Nursing Graduates Told Need Exists for People Who Care

"A nurse is better prepared to meet life with its problems than 90 percent of her contemporaries because she has the potential to aid others who need help and whom no one else will help," said Charles E. Berry, associate dean of the St. Louis University School of Nursing and Health Services, in his address to the 1968 graduating class of the Barnes Hospital School of Nursing.

Nursing Potential Boundless

"Nurses are special. The potential they acquire can never be exhausted because the community will always need these rare people who care," Mr. Berry continued, speaking to sixty graduates at the August 30 ceremony in Graham Chapel on the Washington University campus.

Robert E. Frank, director of Barnes Hospital, introduced Mr. Berry following an invocation by Barnes Chaplain George Bowles and a welcome message by Helen M. McMurtry, associate director of nursing education.

Diplomas Presented

The class was presented to Mr. Frank who awarded diplomas to each of the graduates assisted by Joan Hrubeta, assistant director of nursing education. Miss McMurtry gave each graduate her school pin, and Mrs. Floyce Scherer, alumnae president, presented each woman with a red rose.

After the presentation of awards, benediction was offered by Father Robert M. Krawinkel, Catholic chaplain at Barnes.

50 Percent Join Staff

Following is a list of 1968 graduates who have joined the staff at Barnes: Judith Galeski Andres, Gail Elaine Asmussen, Linda Anne Barker, Janet Ruth Boeker, Catherine Lena Bono, Gerardine Alice Breck, Betty Ann Brown, Sharon Ann Caler, Brenda DeWitt, Cheryl Foster Dial, Donna Lee Doerr, Jacqueline Sink Dudley, Carolyn Margaret Esaches, Marilyn Edith Fugger, Nedra Jane Gholson, Alice Brenk, Betty Ann Brown, Sharon Kessel, Bonnie Baxter, Barbara Ilges, Jeannette Payne, Sandra Harrison, Jeralee Joy, Cheryl Ferguson, Sara Ley, Betty Schmidike, Diana Kemper, Joan Karvinen, Janet Boeker, Pamala Thompson.

Absent when the photo was taken was Sandra Lindley, Sue Bentley, Suzanne Glaser, Mary Kelly, Betty Brown, Sharon Kessel, Bonnie Baxter, Barbara Ilges, Jeannette Payne, Sandra Harrison, Jeralee Joy, Cheryl Ferguson, Sara Ley, Betty Schmidike, Diana Kemper, Joan Karvinen, Janet Boeker, Pamala Thompson. Absent when the photo was taken was Terry Burroughs.

Nursing School Awards R.N. Diplomas to 60 Seniors

GRADUATES of the Barnes Hospital School of Nursing are from left to right, row one: Becky Langen, Robin Moushey, Laura Renaker, Rosemary Knopp, Ella Launius, Carolyn Easches, Linda Barker, Judith Andres, Susan Paasch, Linda Pruitt, Cheryl Dial, Jacqueline Dudley, Judith Lindquist, Marlene Hartmann, Donna Ryan, Brenda Davault, Anamary Staikoff, Geraldine Breck, Janet Williams, Kathleen Cleary, Barbara Lorenzen.

Row two: Brenda DeWitt, Catherine Bono, Sandra Shasserre, Laura Blickensderfer, Mary Paluski, Vicki Raleigh, Janet Lenham, Janet Rutherford, Sandra Smith, Donna Doerr, Sharon Rittenhouse, Sandra Dunn Shasserre, Anamary Staikoff, Pamala Hall Thompson.

Emphysema Diagnosed by Spirometry

THE WEDGE SPIROMETER, pictured above, is one of the respiratory-testing machines used by Dr. Pierce in his seventh floor Wohl clinic laboratory. The spirometer tests the displacement of gases and other lung functions with the increased accuracy of an electronic meter.

Emphysema

(Continued from Page 1)

Emphysema is the more permanent component of chronic obstructive pulmonary disease. The lung is composed of tiny air sacs called alveoli. Normal- ly elastic, these alveoli expand and contract enabling the bellows-like lungs, assisted by chest muscles, to carry out the ventilation that brings fresh air into the lungs. Via a network of capil- laries running through the walls of the alveoli, oxygen passes into the bloodstream while carbon dioxide is discharged from it. However, in an emphysema patient the air sacs are greatly enlarged and severely deformed. They become over-inflated and less elastic than normal so that they cannot expel the air that has entered the lungs. Thus, emphysema is characterized by over-inflation of the lungs but breathing is labored because the air in the lungs is not sufficiently fresh.

Breathing Test Reveals Disease

The diagnosis of obstructive pulmo- nary disease is accomplished easily with a simple breathing test called spirometry. Evidence of inadequate ventilation may be detected by analysis of blood for oxygen and carbon dioxide with a simple breathing test called spirometry. Evidence of inadequate ventilation may be detected by analysis of blood for oxygen and carbon dioxide. In the absence of cigarette smoke, emphysema cases could be arrested if the victim quit smoking,” the doctor empha- sized. In the absence of cigarette smoke, emphysema does not seem to progress. The emphysema death rate is 600 per cent greater for smokers than for non- smokers. When cigarette smoke is inhaled, 80 to 90 per cent of the smoke remains in the body and a residue of tobacco tar builds up in the air tubes penetrating deeply, causing irritation and increasing mucous production.

Antibiotics and bronchodilators are used in treatment of pulmonary emphy- sema. Positive pressure breathing ma- chines also are important, as is ade- quate moisture. Encouragement for the victim curtails more and more of his helplessness and despair are common as the victim curtails more and more of his activities due to the hardship of breath- ing under exertion.

Can Inherit Emphysema

The cause of emphysema has never been established with precision. Al- though several theories exist, none has received general acceptance. Dr. Pierce and his colleagues recently have studied an unusual group of patients who in- herit a tendency to develop pulmonary emphysema. These patients have a genetic deficiency of one of the proteins found in blood serum. Called alpha, antitrypsin, this protein normally serves as an anti-enzyme. People with a de- ficiency of alpha, antitrypsin develop diffuse emphysema at an early age. Dr. Pierce believes that a study of these patients may serve to unravel some of the mystery that has surrounded emphysema for a hundred and fifty years.

Emphysema can't always be cured, it almost always improves with treatment.

Stop Cigarette Smoking

In treatment of obstructive pulmo- nary disease, the first and most im- portant prescription is to stop cigarette smoking. “Three-fourths of the emphy- sema cases could be arrested if the vic- tim quit smoking,” the doctor empha- sized.

Winston Appointed Assistant Director

The appointment of Thomas C. Winston as assistant director of Barnes Hospital has been announced by Robert E. Frank, director. Mr. Winston has served as administrative assistant to Mr. Frank for the past year.

Mr. Winston received his master's degree in hospital administration from Washington University School of Medicine in June, 1967, after completing a year as administrative resident at Birmingham Baptist Hospitals, Birmingham, Ala.

Formerly of Memphis, Tenn., Mr. Winston holds a bachelor of arts de- gree from Memphis State University, and also did graduate work there. He is married and has one child.

In his new position, Mr. Winston assists Barnes associate director Donald Hosh in administering hospital services, including dietary department, maintenance, security, housekeeping, laundry, dispatch and clinic coordina- tion. He also continues to assist Mr. Frank with administrative duties.

A graduate of Brentwood High School, Brooks lives with his parents, Doctors Ralph E. and Muriel W. Pumphrey, at 5726 Litzinger Drive.

When not at Barnes, Brooks enjoys swimming and does volunteer work at his church on weekends. He recently re- turned from a two-week trip through Montana, Wyoming and Colorado.

Brooks Pumphrey

Employe Letter From Mr. Frank

Dear Employee,

Do you think you might qualify to move up from your present job to another Barnes position with more responsibility and higher pay? You are a valued employee right where you are. However, you may feel you have qualifications which would make you eligible to take more re- sponsibility.

In order to give you an opportunity to learn of jobs open throughout the hospital, effective immediately, notices of job openings will be listed on a bulletin board within the corridor entrance to the employee cafeteria. The listings will tell the job title, department, a brief summary of the job des- cription, and a short statement of experience and educational requirements.

If you are interested in any posted job, you may obtain additional in- formation in the personnel office and apply there for the job.

Your inquiry will not jeopardize your present position. However, you will have to compete with others for the job. If you are selected to fill the vacancy by the employment manager and head of the department which has the opening, the employment manager will notify you. At that time he will notify your current department head and attempt to transfer you within the following two weeks.

If you should not be chosen for a job for which you have applied, you will be notified. You may re-apply for the same type job again, or you may investigate another open position as the postings are made. Per- haps you will want to gain some additional qualifications in order to be more likely to be chosen next time.

Employes transferred to a new position are subject to the usual six month probationary period in the new job. If this period is not completed satisfactorily, the employment manager will make every effort to return you to your previous position or place you in another available position for which you are qualified.

At Barnes, we fill vacancies within the organization whenever possible, in order to encourage our employees to increase their skills and maintain interest in their work. However, you may have friends or others in your family who are seeking a new job. We also welcome inquiries from these persons, and we hope you will tell them of the openings.

Good luck. We hope you will find this posting innovation a beneficial one.

Sincerely,

ROBERT E. FRANK, Director
Barnes' Hospitality Extended to 86 Danforth Students

College Seniors Shown Workings of Hospital On Day-Long Tours

They're called "Danny students"—outstanding college seniors majoring in home economics and agriculture chosen to represent their home states at a month-long seminar held both in St. Louis and a camp in Michigan. William H. Danforth, former chairman of the board and founder of Ralston Purina Company instituted the program 32 years ago.

During their two weeks in St. Louis the students tour various educational companies and institutions in an attempt to broaden the students' awareness of the world around them. For a number of years Barnes has provided a tour of its facilities to the Danforth girls in July and the boys arriving in early August. In 1968 the students visited dietary, occupational and physical therapy, central service, clinical laboratories, nursery, pharmacy, burn unit, Queeny Tower rooms, and viewed surgery. The day began with morning meditation in the Danforth Chapel and a welcome by Robert E. Frank, director. Lunch was provided in the Arabian Room of the cafeteria.

THE "DANNY BOYS" were particularly interested in the clinical laboratories and took every opportunity to learn about the equipment and testing procedures. Here, Leon Zweegman of Washington, Marvin Vanttal of Iowa and Ed Hanlon of Arizona study a slide prepared by a lab technician.

DAN JONES, Danforth boy from New Jersey, listens intently as the functions of the Auto-Analyzer are described.

IN PHYSICAL THERAPY, Miss Eleanor Dix explained the use of various ambulatory devices to the Danforth girls and their guides. The students also observed patients using the therapy facilities. From left to right are: volunteers Mark Hanlan and Judy Carpenter, and Danforth girl Suzanne Spelbring from Vermont, Mary Ann Marshall representing Virginia, and Liane Mountain from Montana.

IN CENTRAL SUPPLY the Danforth girls watch the assembly line at the packing table where employees powder, fold and package laundered gloves to be autoclaved before being distributed to the floors. From left to right: Sue Isheda from Hawaii, Jane Anderson, from Missouri, Barb Weiland of Colorado, Linda Shimmin from New Hampshire, Jean Galleglier from Minnesota, and Carol Libratore of Connecticut.
Ron Kahn, M.D., reports to the emergency room at 8 a.m. sharp on a Monday morning to begin his internship at Barnes Hospital. On the same day, Judy Slemmons is meeting the staff on the second floor of the Maternity building to begin her duties as a newly graduated registered nurse. Both have prepared for this day by four years of college and, in the case of Dr. Kahn, an additional four years of medical school. Each has learned a myriad of terms, procedures and case histories. Beginning this day textbook cases become real patients with pains and anxieties, who are looking to the young doctor and nurse for answers and assurance.

Ron Kahn externed in the Louisville, Kentucky, City Hospital while he was a student at the University of Louisville Medical School. Assigned to the emergency room during his senior year, he gained practical experience under the direction of the hospital's house staff. Judy Slemmons was a salaried employee at the Veteran's Hospital in Iowa City, Iowa, while a senior at the University of Iowa College of Nursing.

Today the full responsibility of serving as a doctor and a nurse is first exercised by Ron Kahn and Judy Slemmons. No longer do the former students report to an intern or R.N. who assumes responsibility for patient care. As the sign on former President Harry Truman's desk read: "The buck stops here." It is now Dr. Kahn's responsibility to tell the distraught mother her child has meningitis. It is now Miss Slemmons who must answer to the angry patient demanding medication her doctor feels is not indicated. In a teaching hospital such as Barnes there is help, assistance, and advice readily available—and censure if a job is handled poorly—but the minute-by-minute responsibility rests with the house staff doctor and registered nurse in charge.

The emergency room is a difficult service to handle. Hours can drag by with no patients in need of immediate treatment. Then they all come at once. Suddenly the emergency room doors jump open and Mrs. R. rushes her 15-year-old son into the building. Agitated and perspiring heavily, Timmy is wheezing loudly as he tries unsuccessfully to suck air in and out of his lungs. As a chronic asthmatic, Timmy knows the fear of not being able to get air to his lungs and he fights harder to breathe, which aggravates his condition.

On Timmy's arrival, Dr. Kahn is called, and grabbing his stethoscope, he quickly listens to the boy's chest. Calling for an x-ray, Dr. Kahn orders medications to be readied.

The youngster is then taken to a small room where Dr. Kahn quickly injects a medication into his vein and hooks up an intravenous solution to relieve the labored breathing. After a few hours, Timmy's chest is cleared and medications are suspended. For Timmy the danger is over.

Urgency isn't confined to the emergency room. A nurse experiences her share of situations requiring instant action and clear thinking. Routinely checking on her patients, Miss Slemmons sees that Mrs. Smith is unconscious, her complexion pale, breathing shallow and her skin clammy. The nurse checks her blood pressure and finds it to be low and her pulse quite rapid. Rushing to the telephone, Miss Slemmons calls a member of the house staff. She then moves an oxygen cylinder, Foley catheter and medications to the patient's bedside in preparation for the doctor's arrival. Remembering the patient is diabetic, Miss Slemmons includes insulin.

The doctor hurries into the room, and as the nurse had anticipated, calls for an intravenous solution of glucose and an injection of insulin. Vital signs are checked every 15 minutes and blood is drawn for a sugar test every half hour. Soon the blood pressure and pulse rate have stabilized and the patient, now conscious, is asking about her baby born six hours earlier. In recognizing the symptoms of postpartum diabetic shock, Miss Slemmons' textbook training comes to the aid of both the patient and the doctor.

The first day is over... and for Ron Kahn and Judy Slemmons there is satisfaction as well as exhaustion. There were moments for both new professionals when their patients looked to them for the skill and knowledge they had dreamed of someday being ready to give. Ron Kahn was "the doctor" to the grateful patients, and Judy Slemmons had become "my nurse" to women on her floor.
The little black bag is as much a symbol of the medical profession as the caduceus.

Entrance to the narcotics cabinet is restricted to a registered nurse.

As the figure of authority on the floor, Miss Slemmons confirms some patient statistics.

Starting an intravenous fluid, Dr. Kahn is responsible for the welfare of his patient.
Focus on Nursing

Nurse Educator to Study Guidance

Joan Hrubetz, assistant director of nursing education, will leave Barnes this fall to enter a graduate program at St. Louis University. She initially plans to earn a master's degree in guidance and may go on to the doctorate level.

Miss Hrubetz said she hopes to retain her affiliation with Barnes on a part-time basis while in graduate school.

To Study Student Emotional Growth

One of her purposes in going back to school is to gain the background to establish a course for nursing students in growth and development, an area that has been slighted in most nursing curricula. Miss Hrubetz feels a course stressing emotional growth will teach the students how to cope with the anxiety and fright related to illness and hospitalization. She believes current nursing courses in psychology and sociology stress abnormal behavior patterns, and do not offer a thorough orientation to the behavior of normal individuals.

Miss Hrubetz graduated from St. John's Hospital School of Nursing and earned a bachelor of science degree in nursing from St. Louis University. She served as a clinical instructor at St. Louis City Hospital and later came to Barnes as assistant director in nursing service. In 1963 she transferred to the nursing school and her present position.

College Courses Offered at Barnes

Ten college credit courses ranging from sociology to government will be offered this fall and winter from 5-7:30 p.m., week-day evenings in the nursing school.

Available through the extension division of the University of Missouri, the courses are open to any person eligible to register for courses at Missouri. Eligibility may be determined by contacting Missouri University at St. Louis in Normandy prior to registration.

Registration will take place September 12 from 2:30-5:30 p.m. in room 228 of the nurses residence. Tuition is to be paid at the time of registration at the rate of $20 per credit hour. Each course offered is worth 3-hours credit. Books will also be available for purchase at the time of registration.

Courses offered for the fall semester are:
- Introduction to Sociology
- General Psychology
- Composition
- American Civilization
- Basic Algebra

Winter quarter courses will be:
- Anthropology
- General Psychology
- Literary Types
- Government in Modern Society
- College Algebra

Fall quarter classes will begin the week of September 23, 1968.

Police Initiate Prenatal Program

Representatives of the community relations divisions of the St. Louis Police Department spoke to expectant mothers at Barnes recently in the first step of a pilot program aimed at developing improved attitudes toward law enforcement.

Patrolmen John W. Carroll and Hallis W. Taylor lectured to the ladies on the attitude of the newborn toward police and the law, as reflected by their parents' behavior. The police department is trying to influence new mothers to rear their newborn in an atmosphere that will increase the child's respect for police and law enforcement.

Enter Realm of Unborn

Carroll and Taylor originated the idea for prenatal clinics and explained in their proposal that the time has come for police "to study and apply, so far as possible, all the factors that will in any way promote better understanding and a better relationship between citizens and the law enforcement officer, even if it means attempting to enter into the learning and cultural realms of unborn children."

Carroll and Taylor explained: "We, as St. Louis police officers are especially aware of hostilities in the very young towards law enforcement officials. Invariably, when we come into the child's home we find this hostility duplicated in his parents."

Pre-School Programs Exist

Educational programs on law enforcement are already in existence on a pre-school level with Project Head Start. Other programs are carried throughout the elementary and high school level. The prenatal concept is the first attempt to reach the infant through his parents.

The police program was initiated with a talk to the expectant mothers during one of a series of prenatal conferences held by head nurse, Mrs. Dorinda Harmon. Later, the police officers spoke to the clinic mothers club assembled in Wohl by Mrs. Barbara Rabhan, head nurse.

Gift Proves to be Real Hang-Up


MEMBERS OF THE nursing graduation class got hung up on their gift to the school during presentation of a directional sign indicating the entrance to the building. Class sponsor Joan Hrubetz was to pull a string that would release the cover. Finally it fell of its own weight and the gift was approved by all.

Nursing School Graduates (Cont. from p. 1)

Other graduates of the senior nursing school class who have accepted jobs elsewhere are: Bonnie Lea Baxter, Sue Ann Bentley, Laura Brown Blickensderfer, Terry Boatright Burroughs, Kathleen Sullivan Cleary, Rosalind Huez Cooper, Brenda Niewonger Davault, Linda Sue Doane, Cheryl Ann Ferguson, Suzanne LaRue Glaser, Margaret Heather Glasgow, Sandra Lea Harrison, Patti Ann Kelly, Diana Deig Kemper,

Gift Proves to be Real Hang-Up

HOSPITAL

HOSPITAL

HOSPITAL
Physician Says Calories Are All That Count In Fight Against Fat

Fat has become an ugly word.

The jolly fat man and amply proportioned Reubeneseque concept of female beauty have given way to the gaunt, underfed Twiggy type reinforced by television commercials linking a slim svelte figure to instant popularity, financial success and constant admiring glances.

However, obesity isn't only unファッション，it's unhealthy—although there is wide girth between the model's concept of fat and the physician's. Dr. Neil Grey, a research fellow in the division of metabolism, defines obesity as a weight greater than 20 percent above ideal body weight.

Finding Ideal Body Weight

Ideal body weight for a man with a medium frame is approximately 106 pounds for the first five feet plus six pounds for each additional inch, according to Dr. Grey. For example, a man 6'1" tall with a medium frame would weigh in the range of 184 pounds. If he weighs over 221, he would be considered medically obese. For a woman with a medium frame, the ideal weight is 100 pounds for the first five feet plus five pounds for each additional inch.

Dr. Grey reports the incidence of certain diseases, such as gallstones, diabetes and hypertension, is definitely greater among overweight persons. In his own studies on the relationship between obesity and diabetes Dr. Grey is trying to determine the role of the composition of the diet on insulin secretion in obesity.

"Obese individuals hypersecrete insulin in response to a variety of stimuli," Dr. Grey says. "The reason for this is not clear. We are testing the hypothesis that one of the determinants of the excessive insulin secretion in obesity is the large amount of carbohydrate that is ingested by these individuals."

Patients Test Diets

Two patients currently undergoing a three-month test on various diet controls are Mrs. Dorothy Luciun, a 337-pound housewife, and Mrs. Lutye Dixon, a 235-pound private duty nurse who used to be on the staff at Barnes. During their first two weeks in the hospital, the ladies were instructed to eat whatever they wanted whenever they were hungry. However, this liberal attitude lasted only long enough to establish their eating patterns and had no effect on the diets. They are now on a series of alternately low and high carbohydrate diets consisting of only 1500 grams of liquid formula a day equal to 1500 calories.

What about all the popular diets, such as the hard boiled eggs and grapefruit or the diet breakfast drinks? And how important is exercise? Dr. Grey explains that maintaining ideal body weight generally is a matter of input and output. The input is the number of calories in the food eaten and the output is the number of calories used up through work, exercise, etc.

In a non-obese individual, it takes a number of calories roughly equal to ten times the body weight to maintain that weight. For instance, a woman 5'5" tall with an ideal weight of 125 pounds needs 1250 calories to sustain her body at rest. Any additional calories she eats must be used up in energy or they will be stored as fat. If she uses more calories than she takes in, she will lose weight.

Calories Are All That Count

"As far as weight is concerned—and not the metabolic abnormalities in which we are most interested—there is good evidence that the only thing that counts is calories," Dr. Grey said.

Dr. Grey would urge dieters who eat less than 1000-1200 calories a day to supplement their diets with vitamins. However, except for the psychological overlay of problems that often accompany overweight, he doesn't see any reason why dieting should make one feel tired or cross.

He believes that some drugs—the amphetamines which act as stimulants on the central nervous system—have a place in dieting. For instance, if someone gets hungry mid-morning, the drug can abolish the feeling until noon. However, Dr. Grey does not believe in the "rainbow regimen" of pills, such as the diuretics, digitalis, laxatives and thyroid alone or combined with amphetamines. Fluid retention is considered to be a normal problem of obesity. "If you lose weight, you will lose fluids," he says.

Naturally, Dr. Grey believes any extensive dieting should take place under the supervision of a physician. In addition, hospital employees may obtain help or information on weight reduction and suggested diets from a staff dietitian referred through the personnel health department.

Six X-Ray Technologists Graduate

HAVING FINISHED THEIR 2-YEAR COURSE in x-ray technology at Mallinckrodt, these six young ladies are recently registered and working as qualified technologists. From left to right: (seated) Julia Johnstone, Vicki Blunt and Carol Meador. All three are from Pocatia, Illinois. Standing are: Cathy Rasch from Bonne Terre, Mo., Patricia Shock from Jefferson City and Pam Mandel from St. Louis. Miss Shock, Miss Mandel and Miss Johnstone are working in Mallinckrodt.

Physician Status Changes Announced by Director

Changes in status for a number of physicians have been announced by Robert E. Frank, director. Additions to the staff roster include: Edward F. Berg, assistant ophthalmologist and Glenn T. Peake, assistant physician.

The following physicians have moved their offices to Queeny Tower: Ted Jean and John Seddon, assistant physicians, to Suite 6101; Eugene Bricker, associate surgeon, Suite 6102; George Tucker, and Fleming Harper, assistant surgeons, Suite 6103; William Bowles and Robert Royce, assistant surgeons, Suite 6104; David Lieberman, assistant physician, Suite 6105; Tom Burford, associate surgeon, and Tom Ferguson and Charles Roper, assistant surgeons, all to Suite 6106.

Reported off staff is Val Satterfield, assistant psychiatrist, who died July 17, 1968.
Newman Center Serves Students From 8 Schools in Hospital Area

Student Facilities, Priests’ Residence In $150,000 Center

The $150,000 Newman Center on the corner of Euclid and Parkview Place has been completed for use by students from the eight schools in the hospital area. Funds were provided by the Archdiocese expansion fund under the auspices of the Catholic Church.

Furnishings were moved in late August with a Mass schedule in effect from September 1. Father Jerome F. Wilkerson is director of the center assisted by Fathers Gerald M. Montgomery, Catholic chaplain at Jewish Hospital, and Robert M. Krawinkel, Catholic chaplain at Barnes.

Building Has Spacious Interior

The apparent size of the brick building from the outside belies its spacious interior. In addition to a large entry area, a chapel with an adjoining sacristy and confessional, library, three offices, and a large recreation room are located on the entrance floor.

On the lower floor there are several eating areas where students can prepare meals for themselves and friends, in addition to serving refreshments for meetings and parties. There are also student activity offices, a classroom for seminars, and considerable storage space adjacent the large recreational area.

Living quarters for the three priests and a housekeeper are located on the upper level of the building.

Center Provides Many Functions

The center is geared to handle a gamut of activities from daily Mass to hootenannies. There are approximately 20 quiet places for a student to study, and Father Wilkerson anticipates setting up a working area for hobbyists.

Personal counseling is also an important part of the center’s work on subjects ranging from grades and the draft to marriage problems.

A social service program will be carried on at the new center; the projects dependent upon the students’ interest. Currently a group of student nurses is helping an inner city center established by the Monfort Fathers at 14th and Madison Streets. The nurses are assigned to families to instruct them in hygiene, good housekeeping practices.

(Continued next column)

Chairmen Plan United Fund Drive

DISCUSSING THE UNITED FUND CAMPAIGN during a recent Hospital Chapter Chairmen’s Institute are: (left to right) Norfleet H. Rand, vice-chairman and treasurer of Interco and chairman of the United Fund professional division; Robert E. Frank, director, Barnes Hospital, and Dr. Ernest N. Boettcher, director, St. Louis University Hospitals. Mr. Frank and Dr. Boettcher are co-chairmen of the hospital section of the fund drive which will take place during the month of October.

Mass Offered Daily

The program of worship includes daily and Sunday Masses, some with guitar accompaniment. An instructional program is tied closely to the services with subjects such as liturgical changes, medical ethics, Christian marriage and the family.

Because the Newman Center is the only student center on the evergrowing medical campus, its facilities are available to groups of all religious faiths for meetings and programs. Father Wilkerson also emphasized that the center is open to any individual student, regardless of race or creed, from the area schools.

The eight area schools that use the Newman Center are: Washington University Schools of Medicine, Dentistry, and Nursing; St. Louis College of Pharmacy, Jewish Hospital School of Nursing, Barnes Hospital School of Nursing, Central Institute for the Deaf, and Forest Park Community College.

In the slate-lined entry hangs the coat of arms of the center. The symbol is a combination of the medical caduceus and the personal coat of arms of John Henry Cardinal Newman in whose name the Newman Apostolate — the presence of the Catholic Church in the secular campus community—is carried on. The motto on the coat of arms is "Cor ad cor loquitor"—"Heart speaks to heart."