*, writing for the *Barnes Bulletin*, assisting with media relations and some clerical duties.

Ms. McDonald received a B.S. degree in journalism from St. Mary-of-the-Woods College (near Terre Haute, Ind.) in 1978. Upon graduation, she served as an admissions counselor for the college, traveling throughout the mid-west promoting the school and interviewing prospective students.

Ms. McDonald has previous experience as editor of *The Bottom Half Gazette*, an inhouse newsletter for the jean store chain. While employed by The Bottom Half she also served as a fashion advertising copywriter.

Before joining Barnes, Ms. McDonald worked in the public relations department of the St. Louis Teachers Credit Union. Her duties there involved editing an employe newsletter and coordinating a field representative program.

In her leisure hours, Ms. McDonald enjoys traveling, writing and reading poetry, English horseback-riding, listening to music and photography.

In a related staff change, former public relations assistant Sheila Witherington was promoted to writer for the department. Miss Witherington's duties include writing for the *Barnes Bulletin*, preparing patient and general information news releases, assisting with media relations and handling tours of the medical center.

Barnes Bulletin

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Charlene Bancroft, Editor

Betsy McDonald, Writer

Sheila Witherington, Writer

Daisy Shepard, Director

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Listed below are the names of persons (honorees in **boldface**) who have made recent contributions to the various funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Community Relations office. The Auxiliary coordinates the Tribute Fund which is used for specific hospital projects. The various other funds are part of the development program of the Community Relations office.

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