New kidney center improves patient care

Advances in dialysis technology are adding more hours to the day for patients who must undergo kidney dialysis at Barnes. New machines in the Chronalloy American Kidney Center, which was recently moved to the tunnel level of the East Pavilion, require four rather than six hours for each treatment. Since most patients must be dialisized three times a week, this adds six hours of useable time to each week for them.

The new area doubles the space of the older Center located on the second floor of Barnes and provides room for expansion of services. The number of dialysis machines has been increased from 18 to 28 and the more efficient use of time permits three shifts of patients a day instead of two.

The Kidney Center was established in 1969 by a grant from Chromalloy American and its chairman, the late Joseph Friedman, and it has been supported through the years by that corporation. Jane Pelton donated money in 1974 for an addition to the unit, and the isolation unit in the new facility has been designated the Kuhn-Pelton Unit in her honor.

The Center has plans for an extensive home-dialysis area for patients who want to learn home dialysis, a more convenient and less expensive approach for certain patients. A new type of dialysis, peritoneal dialysis, as contrasted to hemodialysis, will also be available, and the Center is involved in several national projects designed to test the effectiveness of different methods of dialysis.

“Ten years ago people with total kidney failure had no hope. Today, dialysis can help them have a fairly productive life or tide them over until a kidney transplant becomes available,” said Dr. Herschel Harter, director of the Center. “We hope our work here and these new facilities will provide an even better quality of life to even more people.”

Front cover: Dr. Philip Ludbrook, medical director of the Cardiac Catheterization Unit, and Dr. Sudesh Gowda, associate director, review patient’s cineangiogram prior to reaching a final diagnosis. (See centerfold story.)

Barnes Hospital, St. Louis, Missouri, January, 1979, Volume XXXIII, Number 1

Cinderella ballet to benefit kidney center

The Chronalloy American Kidney Center at Barnes will receive all proceeds in excess of production costs from a full-length performance of Serge Prokofiev’s “Cinderella” to be staged at Kiel Opera House January 26 and 28 by the Missouri Concert Ballet.

The Friday night performance is a memorial tribute to Joseph Friedman, the late president and board chairman of Chronalloy American Corporation. A special banquet seating by private subscription of $100 per seat is available for that performance in addition to the regular ticket prices of $3.50, $5, $7 and $8.50. Mr. Friedman was instrumental in establishing the Kidney Center in 1969 with a quarter of a million dollar grant from the Chronalloy American Corporation and his own private funds.

“Cinderella” will be presented by a cast of 67 dancers and a full 52-piece orchestra led by James Sedares. The role of Cinderella will be danced by Patti Woods in the 8:15 p.m. Friday performance and by Vivienne Albers in the 2 p.m. Sunday matinee. Eight male guest artists from New York will dance other major roles. Tickets are available at Kiel and all Sears stores and telephone reservations and information may be obtained by calling 968-3770.

Second cyclotron installed here

A second biomedical cyclotron, specifically designed to produce short-lived isotopes for medical research, has been installed on the ground floor of the Barnard Hospital building, making this the first hospital in the world with two cyclotrons.

In 1964, the first cyclotron to be situated in a medical center in the United States began operation in Barnard. The second cyclotron will allow increased flexibility in isotope production and permit a greater workload of research at the medical center’s Mallinckrodt Institute of Radiology, one of the foremost research facilities dedicated to the healing arts through atomic sciences.

Dr. Michel Ter-Pogossian, director of Mallinckrodt’s division of radiation sciences, has directed the installation of both cyclotrons. He is a leader in this field and, according to Dr. Ronald Evans, radiologist-in-chief, “the ultimate objectives of Dr. Ter-Pogossian’s interdisciplinary research team are spectacular and unprecedented.”

Dr. Ter-Pogossian’s group has pioneered the combined use of selected cyclotron-produced radioactive isotopes, and positron emission tomography represents a decisive advance over current nuclear imaging systems because it allows the regional study of biochemical processes fundamental to life.

They have developed specifically for this investigation the positron emission transverse tomograph (PETT), capable of imaging the distribution of positrons in the body. This technique, which is non-invasive, allows researchers to track the flow of radioactive substances injected into the body and then measured up to 60 minutes later. It is expected to be a valuable tool in the study of disease processes and is now being applied to tumors, neurological disorders and cardiovascular disease.

PETT, a highly complex medical instrument, is not only state-of-the-art research equipment, but also a diagnostic tool. It will be particularly useful in the study of conditions where diagnosis is difficult. For example, patients with Parkinson’s disease may have no symptoms until they are in the late stages of the disease. The PETT will be able to detect small changes in cerebral blood flow that may indicate the disease. Similarly, PETT may be used to check the state of acquired immune deficiency syndrome (AIDS) patients or to follow the effects of new drugs on the disease. It will also be used to help determine the effectiveness of certain drugs for cancer and other diseases.

PETT is compatible with a standard scanner, which allows both PETT and computerized axial tomography (CAT) to be used simultaneously. This combination opens the possibility of cross-referencing the two types of imaging. For example, one may be interested in studying the location of certain tissues or tumors, which can be accomplished by PETT. The CAT scan can then be used to determine the anatomical location of the tissues, thus providing the proper orientation for PETT and leading to more precise diagnosis.

With the increased flexibility of the second cyclotron, the Mallinckrodt Institute will be able to extend its research in the experimental and clinical use of positron-emitting agents. Such research is expected to lead to a better understanding of the causes and effects of certain diseases, which will in turn lead to new treatment methods. For example, PETT has been used to study the spread of cancer and the effects of radiation treatment, and the Mallinckrodt Institute is expected to continue this work. This technology will also be used to study the effects of certain medications on tumor growth, and to determine the most effective drugs for treating certain diseases.

PETT is also expected to be beneficial in the study of neurological disorders, such as Alzheimer’s disease and Parkinson’s disease. It will be used to study the localization of certain proteins in the brain, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of cardiovascular disease, such as heart disease and stroke. It will be used to study the localization of certain proteins in the heart, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of cancer, such as breast cancer and prostate cancer. It will be used to study the localization of certain proteins in the tumor, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of infectious diseases, such as HIV/AIDS and tuberculosis. It will be used to study the localization of certain proteins in the infected tissue, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of metabolic disorders, such as diabetes and obesity. It will be used to study the localization of certain proteins in the affected tissue, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of autoimmune diseases, such as lupus and rheumatoid arthritis. It will be used to study the localization of certain proteins in the affected tissue, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of musculoskeletal disorders, such as osteoporosis and arthritis. It will be used to study the localization of certain proteins in the affected tissue, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.

PETT is also expected to be beneficial in the study of skin disorders, such as psoriasis and eczema. It will be used to study the localization of certain proteins in the affected tissue, which may be associated with these diseases. PETT will also be used to study the effects of certain medications on these proteins, and to determine the most effective drugs for treating these diseases.
Cyclotron

(continued from page 1)

bution of a positron-emitting radionuclide dis-

tributed in a living subject. The PETT IV, one

of the tomographs developed by the group, is
capable of examining vital organs of a patient,
such as the heart, lungs, liver and spleen.

Presently installed in Barnes coronary care unit
for the evaluation of heart disease, the PETT IV
makes it possible to see the blood distribution in
various sections of the heart and detect abnormal
metabolism. The patient is injected with a slightly
radioactive liquid which makes it possible to trace
the blood supply of the heart muscle. (A dimin-
ished blood supply could lead to a heart attack.)

During the scan, the positron emission from
various parts of the heart is collected by 48
moving radiation counters and transmitted to the
computer where it is recorded on magnetic tape
and appears on a TV screen. This technique re-
places other methods of heart examination which
are highly uncomfortable and carry a certain
amount of risk for the patient.

Co-directors named
for dietetics

Cynthia Foster and Alex Hajne have been named
co-directors of the Barnes' dietetics department
according to an announcement by Rich Grisham,
vice-president of the hospital.

Mr. Hajne, who has experience as a chef as well
as in managing hospital food services, will be
director of food services. Mrs. Foster will serve
as director of clinical services. She had been asso-
ciate director for dietetic intern education in the
department.

Mr. Grisham, in making the announcement, said
that food services and clinical dietetics will func-
tion as coordinated units and that Mrs. Foster
and Mr. Hajne will have both individual and
joint responsibilities in the department. "Both
Mrs. Foster and Mr. Hajne are well-qualified for
the positions. Dillon Trulove, assistant director,
will continue his administrative responsibilities
with the dietary department. We expect the food
service will continue to improve under the di-
rection of these very capable individuals," he
said.

Mrs. Foster has responsibility for clinical dieti-
tians, dietetic assistants and the outpatient nu-
trition clinic in the Wohl Clinics building. These
functions include determining nutrition essen-
tials for patients and monitoring patients' nu-
tritional care. Nutritional assessments of patients
are increasing, Mrs. Foster said.

Mrs. Foster also is responsible for the dietetic
internship at Barnes. The nine-month program,
which is recognized as one of the most respected
in the nation, has two classes of 10 students each
year. She received her bachelor's degree in di-
etics and masters degree in clinical nutrition
from the University of Kentucky.

As director of food service, Mr. Hajne will over-
see all phases of food production, including pur-
chasing, kitchen, tray assembly and delivery to
patients. He also has responsibility for the em-
ployee cafeteria, which is a major function of the
food service program at Barnes.

Mr. Hajne attended the chef's training school,
"Culinaire Art" at The Hague, Netherlands, and
has had extensive experience in hospital food
service in the Chicago area. "Everything we do
should put a little love in the patient's food," he
said. He feels that a little extra effort should al-
ways be made to brighten a patient's day and that
this can be done by making his food attractive
as well as appetizing.

Clearinghouse established
for arthritis information

An Arthritis Information Clearinghouse, de-
signed to serve as a broker for the nationwide
flow of arthritis information, has been estab-
lished by HEW's National Institute of Arthritis,
Metabolism, and Digestive Diseases (NIAMDD).
The Clearinghouse will perform bibliographic
searches of the biomedical literature on arthritis
and related musculoskeletal diseases, will pre-
pare a newsletter and will establish a library.

The Clearinghouse will help physicians, clinical
investigators, nurses, physical and occupational
therapists and other health professionals find out
what materials and programs are available for
patient, public and professional education in the
arthritis field. Inquiries should be directed to
Arthritis Information Clearinghouse, P.O. Box
34427, Bethesda, Md. 20034.

Bedridden patients
enjoy shampoos on 5200

Joyce Allen, LPN on 5200, is a good example of
a Barnes employee who cares. For the past several
years she has been giving shampoos to patients
who are confined to their beds.

"You should see the looks on their faces. It gives
me pleasure," Mrs. Allen said. "The whole thing
takes 15 minutes from set-up to finish and it costs
them nothing."

Her equipment, all of which is donated, consists
of towels, two plastic trash bags, a bucket and
shampoo. The towels and plastic bags are placed
under the patient's head so that the excess water
and shampoo run off into the bucket on the floor.

Mrs. Allen got started in the shampoo business
when a young girl was in an automobile accident
and had dried blood, dirt and broken glass in her
hair. Since the girl was in traction and couldn't
be moved, Mrs. Allen devised the simple proce-
dure to wash her hair—and has been doing
shampoos ever since.

In addition to the shampoos, which are done free
of charge for any patient on the floor, she has
also given men shaves and trimmed mustaches.
Frequently, she teaches relatives how to give
shampoos to bedridden patients so that it can be
done after the patient is released from the hos-
pital.

All of the supplies are donated—the hair dryer
from a hospital secretary, the bucket from an-
other secretary and the shampoo from a variety
of people ranging from nurses on the floor to her
hair stylist. Whenever the shampoo supply runs
low, Mrs. Allen frequently replenishes it herself.

Depending on how much time she has to spare,
Mrs. Allen does one or two shampoos a week
or sometimes one or two a night. Whenever she
is required to work on another floor, she takes
her supplies with her. "When I get pulled to
other floors I take my bag of goodies with me," she
said. Although patients frequently offer to
pay her, the shampoos are given enthusiastically
free of charge.
Food baskets brighten holidays for chronically ill

A 19-year-old mother, terminally ill with cancer, is unable to care for her two young children. She moves home with her parents, who have six other children, so her mother is forced to quit her job to take care of all of them. An elderly couple, the husband blind and the wife stricken with severe arthritis, still struggle to make it on their own financially. A woman in her mid-30’s, progressively disabled with a systemic disease with many medical complications, has four children to feed and clothe, but she is no longer able to move her legs enough even to come to the clinic for her regular visits.

For these families and others, the Christmas holidays were a little brighter because of the work of the Barnes Hospital’s department of social work and individual employees throughout the medical center. The department again this year continued its tradition of giving food baskets to families of chronically ill patients. “Christmas baskets are a very concrete way to help someone,” said Evelyn Bonander, director of social work. “I think it’s our way of sharing in Christmas.”

Just prior to the Christmas holidays social workers in the hospital submitted names of less fortunate patients to a committee consisting of Jamie Gold, Bobbi Benton, Gail Shawver and Pat McLafferty. Those in the most need were selected to receive the Christmas food baskets, and names of the families not receiving baskets were given to other agencies for possible aid.

A variety of food products, including the ingredients for a full turkey dinner, was in each basket. Cookies and candy were included if there were children in the family. “We do tailor the baskets to the individual family,” Ms. Bonander said. “If they have dietetic needs, we pay attention to that.”

Shopping for the baskets was done by members of the committee. “By doing the shopping ourselves we can get foods that are familiar to the patients and are nourishing,” said Bobbi Benton.

The money for the Christmas baskets came primarily from the social work department staff with some contributions from those on the medical staff. In addition, donations of canned goods and dry groceries came from the microbiology lab, 4400, second and third PAR and 5 Wohl. The distribution marked the fifth year that food baskets have been distributed.

“It’s a concrete way to show that we care,” said Gail Shawver. “All year we are involved in setting things up for others to help less fortunate patients. By giving the Christmas baskets, we are able to directly help these people.”

“It’s an extension of the Barnes cares—we care theme,” said Ms. Bonander.

Print shop, forms design work closely together

From storeroom forms to supply requisitions to security forms, the forms used daily at Barnes Hospital are large in number and varied in purpose and design. Although they are initiated by various hospital employees, it is actually forms design and the print shop which put them together and do the printing.

Although forms design, formerly forms control, and the print shop are different departments, they work closely together and are headed by Larry Null. “A lot of times you can combine forms and save money,” he said.

Forms design, which functions as a printing coordinator and provides consultation for layout and design work, has the purpose of controlling printing costs and clerical effort through centralized and coordinated design of printing requirements. Forms design, which has a lead vartenipst and a varitipst, handles hundreds of different types of forms including brochures for education and training, storeroom forms and jobs for Washington University.

A person who wants a form printed goes to the lead vartenipst who works with him and determines the size of the type. It is set in type and proofread. From there it goes to the print shop to be printed.

“We try to handle everything that comes in here,” Mr. Null said. Last year forms design had 2,309 requisitions, 306 of them involving copy design and 185 requiring purchase orders. Objectives of forms design are to remove forms from files, to produce a complete and up-to-date forms list from the collection of samples of all forms used, to make flow charts, to work more closely with the print shop regarding printing orders and to make it less confusing for employees to obtain pricing for their work without having to go back and forth between the two departments getting a price for one thing and adding another price for the rest of the work.

After a job is finalized in forms design, it goes to the print shop where photocopy, mimeograph and offset printing are done. Mr. Null must first determine the amount needed, the size of the paper, whether it is photo direct or metal plate, the color and if it is a card or not. All jobs are done according to the date they come in and the shop tries to have them all out by the end of the week.

“You have to figure these jobs so that people save money,” Mr. Null said.

The print shop has five full-time employees. "I think I have the most efficient crew I've ever seen because each one knows his job," Mr. Null said. In addition to printing, they drill holes in paper and stuff bills into envelopes.

The print shop prints brochures, books (such as for dietary), cards, Barnes memos, forms, supply requisitions and nursing memos. In September, 1978, the shop handled 35,000 mimeograph, 70,000 Xerox and 994,492 offset. In one month alone the shop uses close to 250,000 sheets of bond paper. The shop also prints menus for dietary; in one week, for example, they printed 6,270 black, 1,400 brown, 1,400 green, and 1,500 blue.

Mr. Null also pointed out that they service their own machines and develop their own metal plates and, in the future, hope to make their own negatives.

Dr. Evens named head of review committee

Dr. Ronald G. Evens, Barnes radiologist-in-chief, has been named chairman of the Residency Review Committee for Radiology training programs in the United States.

The committee is responsible for developing criteria and guidelines for radiology residency training programs in diagnostic radiology, radiation oncology, and for special competence in nuclear medicine, as well as evaluating individual training programs.

The committee is composed of four members of the American Board of Radiology and four members from the American Medical Association’s Committee on Medical Education, of which Dr. Evens is a member.
When Rusti Moore, Barnes Hospital director of education and training, suffered chest pain during a meeting at the hospital one morning recently, she was hospitalized, and tests were run to rule out a heart attack. Although the tests were negative, a heart murmur still suggested the possibility of a heart problem.

Like anyone else in these circumstances, Mrs. Moore, an RN, felt the importance of an exact diagnosis. The specific problem had to be pinpointed, and a determination made as to whether surgery was necessary. “Of course, I dreaded the worst” she remembers. “But the biggest fear is of the unknown. What was causing the murmur? Would I need an operation?”

The answer for Mrs. Moore, like more than 800 other patients here at Barnes Hospital, was cardiac catheterization, a procedure that can tell more accurately and comprehensively than any other technique currently available what is happening in the heart and arteries. “Catheterization is the most accurate and comprehensive diagnostic test available to determine the anatomic and functional condition of the heart, and particularly the coronary arteries—and at Barnes, is remarkably safe,” according to Dr. Philip Ludbrook, medical director of the Cardiac Catheterization Unit.

The Cardiac Catheterization Unit is located on the third floor of the Mallinckrodt Institute of Radiology and is operated jointly by the Department of Radiology and Medicine. The patient lies on a special mobile x-ray table while Dr. Ludbrook, or Dr. Siddhesh Gowda, the associate medical director of the Unit, and the team which includes a cardiology Fellow, two cardiovascular technologists, two registered nurses, one radiographic technologist, and the director of cardiovascular radiology, Dr. Robert McKnight, who also interprets the x-rays, perform the catheterization procedure. Although under moderately heavy sedation during the test, the patient is awake and able to cooperate with the catheterization personnel, particularly with regard to control of breathing. Many patients are even curious enough to observe their own heart on the x-ray television monitor.

A thin flexible plastic tube, or cardiac catheter, is passed through a vein and an artery of the groin or elbow, until its tip enters the heart. The progress of the catheter is followed on a televised fluoroscopic x-ray monitor, while the catheter is maneuvered by the cardiologist into the various chambers of the heart, or selectively into the coronary arteries, or other of the great vessels. A radiopaque contrast agent, or dye, is injected through the cardiac catheter into the heart, the coronary arteries, and the great vessels leading from the heart; the resulting x-ray images are recorded on movie film to produce a cineangiogram. Anatomic or functional defects can thus be detected and subsequently analyzed in detail. In addition to the cineangiogram, the x-ray images are recorded on video tape, providing for instant review of the entire examination.

During the procedure, the heart rhythm is constantly monitored by the electrocardiogram, while sensitive electronic equipment measures
and records the blood pressure inside the various heart chambers. Abnormal pressures may indicate, for example, a blocked or leaking valve, or may indicate abnormal function of any specific chamber of the heart. Multiple samples of blood are drawn from various sites within the heart, and their oxygen saturation measured using special equipment in the Catheterization Unit’s blood gas laboratory, located within the Cardiac Care Unit on 820. Alterations in the blood oxygen saturation may help diagnose and localize an abnormal communication, or hole, between certain heart chambers.

Like Mrs. Moore, many patients are referred for cardiac catheterization to ascertain the precise cause of chest pain, which in many instances may be attributable to obstructions, or hardening, within the coronary arteries. The procedure also provides necessary specific anatomical and functional information concerning the coronary arteries, heart valves, or chambers for the patient who is to undergo heart surgery. “At this stage of our experience, almost everyone who is to undergo open heart surgery needs cardiac catheterization to provide the cardiac surgeon the maximum information concerning the individual patient’s heart and the pertinent defect,” Dr. Ludbrook said.

Although cardiac catheterization carries a small though definite risk, Dr. Ludbrook emphasizes that its potential benefits in general far outweigh the possible dangers. “The highest risk may exist in the patient who is most sick; for example, someone who has suffered recent heart failure or even a heart attack, and whose physician considers the information that can be provided only by catheterization necessary for optimal treatment” he said. The risk may be substantially less in patients studied electively for coronary artery disease or valvular heart disease. Overall, the incidence of mortality associated with catheterization is considerably less than 1 in 1,000 procedures in this institution, substantially lower than that reported in some recent national surveys.

Dr. Ludbrook points out that the risks in a large medical center such as Barnes, where many hundreds of catheterization procedures are done each year, may be much less than in smaller, less well-equipped or staffed hospitals. He believes that this may in large measure be attributable to the experience and competence of the entire catheterization team. “We have a full complement of well-trained personnel,” Dr. Ludbrook states. Every procedure is performed and supervised by a fully trained, experienced staff cardiologist—either the medical director or the associate medical director, assisted by a trained cardiology Fellow and a team who devote most of their time to cardiac catheterization. This helps to make the procedure quicker and more efficient, and minimizes the chances of complications that may be more likely in a prolonged, less efficient procedure. In addition, the expertise exhibited by such an experienced team minimizes the chances of obtaining inadequate or incorrect information about a patient, recently described by Dr. Melvin Judkins, one of the pioneers of coronary arteriography, as a “major complication” of the test.

When a patient is referred to Barnes for cardiac catheterization by his personal physician, the patient is evaluated in full by the cardiac catheterization team, and the potential benefits of the examination weighed in comparison to the small risks of complications for each individual patient.

As might be expected, the risks are least in people with the least heart disease. Thus the population of patients who are studied electively on a purely diagnostic basis to determine the cause of chronic chest pains, may well have a much smaller risk of complications than patients with more crucial symptoms. “Hence we feel relatively comfortable performing the test in patients with chest pain, for example, solely to diagnose the presence or absence of coronary artery disease,” Dr. Ludbrook said. This indication has recently been cited briefly but succinctly by a national authority as “the need to know.” Documentation of a normal heart, and normal coronary arteries, by cardiac catheterization may have enormous psychological and socioeconomic benefits for many patients. This may be particularly important for persons engaged in occupations involving some hazard to public safety, such as airline pilots or bus drivers, or others whose personal physical safety—for example, construction workers—may be threatened by the existence of heart disease.

“So the patient who turns out not to have cardiac disease frequently benefits as much, or more, than the patient in whom a heart problem is demonstrated,” Dr. Ludbrook said. “A normal result can remove the specter of heart disease from the patient’s mind.” As has been recently stated by Dr. Goffredo Gensini, another of the pioneers of coronary arteriography, “600,000 or more individuals die of ischemic heart disease in the United States each year; on the other hand, untold thousands of people live in constant fear because of an erroneous diagnosis of coronary heart disease.”

Rusti Moore can testify to the truth of this statement; her catheterization demonstrated no significant abnormality. The relief was great. I could breathe again. You can imagine all kinds of things until you know for sure that it is OK. I lay there looking at the monitor during the procedure, fearing the worst. It’s like being reborn to know all is well.”
1,172 participate in Barnes weigh-in

Many Americans are concerned about being overweight, and Barnes Hospital visitors and employees are no exception. Eleven hundred seventy-two persons participated in a weigh-in of employees and visitors held at hospital entrances recently.

Sixty-one percent of the persons weighed were found to be overweight 17,437 pounds. Twenty-nine percent were found to be within their suggested range and 10 percent were underweight. Sixty-two percent of Barnes personnel weighed were overweight, averaging 22 pounds each. Fifty percent of Washington University School of Medicine employees were overweight, averaging 22 pounds each. Sixty-seven percent of the patients-visitor were overweight, averaging 30 pounds each.

A special follow-up session was held in the East Pavilion Auditorium Tuesday, Nov. 14, to make persons aware of their weight. Among topics discussed by Julie Schoel of education and training and Cynthia Foster of dietetics were descriptions of problems of being overweight, physical discomforts, emotional and medical complications, solutions of weight control and various alternative methods of weight control.

Special follow-ups for Barnes employees, held Tuesday and Wednesday, Nov. 14 and 15, included discussion of a behavior modification program sponsored by the department of dietetics, weight control organization programs such as Weight Watchers and Overeaters Anonymous as well as individualized assistance.

Further information can be obtained by calling 454-3561.

Blood pressure checked on hypertension day

More than 400 persons, including employees, patients and visitors to Barnes Hospital, had their blood pressure checked Thursday, November 16, at the second hypertension day in the East Pavilion. The project was a joint venture of the volunteers, the department of education and training and the Auxiliary.

Experienced college volunteers who work in the emergency room and members of the department of education and training took the blood pressure readings. The Auxiliary provided hostesses and overeaters anonymous as well as individualized assistance.

Barnes doctors recommend that blood pressure readings be taken annually. High blood pressure, sometimes referred to as the silent killer, has few or no symptoms and affects persons without their knowledge. Because the three main organs dependent on adequate blood flow are the heart, kidney and brain, high blood pressure can be the forerunner of heart disease, kidney failure or stroke. When the blood doesn't flow easily, the heart must pump harder, increasing the pressure in the arteries, causing them to become less elastic and less efficient.

Normal blood pressure readings for adults usually range from a low of 90/60 to a high of 140/90. The heart usually beats between 70 and 90 times a minute, each beat producing pressure in the arteries which is called systolic pressure. This is the higher of the two numbers used to indicate blood pressure. The lower number, the diastolic pressure, is produced when the heart relaxes between beats.

Another hypertension day is scheduled at Barnes in the spring.

Volunteers, director honored at reception

The honoring of Barnes Hospital volunteers, with special recognition of those who achieved significant plateaus of hours of service to the hospital during 1978, was combined with a salute to volunteer director Katie Beyer at the annual volunteer reception December 1 in Olin Residence Hall.

Barnes president, Robert E. Frank, introduced volunteers attending the reception who are among the 28 who earned either their first 1,000 hour award or who achieved an additional thousand hours of service during the year. (Many other volunteers have given large numbers of hours at Barnes but did not reach a specific 1,000 hour plateau during 1978.)

Billie Erickson, Carol Minor and Dorothy Niemoeller each exceeded 4,000 hours, and Chloe Adams, Gertrude Barth and Thelma Clark exceeded 3,000 hours. Reaching a total of 2,000 hours or more were Hilda Buchheim, Helene Ficker, Irene Franzen, Mary Graves, Joan Kaseberg, Buddye Mathis and Clara Tremayne.

Atting their first 1,000 hours of total service were Alice Achenbach, Eleanor Dvorak, Mary Ann Frischle, Fae Hawkins, Wilma Marine, Verna Nassar, Shirley Pfeife, Janet Reis, Al Ringwald, Joe Scott and Lee Sichel.

Carol Minor, president of the Barnes Auxiliary, which sponsors the volunteer program, presented an award to Ms. Beyer, who has resigned as director of volunteers to move to Chicago.

The award, in the form of a proclamation signed by the Barnes Hospital Auxiliary board of directors and volunteers, expressed appreciation to Ms. Beyer for her concern and her "stubbornness" resulting in a "super job." The proclamation recognized that she is departing St. Louis because of circumstances "beyond our control" and that appreciation and affection go with her.

Ms. Beyer accepted the proclamation declaring that the Auxiliary and volunteers at Barnes are "the greatest people in the world and I love each and every one of you."

Three long-time Barnes employees retire

Three Barnes employees retired recently after many years of service at the hospital.

Eugenia Schooley, a psychiatric technician for 16 years, retired November 15; Elizabeth Burton, housekeeping, retired November 30; and Alice Jones, central service, retired December 1. Each received a certificate of appreciation from Barnes president, Robert E. Frank.

Mrs. Schooley had begun work at Barnes in 1962 on 6 Renard and most recently worked on 4 Renard. She said that what she enjoyed most about her job was seeing patients able to go home much improved over their condition at admission.

During her retirement she plans to catch up on her reading, take a winter cruise to Nassau and become more active in social clubs. She also plans to devote more time to her garden next summer and sleep later in the morning.

Ms. Burton, who joined the Barnes staff in 1959, said she has "loved working here." She said religion plays an important role in her life and that she plans to do more missionary work for her church. She also plans a trip to the Holy Land, which she describes as a "major goal."

Miss Jones started at Barnes in housekeeping in 1949 but for the past 19 years has been in central service. Most recently she has been in charge of the department's wash area. She said she has no definite plans for retirement, but, like Mrs. Burton, would like to visit the Holy Land.
Tribute Fund
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from November 21 to December 15, 1978.

IN MEMORY OF:
Wyllis K. Bliss
Hershey & Wartenbaecher

Don Owens
C. R. Stephens, M.D.
D. M. Bhatt, M.D.
Dr. V. Kunjappan John
Washington University

William B. Weakley
Standard Container Company

Mrs. Charles Claggett
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Mrs. Martin Krupin

Dr. Rollin A. Daniel
Miss Martha Shirley
Mrs. Nelle F. Shirley

Charles C. Boling
M/M Dillon Trulove
Mrs. Dan Crowley

Dan Menser in honor of Christmas
M/M Joe Rickman

Annual Fund
Azzella J. Abernathy
Stanley Adrian
Audrey Bailey
Mrs. Werner K. Bauer
Henry Beder
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B. Bierman
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John Bonnak
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Clara Marie Clark
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Lorene W. Creech
F. Davis
L. G. Davis
H. F. Deandan
Gaspare DiMaggio
Agatha Duvall
A. D. Evans
Chesley Fairris
Elise S. Fanti
Norman C. Fields
Michael E. Forster

Sarah Rogul
Burt & Elaine Wenske
David Strickland
Barnes Hospital Auxiliary

IN HONOR OF:
M/M Irving Edison's Anniversary
Mrs. Sam S. Edson

Dr. & Mrs. Theodore
Sander's 40th Anniversary
M/M Paul F. Ring

Dr. & Mrs. G. H. Copher
J. Schwarz

M/M Louis Tiger's Special Anniversary Trip
M/M Philip L. Moss

Barnes Hospital
Stanley Feldman
M/M Ralph R. Brandenburger

Birth of M/M Bart Wenske's Granddaughter
Macy & Betty Abrams

Louis W. Miller
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Steve Mizerny
Frank H. Moss
Maxine B. Nance
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Norma E. Nichols
Morris Novack
Victor Packman
Frances A. Parrish
Ethel S. Pershall
Ernest Pichichlodi
Amelia Prelec
Albert Reinhardt
William N. Reinhardt
Thomas Roach
Edith B. Roth
Esther Rotman
Arthur L. Roaf
Jack Rubin
Joseph E. Rush
Robert J. Schatz
Margaret Schroeder
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Ann Siegel
Robert F. Smith
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Mildred Thomas
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DeAlursis Bethel
Vic Biederman
L. H. Boyer
Rosemarie Rozdoch
R. G. Carney
Jerrel L. Carr
Anna Castell
Lester O. Childers
Michael G. Chomko
W. Ch. Christen
Frederick D. Coleman
Mrs. Marion C. Coleman
Clara M. Carvin
Barbara Dawson
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LaVion Wilson
W. F. Winkelmann
Martin F. Winter
W. F. Wischmeyer
Rose Wening
George Zografakis, M.D.

Memorial Endowment Fund
IN MEMORY OF:
William Emrich
Albert Emrich

Henry Reece
Almyra T. Reece

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Flo Bollinger

Edith Friefied
Dr. Nathan H. Friefied

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Planned Gift Endowment Fund

Sidney M. Harris
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General Fund

For “No Smoking” signs

Helen L. Brooks

Edith Ellis Endowment Fund

Edith Ellis

Scott Jablonow Endowment Fund

Mrs. Hope Kamm

Patient overcomes life’s adversity

Joan Burnett knows adversity. But one would hardly know it by her lifestyle.

Mrs. Burnett, of Eldorado, Ill., recently was hospitalized at Barnes for treatment of multiple sclerosis, an illness affecting the body’s nervous system. She has had the disease for 14 years and has been a patient at Barnes numerous times—“more times than I can remember,” she said.

She moves only with the aid of a walker or wheelchair. Added to this physical limitation are the emotional problems associated with the illness itself and marital problems leading to separation. “Two years ago I just felt that I could not go on,” she said.

Now, however, she feels “reborn” to life as a result of medical science, her will to live, and an organization which promotes travel tours for handicapped persons. In fact, she feels so good that next year she plans to enter a beauty contest sponsored by the organization, Handy Cap Horizons, and her bathing suit will be made out of Barnes Hospital towels.

“Becoming a member of Handy Cap Horizons helped me realize that I can be an independent person and that I have something to gain and contribute from living life,” she said. Travel includes tours both in the U.S. and abroad.

“I feel wonderful all the time,” she said during an interview, “and wherever I go I tell people about Barnes Hospital. It is the only hospital as far as I am concerned.”
Social Security taxes increased again

Effective January 1, both the rate and the base for Social Security tax (FICA) deductions were increased for all employes. The rate has been raised from 6.05 percent to 6.13 percent and the taxable base from $17,700 to $22,900, making the maximum amount deducted in 1979 equal $1,403.77, an increase of more than $300 over 1978.

Under a law passed by Congress in 1977 the rate and taxable wage base will continue to increase each year so that the maximum deduction in 1987 will be $3,045.90 if no further increases are voted before then. Social Security taxes pay for retirement benefits and Medicare as well as disability payments and death benefits.

Employers are required by law to match dollar for dollar each employe's tax, so the total bill for Barnes Hospital for Social Security taxes in 1979 will be more than $2.8 million.

Government regulation of hospitals ups bills

The Hospital Association of New York reports that compliance with regulations from 164 governmental agencies is costing New York hospitals in excess of $1.1 billion a year and accounts for about 25 percent of a patient's hospital bill. Furthermore, the cost of hospital regulations is growing and is estimated to be 4 percent more each year.

Ten graduate from dietetic internship

Ten students in the dietetic internship program at Barnes Hospital graduated November 3 in ceremonies on the first floor of the nurses residence.

Cynthia Foster, director of clinical services, presented the pins; Rich Grisham, vice-president, distributed the diplomas; and Kathy McClusky, former director of dietetics, gave flowers to the graduates.

Of the ten graduates, Marlene Gustara of St. Louis has remained on staff at Barnes working in Wohl and the RICU. Other graduates are Elizabeth Czumbil, Trenton, N.J.; Lynn Francisco, Paradise Valley, Ariz.; Genevieve McKeon, Ukiah, Calif.; Debra Boardly, Warren, Ohio; Judith Ponser, Normal, Ill.; Karen Korsan, West Lafayette, Ind.; Ann Rejent, Gross Point, Mich.; Thomas Samartino, Flushing, N.Y.; and Susan Tierney, Norman, Okla.

The dietetic internship program at Barnes is one of two in St. Louis and one of 61 in the United States.