Employes to Receive
Another Paid Holiday

Starting January 1, 1971, Barnes employes will receive an additional holiday, the employee's employment anniversary date. The new holiday will make a total of eight paid holidays that Barnes employes will celebrate during the calendar year, according to Walter J. Hanses, personnel director.

Only permanent, full-time employees are eligible. An employee's anniversary date is his date of hire or actual date of transfer to a permanent, full-time status. Mr. Hanses said that because of the need to maintain patient care and service on a continuous seven-day, 24-hour basis, some employees probably cannot be off work on their actual holiday. In these cases, he noted, the employee is to receive another day off work with pay during the then current, previous, or following pay period. If a holiday occurs on a Saturday, normally it will be observed on the preceding Friday and if it occurs on a Sunday, normally it will be observed on the following Monday.

Time Marches on...

With the advent of the new year, it seems appropriate to show the Barnes medical center as pictured in this 1926 photo. During 1970, the circular drive and main entrance of the building, shown at far left, was closed permanently. The two houses in the foreground were replaced in the 1920s by St. Louis Maternity and McMillan hospitals. The new East Pavilion is being built in the lawn area in the center of the picture. The house on the left was originally used for patients. It was converted in 1923 into living quarters for the assistant hospital administrator. The house at the right served as living quarters for women nurse attendants.

Barnes & Allied Hospitals Society Hears Talk Urging More Active Roles by Physicians in Formulating National Health Legislation

"Physicians need to do more in the political sphere," Dr. C. Rollins Hanlon, director of the American College of Surgeons, told doctors attending the annual banquet of the Barnes and Allied Hospitals Society Dec. 9 at the University Club.

"New legislation is being written, and doctors must get involved," he said. "We must not be too late with the answers." The former St. Louis University cardio-thoracic surgeon told the group the country's leaders "have come to believe some form of national health insurance is desirable, feasible and inevitable." He outlined several plans and philosophies for national health care, commenting that these were new proposals being put before the public, and will influence the laws of the land.

He outlined, as an example, Ameriplan, proposed by the American Hospital Association. "Ameriplan proposes to start with national legislation which in turn initiates state laws setting up health care corporations modified and regulated by state commissions.

"Under Ameriplan, physicians would ask to be affiliated with health care corporations which would be responsible for the delivery of comprehensive care to a defined population group. The corporation would be responsible for providing peer review and other mechanisms to evaluate the quality of health care."

Dr. Hanlon recalled that he sat in the audience at the Barnes and Allied banquet in 1965 and heard Dr. Michael DeBakey describe the heart, cancer and stroke program which "was the beginning of the Regional Medical Program."
**Smaller Regular Paychecks Because of New increases In Payroll-Tax Rates**

Barnes' employees were scheduled to receive slightly smaller paychecks on January 15, the first payday in 1971, because the present federal social security payroll tax rate of 4.8 per cent, which has been in effect since 1968, was increased to 5.2 per cent on January 1, according to Walter Hanses, director of personnel.

Further tax increases are scheduled under the present federal law up through 1987. The taxable earnings base of $7,800 per year remains unchanged, he said.

Federal retirement, survivors and disability benefits, and hospital insurance benefits are paid for by contributions based on earnings covered under social security. Both Barnes Hospital and the hospital's employees share the responsibility of paying contributions.

These contributions are deducted from the wages of the employee each payday. Barnes sends the amount deducted from the employee's paycheck, along with a matching amount to the Internal Revenue Service. The Social Security Administration keeps records of the employee's wages in order to determine eligibility for benefits and the amount of cash benefits a Barnes employee will eventually receive upon retirement.

According to the newly-revised tax schedule, if an employees' annual wages are $6,000, the amount of his annual social security contribution would be $312, while an employee who makes $7,800 in annual wages will pay $405.60 in social security contributions.

**Grandfather Clock Given To Hospital in Memory Of Dr. Glover Copher**

A nine-foot-high mahogany grandfather clock has been presented as a gift to Barnes Hospital in honor of the hospital's noted surgeon, the late Dr. Glover Copher, from one of his former patients, Argo E. Landau, a St. Louis businessman.

A family heirloom since 1905, the clock, which keeps perfect time, was transported to Barnes and installed in the Queeny Tower lobby recently.

**Seattle Nutritionist Receives Copher Award**

A retired Seattle, Wash., nutritionist, educator and author, Dr. Miriam E. Lowenberg, was the recipient of the Marjorie Hulsizer Copher award, the highest honor of the American Dietetic Association, at the annual national meeting of the ADA held recently in Cleveland. The Barnes medical center administers the Marjorie Hulsizer Fund.

Representing Barnes was Mrs. Doris Canada, director of dietetics, who presented the award to Dr. Lowenberg. The recipient of the award is chosen by the executive board of the ADA.

Dr. Lowenberg was selected for the Hulsizer-Copher award mainly for her community work and teaching the behavioral feeding patterns of children.

The Hulsizer Fund was begun in 1945. The late Glover Copher, noted surgeon at Barnes, established the award in memory of his wife, who was a former director of dietetics at Barnes during the early 1920s.

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**Anxiety Neurosis: is Drug treatment at hand?**

During a recent hockey game, a middle-aged woman thought she was undergoing a heart attack. Suddenly, for no apparent reason, she was having intense feelings of impending doom. She experienced a tingling sensation of her skin and chest pains.

The woman was suffering from anxiety neurosis, a condition that is found in about 5 per cent of the general population and is common to both sexes, and most often is in individuals between ages 15 and 35, according to Dr. Ferris Pitts, assistant psychiatrist at Barnes Hospital.

Now there is a new hope for patients suffering from anxiety neurosis. Dr. Pitts recently found that one or another of two drugs, propranolol or oral calcium, worked effectively to reduce symptoms in many patients who were suffering from anxiety neurosis.

Dr. Pitts has found that the drug propranolol, which blocks the adrenalin's effects, is effective in treating anxiety neurosis during an intensive testing program. He knew that the symptoms of anxiety neurosis were similar to those caused by sudden fear or physical exercise, such as increased heart beat, sweating, increased breathing rate. It is also well known to medical researchers that the energy expended during exercise is produced by the breakdown of sugar (glycogen) in the muscle tissue. The product of the non-oxidative breakdown of glycogen is a substance called lactic acid. Long-distance runners, at track events, often end a race with large amounts of lactic acid in their blood-stream.

Dr. Pitts reasoned that he might be able to chemically produce anxiety symptoms in a person, who has not been active, by injecting sodium lactate into their blood.

Dr. Pitts injected the sodium lactate into two groups, one, who had a history of anxiety symptoms, and another group of "normals" who had no history of reported anxiety symptoms. The anxiety neurotic patients, within minutes of the lactate injection, complained of dizzy spells, and shudders and feelings of anxiety and apprehension, and other anxiety-neurotic symptoms. Lingeringside effects were reported two or three days later. The "normal" group reported no side effects after the injection of lactate.

The subtle symptoms of anxiety neurosis can be misleading and misinterpreted. Dr. Pitts said there are no laboratory tests that can be given accurately to determine if a person is actually an anxiety neurotic.

"The way to determine if a patient is suffering from these symptoms, alone, is by asking him many questions during a psychiatric evaluation session—"does he suffer insomnia, tenseness, and where do the attacks occur," " Dr. Pitts said.

"Propranolol, it must be noted, is only effective in treating cases of patients suffering from anxiety neurosis. Physicians must differentiate between a patient having strictly anxiety neurotic symptoms and a patient having anxiety neurotic symptoms in combination with other psychiatric illnesses, such as stress, depression, schizophrenia and socio-pathy," Dr. Pitts said.

Dr. Pitts suggests that long range treatment of patients, suffering from symptoms of anxiety neurosis, by either propranolol or oral calcium might greatly reduce the burden that anxiety neurosis imposes on the medical profession. According to Dr. Pitts, 10 million Americans have the disease which outnumbers by 40 to one, this country's 250,000 practicing physicians.
Hospital Volunteer Formulates Program for Intensive Care Unit;
Plan Consists of Former Coronary Patient Talking With Patients

Tom Smith, a 45-year-old spot-welder and a patient in a coronary intensive care unit at a great metropolitan hospital, thought the world was closing in on him. Beads of perspiration glistened on his forehead as he imagined his heart beat was getting louder. The patient wondered: Could this be the onslaught of another painful, perhaps fatal, attack? The patient became frantic and his heart action increased. Soon he was at the brink of hysteria.

As an intensive care patient, Smith was receiving the best health care possible for his heart, but something was missing. Somehow the simple aspects of patient care, the personal touch, had become lost in the vast array of computers and technical knowledge that has become a trademark of many modern intensive care units across the country.

Smith needed someone with whom he could discuss his problems, doubts and experiences on a casual basis—perhaps a "heart-to-heart" talk with a layman who has had the same experiences.

A new program was started recently in the coronary intensive care unit at Barnes, designed to emphasize the personal and emotional needs of a patient in the section. Suggested by Barnes' volunteer worker, Fred Zemelman, the prototype program involves using former coronary intensive-care patients, who have suffered severe heart abnormalities, to visit patients on a regular weekly basis as a hospital volunteer, to allay fears, misconceptions and exaggerations which patients sometimes conjure up about their situation.

Fred Zemelman, a hospital volunteer worker in the Barnes coronary intensive care unit, right visits with a patient in the coronary care section. Mr. Zemelman, a former coronary patient in the unit, has formulated a new program whereby former coronary patients serve as volunteers and talk with a layman who has had the same experiences during his stay in acute hospital recovery units. Mr. Zemelman suffered a heart attack on May 2, 1955, and it was so serious that he received oxygen for 31 days in the hospital.

Until his attack MR. ZEMELMAN WAS A TYPICAL HARD-DRIVING EXECUTIVE. IN THE INTERVENING YEARS, MR. ZEMELMAN FOLLOWED THE RECOMMENDATIONS OF HIS DOCTOR AND HAS LED A SENSIBLE, BUT ACTIVE LIFE. HE FOUND A MORE RELAXING JOB—HE TURNED HIS HOBBY, ENAMELING, INTO HIS LIVELIHOOD.

A year ago, Mr. Zemelman was stricken with bronchial pneumonia of both lungs which caused heart failure. He was admitted to the Barnes coronary care unit. He was during his three-week stay at Barnes that Mr. Zemelman realized that there might exist a need for someone to talk with the patients on a one-to-one basis about common experiences. Mr. Zemelman discussed his proposal with the unit's director and plans were made for its implementation.

"If I were seeking the story of my successful recovery as a heart patient can inspire others to enjoy life to the fullest, instead of living in fear, then I feel that my efforts were not wasted," Zemelman said.

The Zemelman program could someday become a widely-accepted practice in coronary intensive care units throughout the country.

Dr. William Danforth Named WU Chancellor

Dr. William H. Danforth, vice chancellor for medical affairs for the Washington University School of Medicine, was selected recently to become chancellor of Washington University, effective July 1, 1971. Dr. Danforth was selected, by the board of trustees at Washington University, to succeed Chancellor Thomas H. Eliot who will retire in June after serving nine years in office.

A native of St. Louis, Dr. Danforth, 44, has served as vice chancellor for medical affairs and president of WUMSAH (Washington University Medical School and Associated Hospitals) since 1965. He joined the Medical School faculty in 1960 as an assistant professor, becoming an associate professor in 1965 and professor in 1967. Dr. Danforth received his bachelor of arts degree from Princeton University in 1947 and graduated from Harvard Medical School in 1951. He completed both his internship and his residency at Barnes Hospital.
"And every man... good or bad, had a kinder word for another on that day than on any day in the year; and had shared to some extent in its festivities, and had remembered those he cared for at a distance, and had known that they delighted to remember him."

Charles Dickens

“A Christmas Carol”

Spending a Holiday at Barnes

Celebrated with family and friends, with a laden feast table, merriment and fellowship. There are times when this is impossible. In Dickens' Christmas Carol, Scrooge and the ghost of Christmas present visited miners, sailors, and a lighthouse keeper and saw the holiday spirit in these unlikely places. So, how does it feel to spend a holiday in the hospital? The photographs on these pages were taken on Thanksgiving day. The patients, employees, and visitors pictured were unable to spend the day in their homes with traditional festivities.

Employees who work the holidays report that patients are, as a whole, cheerful about spending a special day in the hospital. They accept it philosophically, often with comments such as, "I can be thankful I'm getting well, and have a home for Christmas." Religious observances mark the day for patients who are able to be in a wheelchair, or are ambulatory. At Catholic Mass in Schwarz Auditorium, the Rev. Robert Krawinkel read an article he found in the local paper, with a few additions of his own, "Thank you, God... for hamburgers to go, and the hallelujah chorus... and the surgeons' skill, and my parents' 50th wedding anniversary... and 15-year-old candy strippers."

In Danforth chapel, the Rev. John Glassy led a Protestant worship service beside an altar bright with fall flowers.

"Patients need a little special attention on a day like this," said Mrs. Christina Austin, R.N., charge nurse on 7100. She has worked holidays for several years and was looking forward to joining her family at 4 p.m. for a traditional dinner. Many patients went home for the day, or were discharged early in the morning, in time for a reunion with friends and relatives at home. Nursing personnel said that, of course, some patients are lonely, especially those who are not visited by their families and friends. One nursing division had its own Thanksgiving feast by serving the turkey dinner from dietary at a large decorated table in the center of the ward. All the patients were helped to the table and their meal was eaten by candlelight. "It even made my hamburger taste better," said one patient who was on a special diet.

Though corridors were quiet, they were far from empty. There were many visitors, and most hospital departments had a partial staff on duty, as well as the full service of all departments who have "round the clock" functions. "It's no different today. Rooms have to be cleaned whether it's a holiday or not," said a housekeeping employee who voiced the "business as usual" attitude of Barnes employees who realize that sick people must be cared for all 365 days of the year.
Robert McAuliffe, hospital controller, was one of several individuals to be presented with the William G. Follmer merit award plaque at a special awards dinner held December 9 by the Greater St. Louis Chapter of Hospital Financial Management Association at Schnelt-horst Restaurant. The HFMA, a national association founded in 1946 by Mr. Follmer, through its local chapters, awards plaques in recognition of a member's service to his local chapter.

Edward Thurman, Barnes' safety and security coordinator, was one of the featured speakers at an Institute on Hospital Security, a three-day meeting, held November 23-25 in Chicago, conducted by the American Hospital Association. Mr. Thurman spoke on hospital emergency planning. The meetings were attended by hospital administrators and personnel involved in hospital security programs.

Mrs. Jeanne Kirtley, a former bacteriologist at Barnes, was recently appointed Admissions Associate at the Western College, Oxford, Ohio. Mrs. Kirtley, a Kirkwood resident, who left the hospital in 1955, will disseminate information about the Western College to interested persons in the St. Louis area.

Frank Knox, assistant laundry manager, recently attended a two-week seminar in Joliet, Illinois, sponsored by the American Institute of Laundering. Mr. Knox attended classroom lecture sessions on the fundamentals of institution laundry and he also passed an A.I.L. examination. It was the third course in three years that Mr. Knox has taken at the institute.

Mrs. Ruth Barr, supervisor of occupational therapy in McMillan Hospital, has developed several sight aids for the blind that were on display for sale in the hospital pharmacy and in the Wishing Well. Mrs. Barr's exhibit featured items that she developed, such as, a special paper that when marked makes letters or etchings easily identifiable by finger-tip touch, specially-marked decks of playing cards for persons partially blind, and telephone dial covers with large numbers.

Mrs. Vora Haltom, an aide in central service, retired recently after 15 years of service as a Barnes employe.

Mrs. Brenda Beck, a dispatch messenger, has been named "Messenger of The Month" for her work in the dispatch section. Mrs. Beck has been employed at Barnes for about three months.

As Fashion Goes . . .

Styles of dress are changing so fast these days that a person can only speculate what tomorrow's fashions will be. Most women throughout the country are asking themselves: "Will the midi, the mini or pantsuit be in vogue?" The Barnes Wives Club, an organi-

"Lengthy Debate" is reflected in the various types of nursing uniforms that are worn at Barnes Hospital. Mrs. Beulah Ramey, head nurse on 6200, center, displays a convertible midi-mini nursing uniform that is a prototype made by a New York manufacturer to determine the nurses' interest in the midi-mini combination. This dress, loaned by Life Uniform Shops, costs $19.00. Other modern nursing outfits are worn by Mrs. Lynn Bals, a nurse on 11100, left, who is wearing a short dress, and Miss Mary Mather, a nurse on 3400, who is wearing a double-knit pantsuit 'custom made' by her mother.
Kent Fair, first-year nursing-school student, and Mrs. Ethel Zerban, director of the nurses' residence, admire a collection of plastic surgical instruments, that belong to Miss Everil McDavitt, a former operating room nurse at Barnes. The instruments, which were used at the hospital in the early 1920s, will become a part of a permanent exhibit in the Smithsonian Institute in Washington, D.C.

Surgical Instruments to Become Part Of a Display at Smithsonian Institute

Tongue depressors are a common item at Barnes Hospital but a tongue depressor made by the Barnes maintenance department from soft pine, a skin-graft knife and several other surgical instruments, that were used in the early days of plastic surgery at Barnes, will become part of a permanent exhibit at the Smithsonian Institute at Washington, D.C. The exhibit's formal opening is set for May 27, 1971.

Several before and after moulages of facial and leg defects, showing what can be done in plastic surgery, were sent from Barnes.

The instruments were collected and preserved by Miss Everil McDavitt, a registered nurse for 43 years at Barnes before she retired two years ago, exchanging her surgical attire for gardening tools and a permanent residency at Ashmore, Illinois. The instruments, which are inscribed with a large "B," belonged to the late Dr. Vilray Blair, who established plastic surgery as a specialty at Barnes back in the early 1920s. He was known across the country as the Father of Modern Plastic Surgery.

Dr. Frank McDowell, editor of Plastic & Reconstructive Surgery, and a former staff member at Barnes Hospital has corresponded with Miss McDavitt about submitting

Traffic Rerouted To Avoid Ward 1200

Renovation of ward 1200 is almost complete, except for a few minor improvements. Ward 1200 had been limited exclusively to male patients, but wooden panels were installed for privacy to enable females to be admitted in the west end. Males and post-operative patients are assigned to the east end of the ward. Upon completion of the paneling, the first female patient was admitted to the ward on November 30. Eventually, the ward will consist of 34 beds.

Double doors have been placed at the entrance to the ward from the Olin elevators to eliminate the general traffic flow through the center of the division, thus increasing privacy of the patients.

A new traffic route, designed to by-pass the ward from the Olin elevators to eliminate patients.

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Dr. Charles Stephen

Appointed to Direct Anesthesiology Unit

Dr. Charles R. Stephen of Dallas, Tex., has been named Barnes' anesthesiologist-in-chief, according to Robert E. Frank, director of the hospital. The announcement of the appointment of Dr. Stephen, who will direct the hospital's department of anesthesiology coincides with an announcement by Washington University, naming Dr. Stephen as head of the newly-created department of anesthesiology at the Washington University School of Medicine.

He is currently professor of anesthesia at the University of Texas, Southwestern Medical School, Dallas. Dr. Stephen is the principal clinical investigator of several new drugs developed especially for anesthesiology. For the past three years, he also has been director of anesthesia at Children's Medical Center, Dallas.

Dr. Stephen and his wife plan to move to St. Louis in February.

Joyce Slowinski

Kentucky Surgeon Selected to Position Of Barnes' Plastic Surgeon-in-Chief

Paul M. Weeks, M.D. has been named Barnes Hospital's plastic surgeon-in-chief as of January 1, it was announced by Dr. Walter F. Ballinger, hospital surgeon-in-chief.

Dr. Paul M. Weeks

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Red Cross Officials Set Barnes' Quota at 600 Pints

Plans have been finalized for the hospital blood bank drive for Barnes employees that will be held Thursday, January 14, according to Walter Hansen, Barnes' personnel director.

The blood bank drive will be held on that day from 11 a.m. until 4 p.m. in the eleventh-floor solarium of the nursing residence. Barnes employees, who donate blood during the drive, assure themselves and their families of the availability of blood for transfusions throughout the next year at less than the cost of production and no charge for the blood itself.

Employees, who are unable to donate during the regularly-scheduled blood-bank drive, and anyone else interested in donating blood are encouraged to do so during January which has been proclaimed “National Blood Donor Month,” by the Red Cross.

Donor appointments can be made by calling telephone number 828, Barnes Hospital, or an individual can give through the Red Cross Blood Center, 4901 Washington Blvd., St. Louis. Individuals, who donate, receive coverage which permits them reductions in the cost of replacing blood that may be used by members of their family, should the need arise.

Red Cross blood program is the primary source of blood to meet emergencies in this country. In St. Louis the Red Cross needs 500 units of blood daily to supply the area's need. Barnes receives a large percentage of the blood it administers from the Red Cross.

A pint of blood ordinarily costs the recipient from $30 to $60, but those who have indicated a willingness to participate in the blood donor program (even though they may have later been disqualified) will have free blood available to them and their family at less than the cost of production throughout the next year. Should an emergency arise where blood replacement is needed, a blood bank participant should: Contact the blood donor program coordinator, Walter Hansen, in the personnel department.

Volunteers Honored By Christmas Party

A treasure chest was the buffet center-piece at the hospital’s recent reception for volunteer workers. Mrs. Jane McFarland, associate director of dietetics at Barnes, constructed the chest from a cardboard carton, using upholstery tacks, gold foil and contact paper. Shown standing around the table are, from the left: Mrs. Jack Lupher, volunteer; Mrs. Johnetta Burgess, dietary employe; Miss Rebecca Womble, dietetic intern; Miss Mary Korte, Red Cross volunteer, and her escort, Jack Cary; and Miss Irene Kenna, volunteer. The party was the hospital’s way of thanking 400 adult volunteers who work at the hospital.