United Fund Drive To Be Held During October

The 1967 United Fund Campaign Drive at Jewish Hospital has been scheduled for October 9-23. The goal of the Hospital this year is $13,018, based on a fair payroll deduction system. The city-wide goal is $11,200,000.

Boris Axelson, director of Food Services, has been appointed chairman of the 1967 Fund Drive. The campaign slogan this year is, "Hope Is In Your Hands." At the Hospital, reminders in the form of small cards with two ducks flying "United for the Fund" were distributed to employees.

During the two weeks from October 9-23, employees will be invited by their team captains to have coffee and view the United Fund film, "The Hour Has Seven Days.

The film illustrates examples of the nearly 500,000 persons in St. Louis, St. Louis County and St. Charles County who are served each year by the United Fund.

In 1966, Jewish Hospital received $245,500 from the United Fund to help care for indigent patients of all races and creeds.

This year, the number of agencies has increased to 119, including:

- The Lutheran Altenheim Society and Mental Health Association.
- The funds are used to support young and old; handicapped and invalids; victims of fires and disasters; armed forces personnel, and lost and confused travelers.
- In 1955, St. Louisans, critical of a multiplicity of drives and appeals which confused donors and over-taxed volunteers, instituted one inclusive United Fund.
- The single aspect of community responsibility immediately reduced expense and increased fund-raising efficiency while permitting optimum use of time and energy of volunteers.
- In its 13-year history the United Fund has provided its member agencies with $110,002,- 50.
- These funds, as well as those to be raised in the 1967-68 campaign, are allocated to member agencies on the basis of carefully appraised community-wide needs.

The allocation process is the responsibility of a 120-member agency called the Agency Relations Committee. The Committee is staffed by businessmen, professional and labor leaders in the city.

Electronic Data Processing
Steps up to New Computer

The Jewish Hospital has announced plans to increase its data processing capabilities through the installation of an IBM 1401 computer.

Vernon Spradling, director of Electronic Data Processing, said "The new 1401 will be ready on or about November 1, 1967."

The smaller 1400 computer, in use at the Hospital for the past two years, has been operating the equivalent of two full shifts a week.

The new computer will provide a substantial gain in processing speed. For example, time cards and time sheets which require thirty minutes to run on the 1400, will take only six minutes on the 1401; payroll checks on the 1400 take approximately 45 minutes and on the 1401, only 10 minutes.

Improved Controls

The larger storage capability of the 1401 will allow improved error controls to be instituted in the programs. Mr. Spradling reported that the Hospital has approximately 90 different programs in use. These have already been converted from the 1400 to the 1401 format.

About one-third of the Hospital programs are for uses outside the business office.

Medical Records makes use of the computer for analysis of discharges, disease and operative indexes.

Purchasing and Pharmacy have a central inventory on all items kept in stock in the storeroom and on all drugs stocked at the nursing stations. Bio-Chemistry runs quality-control checks with the computer.

New Quarters

Electronic Data Processing will move to the space now occupied by the Admitting Office; the present key-punch room will be converted to an interviewing office; the former key-punch room will be moved to the space now occupied by the General Accounting Department. Medical Records makes use of the computer for analysis of discharges, disease and operative indexes.

The head nurse for the unit is Miss Elsie Null, R.N., who took a four-week training course on surgical intensive care in September, 1967, in San Francisco, California.

Nine specially trained registered nurses are planned for the unit. They will be assisted by four practical nurses, two nurse aides, three orderlies, and three unit secretaries.

The ratio of registered nurses to patients will be one to three. Friends and relatives of the patients in the Surgical Intensive Care Unit will use the 2-Steinberg Waiting Room. Each patient may have one visitor (immediate family) for five minutes each hour. If a patient is receiving treatment or sedation is in effect, nursing personnel will alert the family to the procedure.

Electronic Data Processing personnel will be trained in the use of the computer. The personnel will be familiar with the extensive use of the computer in the orienting the Lutheran Altenheim Society and Mental Health Association.

Surgical Intensive Care Unit Nears Completion

The new nine-bed Surgical Intensive Care Unit is scheduled to open November 1, 1967. The U-shaped unit is located immediately adjacent to the operating and recovery rooms where doctors, anesthesiologists, and nurses are available in any emergency.

The patient rooms are on the perimeter of the U-shape. The nurses' station is in the center, allowing personnel to see into each room. The partitions between the rooms are glass from the ceiling to forty inches above the floor. As a result, the nurse can see into rooms on either side when she is standing in one of the rooms.

The new unit consists of a 2-bed room, and 7 private rooms. The capacity can be increased to 11 beds by using the two large private rooms as 2-bed rooms.

Modern Equipment

Parametron solid-state monitoring equipment manufactured by Conductron-Missouri is available for monitoring heart rate, EKG, venous and arterial blood pressure. Ultimately, the additional parameters of diastolic and systolic blood pressure will be installed.

Dr. T. Hartnett
On Full-Time Staff

Nathan M. Sizzo, M.D., director of the Department of Psychiatry has announced the appointment of Thomas Dr. Hartnett, M.D., to assistant director of the Department.

Dr. Hartnett has been acting director of the Department of Psychiatry at John Cochran Memorial Veterans Hospital in St. Louis.

He received his medical degree from the University of Ottawa, Ontario, Canada. His pre-medical studies were performed at Loyola University, Chicago, Illinois.

He served his internship at Ottawa General Hospital, and his residency at John Cochran Memorial Veterans Hospital.

He began his duties at Jewish Hospital on August 21.

Dr. Hartnett and his wife, Anna (also an M.D.,) live at 114 Trevilian, Glendale, Missouri.

Surgical Intensive Care Unit Nears Completion

Initially, four patients can be monitored. However, conduits have been installed to all the rooms for additional monitors at a later date.

Suction and oxygen equipment have been built into the wall of each room.

Trained Nurses

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International Employees Enrich Hospital

Hundreds of skilled employees make up the Jewish Hospital team. This dedicated group consists of many different nationalities. Some of these "international employees" have lived in this country more than 20 years; others have been here only a few months. Some have become citizens of the United States; others plan to return to their homelands.

Several of these employees were interviewed. The friendliness of the American people and particularly those at Jewish Hospital was stressed by everyone interviewed. Without fail, each person interviewed expressed surprise at the kindness and interest shown in them, especially when they were newcomers and needed help.

Miss Christine Reilly, receptionist in the Moses Shoenberg Nurses Residence, traveled to this country from Ireland by the S.S. America in 1952. "I really recall being separated from the East coast, "I was so afraid of missing St. Louis that everyone somebody would start to get off the train . . . I'd gather up my bags too. Time and time again I'd ask the conductor 'Is this St. Louis?'. Finally, in exasperation, he said, 'Lady, please have a seat. I'll tell you when we get to St. Louis.'" Miss Reilly became a United States citizen in 1957.

Mr. Sallie Roes, clerk in accounting, arrived in the country from Haiti in 1941. His first impression of this country was the aroma of food. Even though the country smelled like food, he had his greatest difficulty in adjusting to the food. In Haiti, the word "food" is highly seasoned. He has developed some favorites since coming to our shores. He likes steaks and fried chicken very much.

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Mr. Rozes became a United States citizen in 1957. He was employed by Jewish Hospital in 1959.

Mrs. Tina Ura left Southampton, England, in 1946 to come to this country to marry an American serviceman. Having just completed a visit to her home country in August, Mrs. Ura had a renewed basis for comparison. She said, "England is still old world . . . this is the new world. I really believe that in the United States the sky is bluer and the sun brighter . . . this country is truly vast.

I feel that Jewish Hospital is much more progressive. The doctor-patient relationship is also better in this country. The patient's condition is more thoroughly explained to him by his doctor in England. "I think U. S. doctors are more friendly and relaxed."

Mrs. Ura, an occupational therapist assistant, has been a United States citizen since 1957.

Mr. Jean B. Cinesas, medical technologist in the Bio-Chemistry Laboratories, was born in Cap-Haitien, Haiti. He came to this country in 1932 when encouraged by his cousin who was an intern at a St. Louis hospital.

His first impression of this country was the aroma of food. Even though the country smelled like food, he had his greatest difficulty in adjusting to the food. In Haiti, the word "food" is highly seasoned. He has developed some favorites since coming to our shores. He likes steaks and fried chicken very much.

Mr. Windfred Meehan, R.N., a staff nurse in the Department of Nursing, came to the United States in 1959 to join her fiancé whom she had met in London.

Mrs. Meehan is impressed with the great educational opportunities available in this country. Mrs. Meehan received her nurse's training in England. The student nurses there work a 12-hour shift as opposed to the 8-hour shift at Jewish Hospital. "Of course, we did have a half-hour break every two hours, and . . ."

Mrs. Genoveva Woehlke, operating room technician, came to this country to study vascular and neuro surgery. She was planning to return to her home country of Argentina after completing her studies.

Instead, she married a student she met at a Flushing, New York hospital. He is now studying hospital administration at Washington University. Mrs. Woehlke is an only child whose father owns a business in Buenos Aires. She has attended a political party, and economical instability as her home country's greatest problems.

She likes this country. "I like the way people live here. At home (Argentina), you are either rich or poor . . . this is not good. I love this country as if it were my own."

Mrs. Woehlke hopes to become a citizen of the United States.
In the past 40 years, amusing changes have taken place in the Department of Pathology and Laboratory Medicine at Jewish Hospital.

When the present hospital was opened in the spring of 1926, the Board of Directors filled an uncharacteristically forward-thinking role by planning a laboratory which would soon become one of the leading laboratories in the country. The strategy was to set the foundation for growth and expansion, ensuring that the laboratory would not only meet the current demands of medical care but also be prepared for future advancements. This foresight was crucial in setting a benchmark for excellence and innovation in the field of clinical laboratories.

In 1967, the laboratory stood at a significant milestone, marking 40 years of service. During this period, the laboratory had undergone numerous changes, reflecting the rapid advancements in medical science and technology. The laboratory had grown from a modest facility to a state-of-the-art institution, equipped with the latest equipment and staffed by highly skilled professionals. The growth was not only in size but also in the breadth of services offered, with a focus on providing accurate and timely results to support patient care.

The laboratory's history is a testament to the dedication of its staff and the commitment of the hospital to offering the best possible care to its patients. Over the years, the laboratory has been recognized for its excellence, earning national and international acclaim. This recognition is a reflection of the hard work, expertise, and innovation of the laboratory's teams, who have consistently strived to improve patient care through the power of clinical laboratories.

The laboratory's success is not just about the equipment and technology; it is also about the people behind the scenes. The laboratory staff, including pathologists, technicians, and administrators, have played a crucial role in driving innovation and excellence. Their dedication and commitment to patient care have been instrumental in shaping the laboratory into the institution it is today.

In the future, the laboratory will continue to evolve, embracing new technologies and methodologies to further improve diagnostic accuracy and patient outcomes. The laboratory's history is a reminder of the importance of continuous learning and adaptation, ensuring that it remains at the forefront of clinical laboratory science.

To be a referee

As an indication of the high regard in which Dr. Frankel's work is held, one of the well-known commercial firms, a leading producer of control sera, has asked the Laboratory Directors to act as a referee in assigning official values to the lyophilized controls.

Dr. Frankel remarked, "This is actually a great compliment. To be selected as an 'expert laboratory' by one of the top firms in the country is no small honor."

"Representative samples of the product will be sent to us and a few other referee laboratories in the country. We will assay these samples and submit our data which will then be used in assigning official values to the controls."

"The Hospital has decided to participate as a referee for two reasons: Most laboratories in the nation depend completely upon these controls to validate their results; good controls are essential to all of us. Secondly, in the evaluation of these controls in our own Laboratory, we are obligated to insure that our own procedures are accurate and valid. This will help us in maintaining superior quality."
EKG Monitoring - A Vital Heart Station Service

By Barbara Koerner

When a doctor needs an electrocardiogram on a patient, all he has to do is call the Heart Station, and he will have that EKG in a matter of minutes. An electrocardiogram is a graphic record of the electrical potential differences of the heart taken from the body surfaces. It is used in the diagnosis and treatment of patients with heart disease.

The Heart Station, located on the ground floor near the emergency entrance, has been an important part of Jewish Hospital for 40 years. When the call for an EKG is received, one of the girls in the department wheels her EKG machine to the patient's room. The first step is for the nurse to record the patient's name and where she came from. The nurse is assigned to stay with the patient until the EKG is finished.

The EKG is read by the intern of the resident on duty that day. The next day, it is given an official reading by the doctors connected with the Jewish Hospital: Dr. Maxie, M.D.; Herbert B. Zimmerman, M.D.; Sidney L. Cook, M.D.; and Mordecai B. Brown, M.D. This official reading is typed up and one record goes into the patient's file, while the other remains at the Heart Station for 10 years. When the call for an emergency EKG comes into the Hospital, the Heart Station is the first to be notified. The boys and girls have worked on these machines for 40 years. When the call for an emergency EKG comes in, the nurse has to do just one thing: get the machine to the patient. She has to be prompt and positive. The man who is not going to do it is definitely not going to do it.

The EKG is read by the intern of the resident on duty that day, and the record is typed up and one record goes into the patient's file, while the other remains at the Heart Station for 10 years. When the call for an emergency EKG comes into the Hospital, the Heart Station is the first to be notified. The boys and girls have worked on these machines for 40 years. When the call for an emergency EKG comes in, the nurse has to do just one thing: get the machine to the patient. She has to be prompt and positive.

The machines are easy to operate, said Miss Agnew. The trick is knowing how to work with the patients. They are usually nervous or apprehensive, and our job is to take the EKG quickly, while comforting the patient.

These girls with their mobile machines perform a vital service for the patient and doctor. The traffic problem alone involves taking 30 or more patients to the small Heart Station on the ground floor, and from one to six basal metabolism tests per month. Miss Peter supervises the Heart Station and the electroencephalography station as well.

Nurse Refresher Course Offered

The Department of Nursing has established a nursing refresher course to enable inactive registered nurses to return to the profession. This will be the first time in several years that such a course has been offered. Scheduled to begin October 3, the nursing refresher course will be taught by the In-Service Education Group of Nursing Services under the supervision of Ralph Hoekerc. He has established a program which will last 8 hours a day, 5 days a week for 6 weeks, and will include review classes and practice in supervising nursing areas.

It will begin with an orientation to modern hospital nursing service, and will include a review of basic nurses' skills and disease conditions with emphasis on psychiatric implications of patient care. Stress will be placed on advanced procedures such as cardiac monitoring, circulatory bed care and rotating tonometers. Time will be spent in reviewing medications, particularly the new drugs on the market, and on the new concepts of teams nursing and ward management.

The course is open to any inactive R.N. who is interested in gaining confidence to return to nursing. The program is being funded by a grant made available through the Missouri Hospital Association.

Teen-age Volunteers Honored at Luncheon

More than 100 Candy Strippers and Teens-Aiders (boys) were honored at an awards luncheon held on August 31, at the Moses Sheen Memorial Nurses Residence Auditorium.

Merit certificates were presented to each of the group, and a pink bar for each 20 hours of service at the Hospital was awarded to more than 50 persons. The young volunteers gave service throughout the Hospital — in the Admitting Department, Business Office, Long-Term Care, research nursing divisions, and in the Auxiliary Coffee Shop and Clover Garden.

MRS. WALTER G. STERN, (left) co-chairman of the volunteer committee for the Auxiliary, pours punch for four of the top awardees at the Candy Strippers Luncheon, with Mrs. M. Deane Helen Wise, Eugene Woods, Myrna Fergusson, and Susan Hinderleider.

MRS. ETHEL KELLEY, senior technician, observes an EKG tracing of a co-worker, Miss Faye Boyd, during a demonstration of the equipment. The nine technicians in the Heart Station average about 50 such EKGs per day.

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The most important aspect of a hospital blood bank is that it keep an adequate supply of blood on hand. That is why we would rather have patients replace the blood they use than to have to change them for it," said Dr. Herbert Silver, acting director of the Jewish Hospital Blood Bank. Dr. Silver estimates that it would cost the hospital $100,000 a year to keep some 85 units of different types of blood on hand at all times. Under the replacement program, when a patient uses blood, he can have his friends and relatives replace what he has used on a 2-to-1 basis for the first three units, and on a 1-to-1 basis after that. For example, if a patient uses four units of blood, he must replace seven. If he cannot replace all that he has used, theBlood Bank goes to professional donors or the Red Cross to replenish the supply so that fresh blood is available for other patients. This in turn increases the overall unit cost of blood. However, the Blood Bank has supplied 2,000 units of blood since its opening.

The main function of the Blood Bank is to supply the hospitals with blood products, quickly and efficiently. The greatest demand for blood comes from the Departments of Medicine, Surgery and Obstetrics-Gynecology. Sometimes blood products rather than whole blood are needed for a patient. For example, a hemophiliac or "bleeder" may need only the clotting factors from the blood, not the whole blood. So, for the hemophiliac patient, the Blood Bank supplies fresh plasma or obtains a special blood component concentrate called AHF from the American Red Cross. The Blood Bank is also the source of blood for the hospitals. A hemophiliac or "bleeder" may need only the clotting factors from the blood, not the whole blood. So, for the hemophiliac patient, the Blood Bank supplies fresh plasma or obtains a special blood component concentrate called AHF from the American Red Cross. The Blood Bank is also the source of blood for the hospitals.

When blood is needed, an estimate of the amount is made. This depends on the type of operation or procedure. The request is sent to the Blood Bank along with a sample of the patient's blood. At the Blood Bank, a technician cross-matches the patient's blood with a sample of the donor's blood. If the two samples are made compatible (i.e., are compatible), a hemophiliac or "bleeder" may need only the clotting factors from the blood, not the whole blood. So, for the hemophiliac patient, the Blood Bank supplies fresh plasma or obtains a special blood component concentrate called AHF from the American Red Cross. The Blood Bank is also the source of blood for the hospitals.

Quick, reliable communications are essential for efficient operation . . . large or small. Good communications are particularly important in the Blood Bank. To keep pace with the growing complexity of the Hospital, a new high-speed telephone switchboard was installed last spring. This summer, miniature short-wave radio receivers were issued to all House Staff members and key personnel.

The capacity of the Print Shop has been modernized. The efficiency of the Print Shop has been multiplied with the addition of a Brunning Electrostatic Copier and an additional offset printing press. This combination of equipment will replace the ditto machine and the mimeograph. The Brunning copier can make quick masters for the offset press from original copy typed on regular typewriter bond paper. No special masters are needed as required by both the mimeograph and ditto machine.

The new offset press will be an automatic Multilith machine. It uses the same inks and supplies as the older Multilith.

Shape, location control and if the bag has not been violated in any way. The operating room unit has a refrigerating unit in which to store the blood at proper temperature until it is used. This refrigerator is constantly monitored and has an alarm system to insure that the temperature always remains within a narrow, acceptable range. If blood is requisitioned for an area where there is no refrigerating equipment, such as a medical or surgical floor, it cannot be returned unless it is done within a half-hour.

Storage of Blood

In the Blood Bank, the blood is stored in plastic packs containing a preservative. It is refrigerated at 4°C. The capacity of the Blood Bank, however, may be increased in the future by the use of a blood bank in which bloods containing rare factors can be stored. The Blood Bank has supplied 2,000 units of blood since its opening.

The Blood Bank has not, as yet, instituted the new process of freezing blood for storage since the blood demanded in a hospital of this size does not warrant the high equipment costs involved. However, in the future, the freezing and storing of blood may make the Blood Bank's problem easier to handle.

Blood will be stored longer than the present three weeks and will then be available during periods when donation and replacement is not adequate to supply the needs for those periods such as the summer months and the Holiday season.

The blood stored in the Bank is used for the needs of the average patient. Occasionally, a patient's blood contains a rare factor which leads to difficulty in cross-matching. When this is the case and a need for blood arises, the AABB of the American Association of Blood Banks in Chicago is contacted. They have a file of donors whose blood contains this rare factor. Blood is obtained from these donors and then flown to St. Louis for use here. The AABB also has a blood bank in which bloods containing rare factors are frozen and stored for future use. One patient at Jewish Hospital who has a rare factor in her blood now makes four deposits each year to the bank in Chicago. In this way she can be sure that blood will be available for her if an emergency need arises. The blood will be held on deposit (frozen) for her for one year.

Besides Dr. Silver, the Blood Bank is staffed by three daytime technicians and two night technicians who type and cross-match the blood. The secretary performs the vital job of explaining the replacement program to patients. She sends follow-up letters to discharged patients requesting replacement blood, if it has not already been replaced. The Blood Bank is staffed by two trained technicians who make the blood donation a rapid and painless experience.

By Barbara Knobler

The new offset press is an automatic Multilith machine. It uses the same inks and supplies as the older Multilith. The Bruning copier can make quick masters for the offset press from original copy typed on regular typewriter bond paper. No special masters are needed as required by both the mimeograph and ditto machine.

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High Holiday Schedule

Services for the High Holy Days will be held at the Jewish Hospital of St. Louis on Wednesday, October 4, with Rosh Hashanah Eve.

Rabbi Lawrence Siegel, the Jewish Federation Community Chaplain, will officiate at the chapel on the first floor of the Hospital.

Rosh Hashanah Eve (New Year) will be held at 10:30 a.m. on Thursday, October 5 and Friday, October 6. Shavuot services will be held at 10:30 a.m. on Saturday, October 7.

At 6:00 p.m., Friday, October 13, the kiddush will be held for Yom Kippur (Day of Atonement). Yom Kippur services will be held at 10:30 a.m. on October 14, and Yizkor Memorial Services will be held at 4:00 p.m. on the same day.
Home Care Training Center Compiles Health Data Care

The Training Center for Home Care and Other Out-of-Hospital Health Services recently conducted a survey on the functions of an Advisory Committee in a Home Health Agency. The findings of this survey are useful for any organization which has an Advisory Committee.

The survey was initiated in response to many requests for information on organizing and obtaining results from such Committees. Establishing an Advisory Committee is one prerequisite for certification as a Home Health Agency under Medicare legislation. Questionnaires were sent to certified Home Health Agencies in 10 Midwestern States including Indiana, Illinois, Wisconsin, Minnesota, Missouri, Arkansas, Iowa, Kansas, Oklahoma and Nebraska. Of 274 questionnaires sent, 200 agencies have responded.

Only 83 agencies surveyed had advisory committees before Medicare went into effect. Of the 117 advisory committees organized after Medicare, 46 have been organized in name only and as yet have not functioned, as compared to 8 non-functioning committees in agencies that have been in operation for more than one year. The survey showed that in agencies both old and new the Advisory Committee was unsuccessful when not given definite responsibility and firm direction.

Most Advisory Committees have found that having some members of agency staff on the committee stimulate communications between agency and community. Of the agencies surveyed, 119 had agency staff members on the Advisory Committee, 81 were without agency representation.

This survey clearly indicated that these Committees have unlimited potential value. It remains up to each agency how they utilize their advisory committee. A group which, as its name implies, is designed to offer consultation.

Auxiliary Plans Fall Meeting

The annual fall meeting of the Jewish Hospital Auxiliary will be held at 1:00 p.m., October 25th at Westwood Country Club.

Dr. William H. Masters, director of the Research Department, Research Foundation, and Mrs. Virginia E. Johnson, research assistant, will be guest speakers. They are co-authors of the book, Human Sexual Response.

Joseph F. Rasmussen, president of the Hospital Board of Directors, and David A. Gee, executive director, will greet the Auxiliary members.

Mrs. Stanley M. Cohen, president of the Auxiliary, will preside at the meeting. Mrs. Donald Quicksilver is program chairman.

Volunteers will be honored for the number of hours of service they have given to the Hospital. Auxiliary members as well as Auxiliary members are urged to make their reservations early for this annual Fall meeting.

Ruth Fenlon, R.N.; Infections Officer

Miss Ruth Fenlon, R.N., has been named Infections Control Officer at Jewish Hospital. Miss Fenlon will be responsible for conducting routine surveillance checks of all Hospital areas to make certain that proper procedures are being followed. She will also accumulate statistics pertaining to the incidence of Hospital acquired infections.

Miss Fenlon is formerly of Marinette, Wisconsin. She graduated from St. Mary's Hospital School of Nursing in Milwaukee, Wisconsin, and earned her B.S. degree in nursing at St. Louis University.

She served as a public health nurse in Milwaukee, Wisconsin, and Baltimore, Maryland; and was a head nurse at Johns Hopkins University Hospital in Baltimore, Maryland.

She worked for two years as a social worker, and most recently, was on the nursing staff at St. Mary's Hospital in St. Louis. She presently has a commission with the United States Army Nurse Corps Reserve.

Norman Matulef Addresses Group

Dr. Norman J. Matulef, staff clinical psychologist in the Department of Psychiatry at Jewish Hospital, delivered the keynote address, "A Challenge to the American Psychological Association," at the first annual students-faculty dialogue held September 2, at the 75th annual convention of the American Psychological Association in Washington, D. C.

Dr. Matulef is chairman of the national committee on graduate education in psychology, the group sponsoring the dialogue.

The Department of Psychiatry at the Hospital is currently investigating several of the new training approaches for psychology interns. They will presently announce plans for an advanced training program in clinical psychology for graduate students.

Graduate Course Held at Hospital

Twenty-four graduate students from the Washington University School of Medicine Department of Hospital Administration will receive clinical instruction at the Hospital during the 1967-68 academic year.

David A. Gee, executive director of the Hospital and assistant professor for the Department of Hospital Administration, will conduct a three hour credit course in Medical Staff Organization.

Jewish Hospital administrative department heads participated in the two week orientation period for the students, September 5-15.

The $2,600,000 Yalem Research Building adjacent to Jewish Hos- pital is not an ordinary building.

It started with a $1 million gift from Charles H. Yalem and other gifts from throughout the community, and was assisted by a National Institutes of Health grant. Modern planning toward construction of the finest research building possible has been the goal of the Hospital. Completion is scheduled for early in 1968.

A Metalworker on the Sixth Floor

A metalworker on the sixth floor of the Yalem Research Building is framed by the vertical metal bars which will cover the entire southern side of the building. The Moses Shoenberg Memorial Nurses Residence can be seen in the background to the right.

Features Essential to Progress in Yalem Research Building

A Metalworker on the Sixth Floor of the Yalem Research Building is framed by the vertical metal bars which will cover the entire southern side of the building. The Moses Shoenberg Memorial Nurses Residence can be seen in the background to the right.

Walk-in refrigeration compartments will be installed to insure maintenance of proper tempera- tures required for experiments.

Lighting in the Yalem Building has been planned to include a light level at working plane that is two to three times greater than is generally provided in offices or homes.

The plumbing system in the Yalem Research Building will permit all waste materials to be removed from research areas via pyrex (glass-like) tubing which will channel the waste material and fluids to a neutralizing vat before releasing them to the city sewer.

The amount of copper will be used in the electrical lines; twice as much plumbing; twice as much power for air-conditioning; and twice the light power for an ordinary building.

All these components blend together to make the Yalem Research Building quite an impressive place for research in the twentieth century.

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