March 12-18 designated Barnes Safety Week

The week of March 12-18 has been designated Barnes Safety Week, and several events are scheduled involving various aspects of safety.

Highlight of the week will be a safety fair on Friday, March 17, in the lobby of Queeny Tower. Booths have been developed by various departments in the hospital, including nursing divisions, and prizes will be awarded to the best demonstrations. (At the last safety fair, held several years ago, a winner was a booth prepared by the ophthalmology nursing service on the prevention of eye injuries.)

On Wednesday, March 15, six programs will be held throughout the day and night in the East Pavilion auditorium to familiarize employees with what to do in the event of a fire emergency, particularly if it occurs in a patient area. Around-the-clock programs on Thursday, March 16, will deal with emergency evacuation of patients.

Safety Week activities are a joint effort of the Barnes Hospital Safety Committee chaired by Ed Thurman, safety director, and the Nursing Safety Committee, chaired by Nancy Jones, RN in the premature nursery. The Safety Fair Committee is chaired by William Burkett, security director, and includes Gloria Metzger and Christina Sims from nursing and Frank Knox, laundry director.

Obstetric advances aid high-risk mothers-to-be

A new sub-specialty has developed in the field of obstetrics: maternal and fetal medicine. Prenatal care for the high-risk patient now extends to monitoring and treating her diseases and health problems as well as the baby’s progress before birth.

Dr. Fernando Arias is one of four doctors at Barnes who specialize in maternal and fetal medicine. “We devote almost all our time to high-risk patients,” Dr. Arias said. “Women who five to ten years ago were beyond the possibility of carrying a pregnancy to term can now have babies.”

The large majority of pregnancies termed high risk are in women with hypertension or diabetes. Sickle cell, renal and cardiac diseases also cause severe risks to the pregnant woman, although those diseases are less common.

Hypertension (high blood pressure) is an extremely serious problem for mother and baby. Dr. Arias said, and it is important that the pregnant woman with hypertension have medical care from the beginning of her pregnancy, although severe hypertension may not appear until later. One of the dangers of chronic hypertension is that these patients frequently develop toxemia of pregnancy, a condition that affects four to seven percent of patients who are pregnant for the first time and from 25 to 30 percent of pregnant patients with chronic hypertension.

Toxemia is a multi-system disease that affects the mother’s brain, liver, kidney and coagulation functions as well as the baby. In its most critical stages, toxemia can cause convulsions and coma.

The toxemic woman is usually pregnant for the first time. Her blood pressure is in the normal range prior to pregnancy and during the first few months. Many of the toxemic and hypertensive patients seen at Barnes are referrals from southern Illinois, through an Illinois state program that gives financial assistance to high-risk patients.

Care for the hypertensive, potentially toxemic patient includes regular monitoring of her body’s functions, such as blood pressure and urine, and careful investigation of the baby’s growth. Ultrasonic examinations are performed to detect fetal growth abnormalities, and biochemical tests measure certain hormones that serve as an index of fetal well-being. During the last weeks of gestation, electronic monitoring of the fetus can warn the physician of developing problems, and examination of the amniotic fluid can determine the maturity of the baby’s lungs.

“We understand better now what is happening in the high-risk pregnant woman,” Dr. Arias said. “We have a much more profound understanding of the changes in her body.” Dr. Arias said tremendous advances have been made especially in the treatment of the pregnant diabetic.

Because diabetes is more difficult to control during pregnancy, Dr. Arias said the diabetic patient (Continued on page 2)
High-risk pregnancies

(Continued from page 1)

should see the physician once a week from the beginning of her pregnancy. Ultrasound and immunoassay tests keep track of the baby’s progress, and blood sugar tests are performed on the mother weekly, daily or as often as needed to control her disease.

“The diabetic mother usually needs to be hospitalized one to three times during her pregnancy,” Dr. Arias said, “to regulate her sugar metabolism.” The diabetic mother can develop hypertension, too, a danger best avoided by bed rest. This extensive medical attention is well worthwhile, though, as Dr. Arias noted in the case of a recent patient.

“She was an advanced diabetic with retinopathy, neuropathy and nephropathy” (diseases of the retina, nervous system and kidneys). “But through rigorous medical care and careful surveillance we were able to deliver a very big, beautiful baby,” he said.

Sickle cell disease, a blood disorder, is another medical problem that requires extensive care during pregnancy. A few years ago, more than 50 percent of the sickle cell pregnancies did not make it to term because the mother’s blood could not give the baby enough oxygen. However, now the mother is treated with a chain of red blood cell transfusions, Dr. Arias said, as often as needed to bring her blood into a more normal range.

Besides transfusions, sickle cell patients require close medical attention because their weakened resistance makes them prone to infection, especially pneumonia. As with other high-risk patients, the sickle cell mother is frequently tested to determine the growth of her baby.

“The biggest high-risk pregnancy problem is prematurity,” Dr. Arias said. “The best incubator that exists in the world is the mother,” he added, “so we don’t take the baby early unless the intrauterine environment becomes hostile.” There is a high incidence (50 percent in diabetes) of prematurity. Sick babies have a hard time surviving outside the womb. A few years ago, more than 50 percent of the sickle cell pregnancies did not get to term because the mother’s blood could not give the baby enough oxygen. However, now the mother is treated with a chain of red blood cell transfusions, Dr. Arias said, as often as needed to bring her blood into a more normal range.

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Barnes' specialized care for high-risk pregnant women has earned the hospital a national reputation. Besides the direct care provided for the patients, Barnes also participates in the Illinois Perinatal Outreach Education Program. Colette Chase, Barnes nursing care advisor for obstetrics, helps plan conferences for nurses at community hospitals in southern Illinois. She also hosts visits by the Illinois nurses to Barnes and Children's Hospitals, during which the nurses see the tests, monitors and specialized care offered high-risk mothers and babies.

Barnes nursing students elected to office

Two second-year students in Barnes School of Nursing were elected to statewide offices in the Missouri Student Nurses Association at the organization's annual convention in Kansas City February 16-19.

Dan Marler was elected president and Jim Stoker was elected public relations director. Mr. Marler will be a delegate to the national convention April 27-30.

March 14 designated as hypertension day

March 14 has been designated “hypertension day” at Barnes Hospital, and facilities will be set up on the ground floor of the East Pavilion to check blood pressure readings of employees, patients or visitors to the hospital.

The project is a joint venture of the Auxiliary, education and training, and Barnes volunteers. Experienced college volunteers who work in the emergency room and members of the education and training department will take the blood pressure readings from 9 a.m. to 4:30 p.m. The Auxiliary is helping sponsor the project and will furnish hostesses and clerical assistants.

High blood pressure is sometimes referred to as the silent killer because frequently there are few or no symptoms so people don’t know they have it. Left untreated it can lead to stroke, heart attack or kidney disease; however, it can be controlled by medication. Therefore, doctors recommend that persons have their blood pressure checked yearly.

With variations allowing for age differences, 140/90 is generally considered the top range of normal for adults and 90/60 the low. The heart usually beats between 70 and 90 times a minute, each beat producing pressure in the arteries. This is called the systolic pressure and is the higher of the two numbers used to indicate blood pressure. As the heart relaxes between beats, the pressure decreases, giving the diastolic, or lower number.

When the blood doesn’t flow easily, the heart must pump harder, increasing the pressure in the arteries. This can cause the arteries to become less elastic and therefore less efficient. Because the three main organs dependent on adequate blood flow are the heart, kidneys and brain, high blood pressure can be the forerunner of heart disease, kidney failure or stroke. This can be prevented by regular blood pressure checks followed by proper treatment if the pressure is too high.

Nephrology seminar to be held in St. Louis in April

A nephrology seminar on “Alterations in Bone and Mineral Metabolism in Chronic Renal Disease” will be held at the Breckenridge Inn in Frontenac April 2-4. The program is being arranged by the Renal Division of Washington University School of Medicine for the American Heart Association. Program coordinators are Drs. Mabel Purkerson and Herschel Harter.
Obstetrics floors and nurseries enlarged

Remodeling of the fourth, fifth and sixth floors of the East Pavilion is expected to be completed early this month to provide additional beds for obstetrics patients. The construction includes an additional newborn nursery and two more nurseries.

La Frances Cockrell, associate director of nursing who has responsibility for the obstetrics/gynecology floors, pointed out that births here have increased at a rate of 10 percent each year since the East Pavilion was opened in 1972. Last year 4,053 babies were born here, the second largest number at any hospital in the state. Much of this increase is directly related to Barnes growing reputation as an outstanding high-risk pregnancy center (see story on page 1).

“We had to have more nursery space and we wanted to keep mothers on the same floor with their babies whenever possible,” Mrs. Cockrell said. In addition to the newborn nursery on the fifth floor, a second newborn nursery has been opened on the sixth floor and the premature nursery moved to larger quarters on the fourth floor.

Because one floor is no longer enough beds for obstetrics patients, space has been allocated on both the fifth and sixth floors, with overflow accommodations for ten additional beds on the fourth floor. Patients of Barnes obstetric resident teams supervised by Washington University faculty members will be housed on the sixth floor while patients of attending staff members will occupy the fifth floor.

“Since we outgrow one floor, we have tried to group patients so each doctor will have to interact with only one nursing team rather than have patients scattered over all three floors. We feel this will result in better communications and better patient care,” Dr. James Warren, obstetrician-gynecologist-in-chief, explained.

Obstetrics patients will occupy the west end of the fifth and sixth floors with gynecology patients on the east end. New nursing stations for the fifth and sixth floors with gynecology patients, space has been allocated on the east elevators on each floor.

Plants call for 29 resident obstetrics beds and a 25-bassinet nursery on the sixth floor along with 32 attending staff gynecology beds and a four-bed ICU for resident or attending staff. The fifth floor will have 40 obstetrics beds for the attending staff plus a 40-bassinet nursery and 18 gynecology beds. The fourth floor will be an overflow floor for various services, including orthopedic, plastic and general surgery as well as ten obstetrics beds, 18 gynecology beds and a 22-bassinet premature nursery.

West Pavilion progresses despite severe weather

Persistent snow and icy winds throughout January and February slowed, but did not stop, construction of the West Pavilion.

“Project manager Gary Frossard of McCarthy Brothers. But, he added, when cold winds sent the chill factor well below zero some work days were lost. “We should be able to make up those days, though, and keep the construction on schedule.”

The foundation for the building has been completed and the ground floor structural slab, formed from concrete and reinforcing steel, is expected to be finished soon.

In connection with the West Pavilion project, four floors are to be added to the East Pavilion. The cold weather delayed the concrete pouring and blankets and heaters had to be used to help the concrete set.

Annual gridiron dinner to benefit Barnard

"New Farces of 1978," the annual gridiron dinner show of the Advertising Women of St. Louis to benefit Barnard Hospital, will be held Wednesday, April 12, at the Chase-Park Plaza Hotel.

The fund-raising, invitation-only, satire event is being held to raise money for cancer research. Proceeds of the dinner will be used to purchase a computer system used in clinical nuclear medicine for cancer detection and research at Barnard.

Since 1945, the club has donated more than $384,000 to Barnard for research and to purchase equipment. The event, which started in 1935, is said to be the only continuous women’s gridiron dinner in the country. About 1,000 “Mortal” guests of the benefit will pay $40 to attend. “Angels” will pay $125 each to be subjects of heckling. “Devil’s Advocates” will pay $100 not to attend.

Photo display honors board of directors

A photo display honoring the members of Barnes board of directors, past and present, has been installed in the Barnes corridor as a tribute to the men who have guided the hospital since its construction was provided for in the will of Robert A. Barnes in 1892.

Mr. Barnes himself named the first trustees (the designation “director” dates from 1973) in his will. They were Smith P. Galt, Richard M. Scruggs and Samuel M. Kennard. Samuel Cupples had been named a trustee in the first draft of the will but declined because of ill health. In 1905, however, upon the death of Mr. Scruggs, Mr. Cupples had apparently regained his health and was appointed trustee.

A three-member board guided the hospital until 1944, when the membership was enlarged to seven. Subsequent rapid growth of the hospital necessitated further enlargement to the present number of 16.

The display includes photos in sepia-tone of all nine chairmen and 33 directors who have served the hospital. Much research was necessary to obtain some of the rarer photos, but they were ultimately discovered in the hospital archives, libraries, newspaper files and the Missouri Historical Society. Space has been provided to update the display as new directors are appointed in future years.

Robert E. Frank, Barnes president, said that for some time the hospital had wanted an appropriate way to recognize the men who have been responsible for building Barnes Hospital into the outstanding medical center it is today. “We felt a good way to do this was to collect the photos of each of these men and display them permanently for both visitors and employees to see. The display complements the History Wall, which graphically shows the physical growth of Barnes Hospital.”

The display was presented to Barnes board of directors by Mr. Frank at their January meeting, then installed in the Barnes corridor just south of the History Wall.
Food may be...


As a matter of fact, the American people have had so much wonderful, rich food over the years that many people are suffering from their diets—and not the weight-reduction kind of diet. Affluent diets have brought on a major health problem, overnutrition.

Experts estimate that one in every four men over 30 are obese. Obese means they weigh at least 20 percent more than their desirable weight. It looks worse for women: 40 percent of American women are obese by the time they reach 40 years.

Overnutrition has also been blamed for contributing to six of the ten leading causes of death in the United States: heart disease, cancer, cerebrovascular disease (stroke), diabetes, arteriosclerosis (hardening of arteries) and cirrhosis of the liver. Scientists, nutritionists and physicians recognize that overly generous, inadequate or imbalanced nutrient intakes are hazardous to the health and longevity of the human population.

So, food is hazardous to your health! Not food itself, actually, but the combinations in which we are prone to eat it. Our imbalanced diets have even caught the attention of Congress, which formed the Senate Select Committee on Nutrition and Human Needs. The committee collected information from health and nutrition experts in its investigation of the connection between health and diet. A result of the investigation was a document, “Dietary Goals for the United States.”

The committee's list of goals has caused debate and controversy among some nutrition and health professionals who feel the health problems dealt with by the goals are too complex to incriminate a single factor, diet, as the villain. Even the experts don't know the exact role nutrition plays in these health problems. But, the incidence of the health problems may have a greater chance of being diminished by controlling several factors, including diet.

The six goals proposed by the committee, and how they translate into everyday meat and potatoes, are:

1. Increase carbohydrate consumption to account for 55 to 60 percent of caloric intake. In the early 1900's, approximately 40 percent of total caloric intake in the U.S. came from complex carbohydrates. But during the last 50 years, Americans have been eating fewer complex carbohydrates (fruits, vegetables and grain products) and have been substituting fats and sugars.

A diet that contains more fruits, vegetables and whole grains may reduce the risk of heart disease. Whole grains provide fiber that has been connected with a decrease in the incidence of bowel cancer and other diseases, primarily those of the intestine. And fruits, vegetables and whole grains are also excellent sources of important vitamins and minerals.

2. Reduce overall fat consumption from approximately 40 to 50 percent of caloric intake. According to the Agricultural Research Service, in the last seven years meat has provided the largest increase in fat in American diets, followed by salad and cooking oils and then by shortening. Foods high in fats should be balanced with those lower in fats to reduce the total fat consumption.

Here are some foods that provide more than 50 percent of their caloric count in the form of fat: cream cheese, weiners, peanuts and peanut butter, pork lunch meats, most cheese and cheese spreads, eggs, regular ground beef, salmon and tuna canned in oil, pork loin and butt, and granola. Nearly 50 percent of whole milk's calories are from fat as opposed to under 20 percent of the calories in skim milk.

3. Reduce saturated fat consumption to account for about 10 percent of the total energy intake, and balance that with polyunsaturated fat intake. The proportion of saturated fat in the American diet has declined during this century from about 40 percent to about 38 percent, primarily because of the increased use of salad and cooking oils. However, the overall fat consumption has increased.

In general, saturated fat is solid at room temperature and unsaturated fat is liquid. Foods with a high percentage of saturated fat include beef, pork, lamb and dairy products. Foods with a high percentage of polyunsaturated fats include safflower and corn oils, margarine, peanuts, walnuts, pecans, almonds, and cereals and grains.

Americans drank an average of 295 cans of soda each in 1975. Soft drinks, candies, cakes and sweetened cereals account for much of the sugar in the average diet.

Cereals and grains are among the foods with a high percentage of polyunsaturated fats.
4. Reduce cholesterol consumption to about 300 mg. a day. The average American ingests 600 mg. of cholesterol per day. The committee recommends a reduction in dietary cholesterol because there is evidence that it, as well as fats, tends to increase serum cholesterol levels. To achieve this cholesterol reduction, avoid butter, fats, eggs, shrimp and red meats.

5. Reduce sugar consumption by about 40 percent to account for about 15 percent of total caloric intake. Since 1960 soft drink consumption in the U.S. has more than doubled. In 1975 each American drank an average of 295 cans of soda, amounting to approximately 21.5 pounds of sugar. Food advertising is largely devoted to selling sweet soft drinks, high-sugar cereals, candies and cakes. The Senate committee suggested that total elimination of soft drinks from the diet, for many people, would bring at least half the recommended reduction in sugar consumption.

Another source of sugar in the diet is baked goods, especially commercially baked goods. Also, a wide range of products contain sugar, but the sugar content does not have to be stated on the label. So, the use of fresh and homemade foods would probably reduce the sugar intake in a normal diet.

6. Reduce salt consumption by about 50 to 85 percent to about 3 grams a day. Some scientists believe that excessive salt intake may lead to an increase in blood pressure, hypertension, in some individuals. Two doctors interviewed by the committee estimated that 20 percent of the U.S. population is susceptible to hypertension and up to 40 percent of older people. They recommend reduction of salt intake as an important countermeasure. Besides reducing the direct intake of salt, foods high in salt should also be avoided. They include salted or smoked meats or fish, peanut butter, bouillon, catsup and flavored salts, some cheeses, vegetables packed in brine and salty snacks.

"The dietary goals which have been proposed," said Cynthia Foster, Barnes dietitian, "have challenged us to think about the changes Americans need to make in their diets to foster healthful food practices." The public is not lacking sources of food information. Since World War II, advertising by the food industry has represented the largest expenditure for public information on diet in the U.S. However, warned Mrs. Foster, don't trust just anyone for the answer to your diet questions.

"Put your health in good hands," she said. "Ask a professional trained in nutrition to give you up-to-date knowledge and information." The Barnes Food Fair will be open to all patients and employees, and booths will be operated by dietetic interns who can answer questions about nutrition. If you are unable to attend the Food Fair and have a dietary question, Mrs. Foster said the department of dietetics, 454-3414, will be happy to give you accurate information.
Can strenuous exercise slow aging process?

There is a man who holds several world records in distance running and two other men who study him carefully—not because they aspire to match his accomplishments (that would take more than 40 years) but because they want to know how his athletic training has affected his body. The two young researchers are Dr. Jim Hagberg and Dr. Greg Heath. The world record holder is a 70-year-old athlete.

Dr. John Holloszy, Barnes preventive medicine physician, and Dr. Hagberg have a three-year grant from the American Heart Association to study the effect of strenuous exercise on aging. Drs. Hagberg and Heath also have a National Institutes of Health training grant for post-doctoral work under the sponsorship of Dr. Holloszy. Their research is in the Irene Walter Johnson Institute of Rehabilitation at the Barnes Hospital complex.

"Strenuous endurance activity seems to slow the aging process," said Dr. Hagberg, who holds his doctorate degree in exercise physiology. (Dr. Heath's doctorate is in health science.) "We are investigating that possibility by performing physiological tests on masters athletes, those 50 years and older, who are actively training in a strenuous sport such as running, race walking, cycling or swimming."

For their study, Drs. Hagberg and Heath are interested in the top masters athletes, not the Sunday afternoon joggers, they stress. They select their test prospects from respondents to an extensive questionnaire they developed that asks detailed questions about the duration and intensity of training, historical athletic background, length of continuous training and goals the prospect has in his particular sport.

"We don't have much trouble convincing these people to be tested," Dr. Hagberg said. "In the sports magazines, there are often articles on physiological testing, and these athletes are thrilled when they have a chance to participate."

Four main tests are performed on the selected athletes: maximal oxygen consumption, body fat, heart volume and pulmonary function. Maximal oxygen consumption tests measure the amount of oxygen the athlete's body utilizes during maximum stress or exercise. The more oxygen a body can use, the greater its endurance. The capacity for oxygen consumption usually decreases markedly with age, and Drs. Hagberg and Heath are determining if this is true in the case of active athletes.

Body fat is determined by measuring the skin's folds. Body fat increases with age and, again, study of the athletes will determine if fat increases to the same degree in active people. Heart volume is measured with an echocardiogram. The mass of the heart and the weight of the left ventricle are both significant as both increase with endurance training.

Pulmonary function is a two-part test that determines vital capacity (how much air the lungs can hold) and maximal voluntary ventilation (how much air can be inspired and expired in 15 seconds).

Research now available about body changes and age have compared 20-year-olds to 70-year-olds. This does not take into account the fact that most 20-year-olds are far more active than those 50 years older. Drs. Hagberg and Heath hope that by examining active masters athletes they can decipher the actual results of aging, not the combined effects of aging and inactivity.

The results of the physiological tests on the older athletes will be compared to tests on younger people with similar training regimens; people who trained extensively during their youth but have since become less active; and siblings, identical twins, with different levels of activity. So far, no women or siblings have been found for the tests, but Drs. Hagberg and Heath hope to find physically active participants in both those groups.

Dr. Hagberg and Dr. Heath are both active athletes themselves, Dr. Hagberg in cycling and Dr. Heath as a runner. They say the older athletes they see are an active, zestful group with a youthful approach to life. In a few years, the young researchers hope to know if that youthfulness extends to athletes' physiological as well as their attitudes.

Quitting smoking clinic forms two new groups

Two more quit smoking clinic groups were formed early this month, said Marilyn Moss, clinic instructor. The groups meet for two hours on Mondays and Thursdays throughout March to learn techniques that will help them cut down on or quit smoking.

Quit smoking clinics are jointly sponsored by the American Cancer Society and the American Hospital Association at ten selected hospitals throughout the nation. The clinics held at Barnes are open to employees and the public. The cost for participation is $12.

A quit smoking clinic held earlier this year resulted in one person giving up cigarettes. "Most of the others in the group cut down on their smoking considerably," Ms. Moss said. "For instance, from three packs a day to half a pack. The group also chose to begin an 'I quit' club, which meets once a week.

"I think that eventually all of them will use the techniques they learned in the clinic to quit smoking," Ms. Moss said. Anyone interested in joining a quit smoking clinic should contact Ms. Moss, education and training, 454-3861.

Three employees retire after 76 years service

Three employees were honored recently as they retired with a combined 76 years of service to Barnes Hospital. Hospital President Robert E. Frank presented certificates of appreciation to the retirees, Larry Moorman, Dorothy Proost and Lillian Mayer, commemorating their more than 15-year careers at Barnes.

Mr. Moorman was originally employed by Washington University and worked in McMillan Hospital. Fifteen years later he came to Barnes and has been working in the plant engineering department ever since. "All the buildings have been built since I've been here," Mr. Moorman said. He added that he has seen a lot of changes in the last 31 years, especially in his work, air conditioning.

As for his retirement, he said he plans to take it easy. "But I'm going to miss the fellows," he said. "They're a nice bunch of fellows." Mr. Moorman's co-workers honored him with a party the day of his retirement, January 27.

A familiar face will be missing from personnel health. Dorothy Proost, personnel health coordinator, retired January 27. She had served Barnes for 25 years. Except for two months in the eye clinic, Mrs. Proost worked in personnel health for her entire career at the hospital.

Traveling will occupy much of Mrs. Proost's retirement. She said she plans to tour Texas in the spring, and serve as a housemother at a YMCA camp in Estes Park, Col., next summer.

Junior volunteers sought for this summer

Katie Beyer, director of volunteers at Barnes, and Shirley Pfeifle, junior volunteer chairman, are visiting area junior high and high schools to inform interested students about volunteer opportunities at Barnes this summer.

Their presentation includes a slide show about Barnes and volunteer work at the hospital as well as a question and answer period to give the students an opportunity to learn about the role of junior volunteers.

Young people 14 and older may apply to be volunteers by calling 454-3446. Orientation classes will be held for all new volunteers.
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Jan. 21 to Feb. 20, 1978.

IN MEMORY OF:
Morris Serakoff
Mrs. Martin Krupin
John L. Pierson
Gary L. Bracken

IN HONOR OF:
Barnes Hospital
Richard Biggerstoler

Mrs. Mae Clasquin
Mr. & Mrs. Clint Duensing

Lillie Reitz
Robert P. Miller Family
Robert G. Giles Family

Mother of Nancy Lich
Mr. & Mrs. Chester O'Brien
Mr. & Mrs. Darrell Elam

Mrs. Bradford Shinkle
Mr. & Mrs. J. H. Bascom

Ed Siemens
Mr. & Mrs. Clint Duensing

Mrs. William H. Armstrong
Mr. & Mrs. Charles E. Cleggett
Mr. E. R. Culver, III
Mrs. E. R. Culver, Jr.

Henry C. Rechtien
Mr. & Mrs. John L. Warmbrodt
Mr. & Mrs. Robert E. Frank
Alice Marshall

Mrs. Flora Freund
Dr. Harold Scheff

Edwin M. Clark
Barnes Hospital Auxiliary
Barnes Hospital Directors 
& Administration
Easy Hill

Mrs. Mildred Stupp
Mr. & Mrs. Elliott Stein

Sarah Nicole Spitze
Mr. & Mrs. Ray W. Eberhart

Mary Goldstein
Mr. & Mrs. Burt Wenneker

Patient Care Fund
Ernest & Mildred Adams
Mr. & Mrs. Charles H. Croom
Karen England
Mr. & Mrs. C. N. Frierson
Mr. Leonard J. Carvin
Haryle Green
Willis G. Hart
Kincare Furniture Co., Inc.
Mr. Oscar C. Kunkel
Mrs. Teresa R. Leipski

Mrs. Dale Lochhead
Angelina M. Luchini
Edith C. Mueller
Mrs. Zita Norris
Mr. & Mrs. Paul A. Risser
John Santoro
Mrs. Marie D. Sturgis
Kazuko Suzuki
Mrs. John F. Lilly
Pete Tomsy
Eugene J. Walter
Mr. & Mrs. Lyle A. Franchamb

IN MEMORY OF:
Mrs. Leo Lucas
Frank H. Moss

Edwin M. Clark
W. W. Dalton
Mrs. Ralph F. Piper

Henry C. Rechtien, Sr.
Joseph T. Greco
Robert E. McAuliffe

IN HONOR OF:
Granddaughter Kathy's Birthday
Martin Wishnuff

Anna Wolters' Recovery
Mr. & Mrs. August Wolters

Doctors notes
The following are reported on staff effective January 1, 1978: Dr. Julian C. Mosley, assistant surgeon; Dr. Hector J. Rodriguez, assistant physician; Dr. Marilyn Joy Siegel, assistant radiologist; and Dr. Tessa D. Gardner, assistant pediatrician in the department of microbiology and immunology.

Annual Charitable Fund
Mrs. Vivian Barber
Mr. & Mrs. George Beller
Mrs. Ruby Borgfield
Edward H. Brandt
Mrs. R. A. Bullock
Wanda L. Cathcart
Mildred Edmonds
Paul H. Goessling
Claude Graver
Dr. & Mrs. Carl Norweller
Mrs. D. K. Rose
Mr. Louis Saiche
Walton T. Sidney
Ann Siegel
Margaret Weber
A. J. Williams, Sr.
Harry Gleditsch
Norma Hammond

Planned Gift Endowment Fund
Vincent E. Freeman
Mabel M. Westmoreland
Frieda Heer

Emergency Service Fund
DeLauris Bethel
Alice M. Brown
Ruth F. Hampshire
Paul Houston

Manufacturer's Steel Supply Endowment Fund
S. B. Flora, Jr.
Jeremy T. Johnstone
Adrian G. Poelker

Memorial Endowment Fund
Mrs. Olga Twitty's Birthday
Hosea Twitty

Dr. Marvin E. Levin

Dr. Dr. Martin E. Levin
Amy E. Webster

OTHER GIFTS:
Mrs. Elsie C. Horton
Juanita C. Stokes
Mary E. Thomas
Patricia Gillson
Mildred Goldenernber
Selena C. Preson
Harold & Margaret Hastings

Charlotte Wagner is part-time secretary in Barnes busy mail room.

Mail room handles volume increase of 10%

Last year, Barnes mail room handled enough mail to have sent every resident of Rolla, Mo., a letter every single day for the whole year. More than five million pieces of mail traveled safely through the mail room under the watchful eyes of four employees.

The mail room, on the ground floor of the East Pavilion, handles all incoming and outgoing mail for Barnes patients, hospital departments and staff physicians. Intra-hospital mail is also sorted there. The mail room has three fulltime employees and a part-time secretary.

Three times daily, the U.S. mail is delivered to Barnes. Three dispatch employees help with mail deliveries, which leave the mail room every 30 minutes.

When the transporters return with outgoing mail, the mail room prepares it for the post office. Official hospital mail is sent through a sealing and postage machine. Bulky pieces, such as patients' discharge medicine and items left behind (even false teeth), are processed and mailed.

The mail room employees must know U.S. postal regulations and decide whether the class the mail should be sent.

“Always we try to mail things the best way,” said Judy Johnson, chief mail clerk. “Sometimes when there are more than 200 identical pieces, we can mail them bulk rate instead of first class. It's more work for us, because we have to sort them by zip code, bundle and weigh them, but it saves the hospital a lot of money. The postage for bulk mail is 2 1/2 cents instead of 13 cents.”

All of the hospital's fund-raising appeals are sent out in bulk rate. In 1977, more than 175,000 fund-raising letters were processed by the mail room. "That's more than double the amount the year before," said Bobbie Lee, dispatch and mail room department head.

The pieces are bundled by zip code, weighed and enclosed in labeled mail bags. It is this extra preparation work done by the mail room that saves the hospital money.

The mail room also mails the Barnes Bulletin. Although the quantities are not as large as the fund-raising mail, the job is also difficult because of the bulky size and the extra step of applying the mailing label to the Bulletin.

Perhaps the most time-consuming job the mail room has is sorting incoming mail, especially patients' mail. The job was simplified early last year with the installation of a CRT (cathode ray tube), a television-type screen connected to a computer. The computer keeps track of all patients currently in the hospital, all patients with reservations and patients discharged within the last two years.

(Continued on page 8)
Mail room
(Continued from page 7)

The CRT has cut in half the time it previously took to route patient mail using a card file.

But even the CRT can’t help the mail room employees read handwriting. Mrs. Johnson, assistant chief Denise Kelley and mail clerk Lula Smith have become experts in handwriting analysis. They could also be winners in a “patient name spelling bee.”

“If the name isn’t spelled exactly right on the letter, the computer won’t give us the room number,” Mrs. Johnson said. “So we have to try all different combinations of letters to come up with the correct spelling. Sometimes it’s a real challenge,” she commented.

But there is a bigger challenge in the life of a mail room employee and that challenge repeats itself every July. “That’s when the house staff changes,” Mrs. Johnson said. “It seems as though we have to remember all the new doctors’ names along with the doctors who left and where they went so we can forward their mail to them for two to three months. That’s about 500 names!”

Annual food fair to highlight nutrition week

A food fair highlights the department of dietetics’ plans for National Nutrition Week, March 5-11. The fair will be held 9:30-3:00 Wednesday, March 8, on the ground floor of the East Pavilion near the elevators.

Low-calorie meals and weight reduction are among the topics to be featured during National Nutrition Week activities at Barnes March 5 to 11.

The fair will feature booths where patients, employes and visitors can learn about basic nutrition and weight reduction. Dietetics personnel will be on hand to answer questions and to distribute printed materials about nutrition.

Nutribird, the national mascot for Nutrition Week, will appear at the fair and will visit the employee cafeteria periodically throughout the week, answering questions about nutrition. Instead of international week, the cafeteria will celebrate nutrition week with low calorie food selections.

Dietetic interns plan to visit patient rooms throughout the hospital during the week, distributing nutrition information and answering questions.