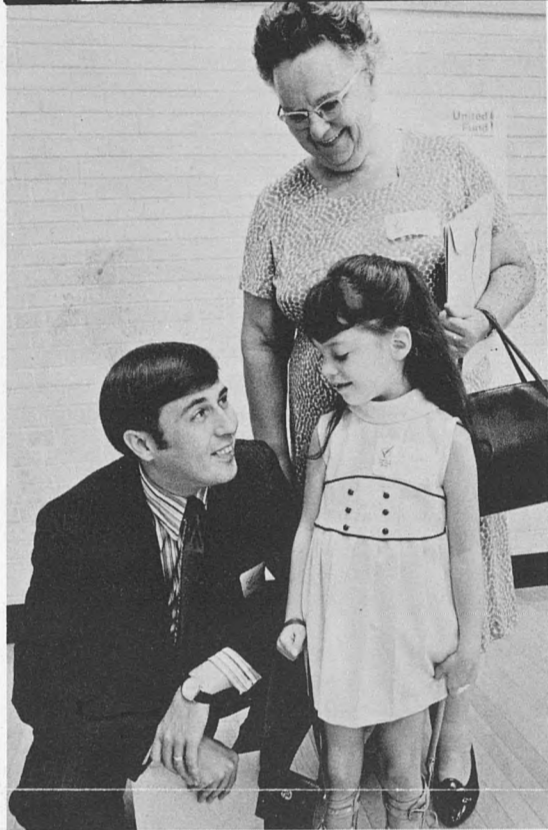
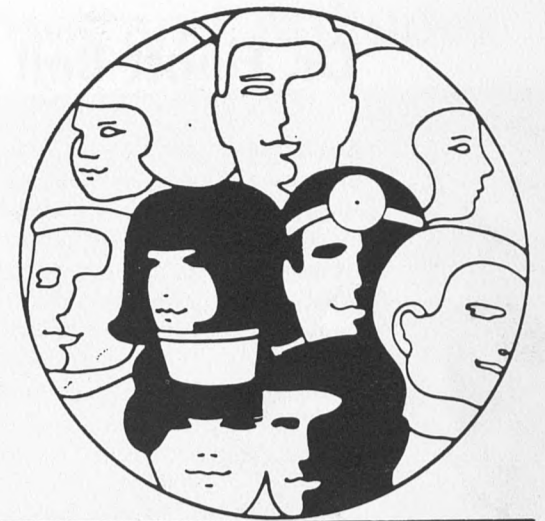


BARNES

Barnes Medical Center, St. Louis, Mo.

HOSPITAL BULLETIN

October, 1971



United Fund poster child, Jill Grubb, who was born with cerebral palsy, shows Jay Purvis, assistant director at Barnes, and Miss Leva McCollum, associate director of nursing service, how she recently learned to walk without assistance.

It's United Fund Time at Barnes

October is United Fund solicitation time at Barnes. This year's United Fund goal for the hospital is \$61,200. Last year Barnes employes gave \$53,827, which was the fourth successive year that the hospital has reached its United Fund Fair Share.

The Greater St. Louis United Fund goal is \$13.5 million. The United Fund serves more than 100 health, welfare and child-serving agencies. It is estimated that one out of every four St. Louisans uses one or more United Fund agencies.

A portion of the total funds collected in the area-wide campaign will be allocated to Barnes, as a United Fund agency. During 1971, Barnes received \$130,915 from the United Fund to offset some of the expenses of the clinical operations. This allocation will also aid many in-patients who are unable to pay their entire bill. A separate allocation of \$2,946 is being distributed to Barnard Hospital for cancer and other skin disease patients.

Jay Purvis, assistant director, is Barnes'

general chairman. Miss Leva McCollum and Miss Sandra Whitaker, both associate directors of nursing service, are serving as co-chairmen of the drive.

Miss McCollum and Miss Whitaker are responsible for soliciting contributions from the nursing-service department's 1800 employes which includes nurses and office personnel. Hospital administrators serving as division leaders are Robert Frank, Joseph Greco, Robert McAuliffe, Dr. Crawford Vermillion, Jay Purvis, Thomas Winston and John Warmbrodt.

According to Mr. Purvis, the majority of the solicitation should be completed by mid-October. Last year, 87% of Barnes employes contributed during the campaign.

"Fair-Share" lapel pins are awarded to employes who pledge one hours pay per month for a total of one year. A program chart with Barnes' "fair-share" goals and the hospital's divisional goals is located in the employe cafeteria and is updated as the campaign progresses.

Evening-Ambulatory Service Complements Emergency Room

The patient in pain or discomfort may not be a real emergency, but that won't make his hurting stop. The problem of needing medical care in the evening when medical facilities—a private doctor or the clinics—are generally not available, is one faced by almost everyone at some time.

In an effort to meet this need, Barnes Hospital opened the evening ambulatory service late in April. At that time it was a pilot program which was to be evaluated to determine if it filled a real need. Recently, with a few changes made in the original program, it became a permanent service available to the community.

The evening ambulatory service is open from 5:30 p.m. to 9 p.m. Monday through Thursday. People coming to the Barnes emergency room for care are seen by a nurse or doctor to determine if their problem is an emergency. (No one is sent home without seeing a physician.)

If emergency room staff determine that the person does not require care in the emergency room they are sent to the EAS which is located immediately above the emergency room. There the patient is examined by a doctor. After examination immediate care is prescribed but is limited to treatment of the symptoms of which the patient complains. If follow-up treatment is required, the patients are referred to their own physician or to the clinics.

Charge for this service is 70 per cent of the

emergency room fee. "About thirty per cent of the persons who come into the emergency room during the hours the evening ambulatory service is open are able to take advantage of this new service," says Thomas Winston, associate director. "When their problem is diagnosed as non-emergent, (something which is not an emergency, but should be treated) they are sent to the evening service."

Since the EAS is part of the emergency room

service, Mr. Winston pointed out, the patient's insurance coverage will apply in the same manner as if he were treated in the emergency room. Costs to his insurer will be less, of course.

"We feel the service is of mutual benefit to the patient and to the hospital," Mr. Winston said. "It cuts down waiting periods for the patient and relieves emergency room conges-

(continued on page 8)



Doctors who see patients on Barnes' Evening Ambulatory Service all are fellows, (physicians who have completed their residencies.) Above, Dr. Herschel R. Harter, of the renal division, checks patient Mrs. Katherine Macon. Assisting is staff nurse Mrs. Nancy Tsan. The EAS is located on the second floor of the clinics building.

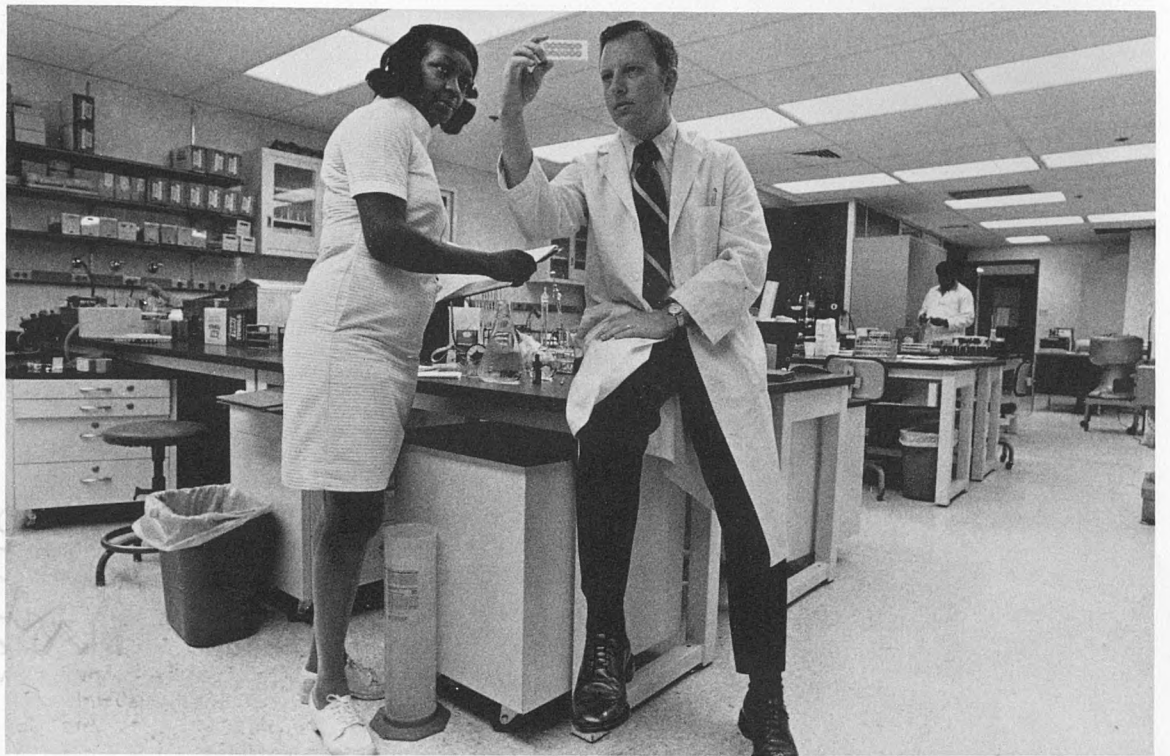
Dr. Elliott Bell Begins Duties as Clinical Immunology Director

Dr. C. Elliott Bell, Jr., has been named Director of Clinical Immunology of the central diagnostic laboratories of Barnes Hospital, Dr. Leonard Jarett, director of the division of laboratory medicine at Barnes and Washington University Medical School, has announced. Dr. Bell also is Assistant Professor in Laboratory Medicine in both Medicine and Pathology at Washington University. Both appointments became effective August 9.

"The addition of Dr. Bell as a full time laboratory physician is part of the hospital and university's plan to further develop diagnostic laboratory facilities and the field of laboratory medicine," Dr. Jarett said.

Dr. Bell graduated from Tulane University School of Medicine in 1964 and took his internship and residency at Barnes. He was an instructor in Medicine and a Fellow in Hematology at Washington University School of Medicine in 1966-67. The following year he was United States Public Health Service Special Fellow in Preventive Medicine at Washington University.

Most recently he has served in the U. S. Army Medical Research Laboratory at Fort Knox, Ky., where he was charged with setting up and running a histo-compatibility testing laboratory doing both lymphocyte cytotoxicity testing and one-way stimulation mixed leukocyte cultures of Bach. He also performed research in lymphocyte typing and transfusion reactions.



Dr. Elliott Bell Jr., new director of clinical immunology of the central diagnostic laboratories at Barnes, and Mrs. Josephine Prince, assistant chief clinical immunology lab technician, inspect an agar-anti serum plate which is used in testing serum for specific complement protein.

In addition to directing the clinical immunology laboratory at Barnes, Dr. Bell will continue his research in cancer immunology. "I will be looking for cancer-related antigens in bronchogenic carcinoma," reports Dr. Bell. He points out that cancer-related antigens have been found in other tumors but much more research in the area of bronchogenic carcinoma is needed.

Dr. Bell is a native of Decatur, Ill. He and his wife Nancy have three-year-old twins, Catherine Elizabeth and Charles Elliott.

Other physician members of the division of laboratory medicine are: Dr. Jarett, Dr. Mario Werner, director of clinical chemistry; Dr. Harold Kaplan, blood bank director and Dr. Paul Southern, director of bacteriology.

Rehabilitation Program Launched for Mastectomy Patients

"Reach to Recovery," a new rehabilitation program for women who have had breast surgery to help them meet their psychological, physical and cosmetic needs will be instituted this fall at Barnes by the hospital's auxiliary volunteer workers. Barnes auxiliary member, Mrs. Kurt Bemberg, who is in charge of instituting the program here, said the program is designed to help the mastectomy patient adjust and have a more positive view of herself. Mrs. Joanne Tonn, clinical specialist at Barnes, helped organize the program at Barnes.

The program involves several approaches she said. Upon receiving the doctor's approval, a hospital volunteer will visit the mastectomy patient and leave a manual and a "Reach to Recovery" kit which contains a ball, book, rope and a temporary prosthesis. The manual explains how to use the kit and demonstrates exercises and the various permanent prosthesis that are available.

The Reach-to-Recovery program also includes the education of personnel responsible for the

welfare, comfort, and encouragement of the mastectomy patient. Mrs. Bemberg said that the lectures and demonstrations explaining the latest rehabilitative methods and procedures developed for the mastectomy patient could be given to nursing school students, as well as for the attending and staff physician, medical students, graduate nurses and social service workers. Qualified medical personnel would be available to answer questions.

Lecture sessions could focus on discussions

concerning a patient's reaction and some ideas on how to alleviate fears or mental distress which the patient may have. The lectures could also demonstrate new breast prosthesis and how they are worn, in addition to explaining the latest cosmetic devices and other rehabilitative aides.

Mrs. Bemberg said that it has been found by personnel, who have worked with this type of program at other medical institutions, that mastectomy patients are generally eager for help and responsive to the program.



Barnes Hospital's volunteer workers are instituting a new program at the hospital, "Reach to Recovery," to provide assistance to the hospital's patients who undergo mastectomies. Mrs. Kurt Bemberg, center, a volunteer, and Mrs. Dorothy Kelly, volunteer chairman, right, visit with a mastectomy patient to explain the program which is designed to alleviate the patient's fears and apprehensions.

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Constance C. Barton, Director
John Manley, Associate Editor
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Adoption Styles Change Along with the Times and Attitudes

Many forms of child adoption exist today that were almost unheard of several years ago. This is the result of the fact that there are too many adoptable children (adoption experts have stated this figure ranges from 60,000 to 190,000 children) in this country and too few potential parents. An outgrowth has been the evolvement of new adoptive practices such as permitting single persons to adopt children.

Miss Marie Mercan, a registered nurse on floor 8100 at Barnes, is an example of a non-married adult who has adopted a child. Four years ago, Miss Mercan adopted a four-day-old baby, Jacqueline. Miss Mercan says that the judge who handled the adoption proceedings said that she was probably the first single adult in Missouri to be given adoptive custody of a child.

Another practice which is affecting the institution of adoption is that in an effort to



Miss Marie Mercan, a nurse on floor 8100 at Barnes, and her adopted daughter, Jacqueline. Miss Mercan probably was the first single adult in Missouri to be given adoptive custody of a child.

cut down the population growth, many couples are having one or two children of their own and they adopt one or two more to complete their families.

Transracial adoption had its beginnings in this country in the 1950s when some 2,300 Korean orphans were brought here. A Barnes Hospital employee, Mrs. Alva Spencer, who works in the hospital's medical records department, adopted one of those Korean orphans at age 7 months, back in 1958.

According to Mrs. Spencer, several members of her family were opposed to this type of adoption when she and her husband first indicated their interest in adopting a child of a different nationality. Mrs. Spencer said, "We named him 'Jack' and soon he became accepted as one of the family. Jack is popular with his schoolmates and he enjoys playing football and other sports.

"We adopted Jack from an orphanage in Seoul. Our application was processed by a state welfare agency in Clayton. We selected Jack



The Spencer family, shown above, are Mrs. Alva Spencer, who works in the hospital's medical records department, her husband, left, and their son, Jack. Mrs. Spencer adopted Jack, who was a Korean orphan back in 1958. Mrs. Spencer said Jack is popular with his schoolmates and enjoys playing football.

from a group photograph of the children who lived at the orphanage. He was the smallest and he looked as if he needed a helping hand. An investigative check was made to determine if we were parents suitable for adoption, and we had to pay a slight fee to the Koreans to get possession of him. It was all quite simple. Back in those days, it was difficult to adopt babies in the United States—there seemed to be a great deal of red tape involved. I understand it's a lot simpler nowadays."

The adoption revolution which is occurring in this country stems from changing social attitudes, a shortage of white babies, a growing back-log of about 20,000 non-white children who are eligible for adoption, recent court legal decisions and a realization by adoptive experts that some of their previous adoption requirements were much too stringent. Until recently, some adoptive agencies sought the perfect match-ups between parents and the adoptable child. It was of paramount importance that the parents and the adoptable child have the same eye coloring, same skin

coloring, a home in the suburbs, and the same religious background.

According to adoption experts, one reason for the shortage of white babies is legal abortion and the oral contraceptive. (Some legal experts say that abortion and contraception have begun to reduce the availability of non-white babies as well.) Another reason is that there seems to be an increasing number of unwed white mothers who are having their babies and keeping them.

Transracial adoption has become popular in recent months. Television stations now carry public service commercials encouraging families to adopt black babies. Many newspapers carry a column which describes some of the children who are available for adoption.

Adoption experts say the institution of adoption is in a vast transition period. However, many of them are wondering if the traditional concepts and views are changing fast enough to provide any hope for the some 60,000 to 190,000 children in this country who are eligible for adoption.

Patients Display Art Work at Exhibit



Mrs. Margaret Kelly, occupational therapist, left, inspects one of 50 art objects, completed by some of the hospital's psychiatric patients during recreational therapy sessions, which were exhibited recently in the activity therapy area. At the right, a patient applies the final touches to a painting. The exhibit was held at the request of the patients. Art projects are part of the occupational therapy department's treatment program.

GIVING TO THE UNITED FUND MEANS:

You'll never have to say "I'm sorry"

So, okay. You know the United Fund is full of Good Causes. But there are a lot of worthy places for your hard earned money. What makes this different?

We asked some of our own people, Barnes Hospital people, to tell us their reasons for giving. Some of them give their time as well as their financial help to United Fund agencies. Others are recipients of services from UF agencies.

Many Barnes employees can work here because their children are cared for in day-care centers that receive United Fund help. A few of them are pictured here. These agencies charge the families what they can afford to pay for care. Some of our employees have family responsibilities that mean their ability to pay is limited; however, their children still receive top quality supervision, education and physical care by these day-care centers.

"I can afford to pay the full rate for my child's care," said one Barnes employe. "But I wouldn't work if I couldn't leave my child in a good environment. I'm delighted the United Fund supports this day-care center, and that other children can have the care at a cost that they can afford. I give gladly to the United Fund because it helps agencies like this."

Other persons associated with Barnes volunteer their time to help at United Fund agencies. Dr. Remi Cadoret, assistant psychiatrist, Dr. Michael Johnson, psychiatric resident, and Miss Elizabeth Smith, psychiatric social worker, spend one day a week at Grace Hill Settlement House in the Murphy-Blair area of the city, where they conduct a psychiatric clinic. In addition to working with children and adult patients in the area, they consult regularly with other social service facilities at the settlement house, and with area residents to coordinate treatment and develop new services needed by the neighborhood.

In addition to operating several clinics for their community, Grace Hill has other programs including "nibble and chat," a hot noonday meal for elderly persons who live in the neighborhood. Each day 100 older persons get a nourishing meal and an opportunity to get out and enjoy the company of others through this program. Other projects include construction of 124 town houses in the area for families who need adequate housing but require a rent supplement arrangement because they cannot afford to pay full rentals.

Dr. Charles E. Windsor, assistant ophthalmologist at Barnes, and his wife, Barbara, were instrumental in expanding the scope of the St. Louis Hearing and Speech center last year. Mrs. Windsor was a volunteer on the agency's mobile unit which tests the hearing of 10,000 persons annually in schools, shopping centers, and other places. Mrs. Windsor noticed occasionally that a child would be told during the test to "look at the cowboy" and he would look instead at the ice cream cone. She recognized a symptom of amblyopia, or one-eye blindness.

This one-eye "lazy eye" blindness is curable if detected before the child is six years old. Mrs. Windsor talked to her husband, and he volunteered to test pre-school youngsters on the mobile unit, if the agency could set up such a program.

"When we learned about this, we realized we had a moral responsibility to test eyes as well as ears," said Mrs. Corley Thompson, executive director of the Hearing and Speech Center. "We changed our charter and made sure our vision test could conform to the standards set up by Dr. Windsor, by the state and national governments. Since last March we have tested at 138 different day-care agencies."

"We couldn't have had this program without Ted and Barbara Windsor," she continued. "They saw a need and were able to provide us with the means to get it done. From one to two per cent of pre-school children are afflicted with this eye problem which will continue through their lives if not corrected at once. The agency is grateful to the Windsors, but the most grateful of all are the parents whose children are saved from a lifetime of poor eyesight."

The agencies mentioned here are only a few of the 100-plus which help people in our area. There are many others—including Barnes Hospital, where United Fund dollars go to help pay some of the costs of care of the medically indigent.

It's your contribution that makes this possible. You help the psychiatrist guide an inner city resident back to productive life. Your dollar may buy lunch for two lonely old people, or locate a child's impaired eyesight before it's too late.

It's important work. And you're involved when you contribute.



Some United Fund agencies which involve Barnes people are shown below. (A) The Barnes Medical Explorer Post is a branch of the Boy Scouts for young people who want to learn about health careers. Two post members, James Perkins and Barbara McCain, accompanied by Dillon Trulove, Barnes assistant director, visit the clinical laboratory where George Gavellas, lab assistant supervisor, demonstrates equipment. (B) Dr. Remi Cadoret and Miss Elizabeth Smith talk to a group of neighborhood children in front of the Grace Hill House health clinic. (C) On the playground at Stella Maris day care center are these three children of Barnes employees. Left to right are: Terence, (son of Mrs. Mildred Jamison, 4th floor Wohl); Stephanie, (Mrs. Carolyn Vaughn, blood labs); and Anthony (Mrs. Elizabeth Smith, 11200). (D) Preparing to meet their parents are three more Stella Maris pupils whose mothers work at Barnes. Left to right are Lee, (Mrs. Vaughn of blood labs), Stephanie (Mrs. Dorinda Harmon, delivery room) and Kimberly (Mrs. Louise Harris, 8200). (E) Dr. Charles E. Windsor waits to test John Wurdack in the mobile unit of the St. Louis Hearing and Speech Center. Mrs. Windsor registers John while Janet Desmangles waits her turn.



Reasons Vary Why People Tour Barnes



Employees of Southwestern Bell Telephone Company recently toured Barnes Hospital and they visited the emergency room and Wohl Clinic area where Miss Mary Hustedde, R.N. and charge nurse of the emergency room, explained how emergency patients are treated. This tour was arranged with the hospital by the United Fund in order to give Southwestern Bell's employees an opportunity to see how United Fund monies are used by a UF member agency. As a United Fund member agency, Barnes is both a contributor and recipient of UF monies.

When the members of the Medical Careers Club of Quincy, (Ill.) Senior High School wanted to see how a hospital cares for its patients and also learn first-hand about some of the medical careers that are available they decided to tour Barnes Hospital.

So did the Health Careers Club of Eureka (Ill.) High School. These were a few of the hundreds of people who toured Barnes last year in groups of five to 20 persons. Students comprise the largest number of those persons who toured the hospital. High schools and colleges often schedule trips to tour Barnes while they are in St. Louis on all-day sight-seeing trips.

In recent years during September, some industrial firms, like Southwestern Bell Telephone Company, have encouraged their employees to tour Barnes, a United Fund member agency, before the actual UF solicitation campaign begins in October. The purpose is to give that firm's employees an opportunity to see how UF monies are used. Southwestern Bell believes that the Barnes tours are an effective way to demonstrate to their employees how the UF provides assistance to those less fortunate.

Southwestern Bell scheduled five Barnes tours during September for their employees. The company gave its employees several hours off their jobs to see how the hospital uses the money in the treatment of clinic out-patients who are unable to pay their medical bills.

Many people would like to tour Barnes, but they are unfamiliar with the regulations and arrangements which are involved in setting up tours. Almost any group of more than 5 persons can tour the hospital as long as the group's reservations are made well ahead of time, and all persons are at least 15 years old.

Barnes Hospital's public relations department is responsible for handling the tours. Persons seeking to tour the hospital should contact the public relations department and request a tour form which is mailed immediately to them. The form allows a person to check the type of tour he is interested in and some of the specific hospital departments he would like to see.

Tour request forms should be mailed back to the public relations department at least three weeks prior to the requested tour date. The reason for this is so the proper arrangements can be made with the various hospital departments. Tours are conducted Monday through Friday, after 9:30 a.m. A member of the hospital's public relations staff directs the tours which last about one hour.

Tours visit four or five hospital departments where designated hospital personnel outline their department's functions and operations, or possibly explain some of the various health careers which are available, in addition to some of the education and training that are requirements for specific medical careers.

DOCTOR'S NOTES



■ Dr. E. N. (Nick) Akers, 60, who was formerly a resident physician at Barnes Hospital's maternity section and a graduate of the Washington University School of Medicine, retired recently as director of the Child Health Services Division of the Colorado Department of Health at Denver.

■ Dr. Falls B. Hershey, assistant surgeon at Barnes and president of the St. Louis County Medical Society, stated in a recent current issue of the society's bulletin that the St. Louis City and County medical societies should unite in a single federation. He said that a federated regional medical organization could work effectively to represent physicians in legislative matters and in negotiations with state and federal governmental health insurance programs. Dr. Hershey said that the formation of a single federated unit would also eliminate duplication of the societies activities.

■ Dr. Mario Werner, director of clinical chemistry in the Barnes Hospital laboratories, was a member of a panel on "Diagnostic Interpretation of Laboratory Results: Enzymatic and Biochemical" at the national conference of the American Association of Clinical Chemists in Seattle in August. Dr. Werner has published about 54 papers and book contributions on normal values, analytical methods, protein and lipoprotein metabolism, and is co-editor of the book, **Automation and Data Processing in the Clinical Laboratory.**

■ Dr. Joseph A. Bardenheier III, formerly a resident in orthopedic surgery at Barnes, recently opened his office for the practice of general and vascular surgery in Essex, Connecticut.

The UF: 'It Can Be Done' at Barnes

During this month, the annual United Fund drive is being conducted at Barnes. It is the only campaign that will take place in the hospital this year. Contributions to the United Fund from Barnes employees will be distributed among the more than 100 separate full-time health, rehabilitation, family service and youth agencies serving the entire city and county area; many of whom rely almost completely on United Fund support.

The Greater St. Louis United Fund goal is \$13.5 million, a 4% increase over the 1970 goal. According to the United Fund, the \$13.5 million represents the minimum amount needed to meet the expanding needs of the organization's member agencies. Much of the increase, however, is needed simply to keep programs of the member agencies going, in the event inflation erodes their budgets and as the rising population and continuing employment brings more demands for services.

United Fund allocations are made to member agencies on the basis of service effectiveness related to community needs. In previous years, the largest portion of campaign dollars was distributed among youth-oriented service agencies to combat such urgent problems as drug abuse, alcoholism, and school drop-outs—problems common to both suburbia and the inner city.

Barnes' quota has been set at \$61,200. The theme of this year's U.F. campaign is, "If You Don't Do It—It Won't Get Done." It represents a direct challenge to succeed. Raising the \$61,200 will not be easy. However, I believe it can be done, because Barnes employees have responded generously to past United Fund campaigns.



ROBERT E. FRANK

Robert E. Frank

Robert E. Frank
Director of Barnes Hospital



Rex Ward recently began duties as Barnes Hospital's new director of training.

Rex Ward to Direct Training at Barnes

Rex Ward, a resident of St. Louis County, has been hired by Barnes Hospital as director of training, a newly-created position at the hospital. He assumed his duties here on September 15. In his new position, Mr. Ward will be responsible for coordinating and instituting various employee training programs at all levels. This includes developing orientation programs for newly-hired employees, in addition to preparing instructional programs which explain various job procedures and techniques.

Mr. Ward will work closely with department supervisors who have large numbers of employees with patient-contact responsibilities. He will contact individually the department supervisors and together they will determine some specific program goals and objectives for the particular department involved. Once this is accomplished, formal training programs will be launched, taught either by Mr. Ward, or by the supervisors, with Mr. Ward serving as an advisor.

Prior to accepting the position at Barnes, Mr. Ward had been employed as an instructor and developer of employee training programs for a large commercial airline company. Recently, he also was a part-time instructor in economics at Monticello College.

He has a masters' degree in business administration from Southern Illinois University at Edwardsville.

Tribute-Fund Contributions

Following is a list of honorees (names in bold-face) and contributors to the Barnes Hospital Tribute Fund during August, 1971.

In Memory of

Ralph M. Appel
Mr. and Mrs. John H. Dowell

Frank Panyik
Carl O. Morris
Friends in Olin Brass Marketing

Mrs. W. B. Conlin
Mrs. Carl Bressemer

Sam Edison
Mr. and Mrs. John M. Friedman

James Varley
Mr. and Mrs. Edward J. Garlich

Tips on Avoiding 'The Silent Killer'

Winter will soon be here in full swing. It's a fun time of the year with ice-skating, skiing, parties and social get-togethers. It can be a dangerous time of the year. One hazard that is normally associated with winter and cold weather is carbon monoxide, sometimes known as "the silent killer" since it can be neither seen nor smelled.

Almost everyone knows better than to leave the car motor running in a closed garage. However, other equally important precautions which should be taken to prevent carbon monoxide poisoning are frequently ignored.

Dr. Harold Kaplan, director of the Barnes blood bank, whose research interests include the effects of carbon monoxide on the blood, warns that everyone should proceed from the assumption that there is a way for the deadly fumes to enter his car whenever the motor is running. He points out, for example, that enough carbon monoxide to make its occupant seriously ill may enter a station wagon from a rolled-down rear window.

"Even on the coldest days," Dr. Kaplan advised, "it is imprudent to drive with all the windows rolled up tightly." Even a small amount of carbon monoxide entering the car, may unknown to the driver, affect visual acuity enough to cause an accident.

Carbon monoxide causes its damage by binding itself to the hemoglobin of the red blood cells, taking up the position which should be occupied by oxygen. It is a double-barreled danger in that it also decreases the ability of the hemoglobin to release what oxygen it is still carrying to the tissues. Thus the supply of oxygen to the body is diminished and eventually cut off. Because oxygen is so vital to it, the central nervous system is the first area to be affected by oxygen starvation, and the victim's visual acuity and reaction time is impaired although he may not yet have any symptoms of being sick. In fact, he may lose consciousness and die without having realized he was inhaling carbon monoxide fumes.

A person's susceptibility to carbon monoxide poisoning varies among individuals, with children and anemic persons being more quickly overcome than healthy adults. This should be kept in mind, Dr. Kaplan emphasized, by a parent who considers



Winter is the time when motorists should be on guard against deadly, odorless carbon monoxide fumes. It is advisable to keep one's car windows rolled down slightly while the engine is running in order to keep the carbon monoxide deposits from forming.

leaving children in a parked car with the motor running to keep the car warm. "If you are going to really be gone only a short time, then the heat already trapped in the car will be enough to keep the car warm until you return, and if you are gone longer you should take into consideration that even the newest, most expensive automobile can have a tiny leak that will permit carbon monoxide to build up quickly to a level that can be fatal, or at best make small children extremely sick.

"Is it worth the chance?"

Intern Extinguishes Fire After Receiving Training

Miss Phyllis Culver, dietary intern, extinguished a fire recently in the assembly unit of the hospital's main kitchen, two days after she had received training from the hospital's safety and security department on how to operate a fire extinguisher.

The fire began as flammable material, lying close to a portable heating unit, ignited at lunchtime. Noticing the smoke, Miss Culver grabbed a carbon dioxide extinguisher and put out the fire before it did any damage. Earlier Miss Culver had received training with other dietetic interns during a lecture and demonstration session on the use of fire extinguishers that had been conducted in the hospital's courtyard, an outdoor area.

Several fires were set and extinguished in order to give the interns an opportunity to become familiar with the fire-fighting equipment. Barnes' safety and security department regularly instructs departmental personnel in the proper fire-fighting techniques and how to handle extinguishers.



Dr. Harold Kaplan, director of the Barnes blood bank: When a person inhales carbon monoxide, his central nervous system is the first area to be affected by the oxygen starvation, and the victim's visual acuity and reaction time is impaired although he may not yet have any symptoms of being sick.

New Resident Joins Administrative Staff

A resident student in hospital administration, Harvey Yorke, has joined the Barnes staff for a nine-month resident training program. Mr. Yorke, who is enrolled in the graduate program in health care administration at the Washington University School of Medicine, is working toward a masters' degree in health administration.

Mr. Yorke, who has completed a year of academic study in the training program, will be located in the Director's Office at Barnes where he will be working on various duties and tasks for the hospital. Mr. Yorke said that in order to satisfy requirements for his masters' degree, he probably will conduct a survey of the hospital's personnel department and then prepare a thesis, based on statistical data, which would be a valuable measuring tool for hiring new employees.

Mr. Yorke received his bachelor of science degree in business administration in 1969 from the University of Missouri. Mr. Yorke and his wife, Sharon, live in St. Ann.

New Service

(Continued from page 1)

tion. It clears the emergency room so that a true emergency patient receives the fastest care possible. It gives the patient who is not an emergency better service because this person does not have to wait while someone more critically ill is treated."

And, though cost is a major plus for the patient, the greatest benefit is that it is a source of care for a person who is too sick to wait until morning, or who is unable to leave a job during working hours to seek treatment.

The concept of evening ambulatory service is new in St. Louis. Initiated with a \$3,000 grant from the Lang Foundation, it has proved to be a valid method of meeting an important community need.



The Nearly New has a new logo design (above) which is characteristic of the shop's new modern look and boutique style. The logo was developed from the shop's mannequin, Miss Nearly New, who greets visitors to the shop. The new logo appears on wall signs and other items for distribution.



8 Complete Anesthesia Training

Eight recent graduates of Barnes Hospital's two-year anesthesia course and their education instructor, Miss Louise Grove (fourth from the right), review the principles of external closed-chest massage with "Anatomic Anne," a model, during a recent classroom session. The new graduates are, left to right: Anita Johnson, Carole Smith, Germaine Rheume, Loma Alston, Kerry Mowrey, (Miss Grove), Teresa Lane, Jeannette Poplar, Angelina Hagen.

Wearing One's Name-Tag is Helpful to Others



Barnes Hospital's safety and security department needs a helping hand. They have requested that all of the hospital's employees should start wearing their name-tags while on duty, such as these two employees, Miss Jeanne Knoll, right, and Miss Mary Mathis, both electrocardiogram technicians in the heart station, are doing. Since certain areas of Barnes—the pharmacy, the employe cafeteria, the recovery room, to name a few—are restricted to only authorized hospital personnel, embarrassing situations occasionally occur when an employe neglects to wear his name-tag for some reason. The wearing of employe name-tags makes it much easier for the hospital's safety and security forces to determine if a person is employed here.



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