Benefits Book For Employes

"Barnes' benefits are outstanding. But too many of our employes don't stop to consider the opportunities open to them. We hope the benefits brochure will encourage them to refresh their memories concerning the 'extras' they are entitled to as Barnes employes," said Walter Hanses, personnel director.

"Barnes and You" is the title of the new brochure issued as a joint effort of the departments of personnel and public relations. Its aim is to present in a very readable form the basics of the Barnes benefit package. Each benefit is outlined with only the most important facts: details are available from the employe handbook, or by inquiring at the personnel office.

The new brochure is enclosed in a vinyl folder complete with a pocket to hold each employe's insurance policy, and other Barnes or personal documents (birth certificate, Armed Forces discharge papers, marriage license, etc. could be accommodated in this folder).

An example of how each benefit might be applied is included in the explanations along with a comment by an employe who has taken advantage of this benefit. Photos of the employe accompany each comment.

"Barnes has a first-class benefit program and a first-class group of employes. We felt we could express this best with a first-class brochure," he concluded.

Barber Shop, Beauty Salon Move To Modern, Renovated Facilities

Barnes' barber shop and beauty shop moved into completely renovated facilities late last month. The shops are now located adjacent to each other just west of the employment office near the red carpet area in the main Barnes corridor. The shops were relocated in anticipation of new traffic patterns which will be created with the opening of the East Pavilion.

The interior of the beauty shop is decorated with antique white fixtures and light wood paneling. A row of hair dressing chairs lines the shop's west wall, with new hair dryers and other equipment arranged around the room. This shop is well lighted, as is the barber shop.

The new barber shop is finished in brightly striped wallpaper and dark wood paneling. Storage cabinets and counters are also done in dark wood. In addition to the usual barbering equipment, one corner of the shop contains a shoe-shine stand.

The Barnes beauty shop is open from 8:30 a.m. to 5 p.m., Monday through Friday and 8:30 a.m. to 4 p.m. on Saturday. The barber shop operates from 8 a.m. to 5 p.m., Monday through Friday.
New Staff Members, Promotions Announced

The Director's office has announced the following changes in status, effective July 1:
- Dr. Carlos A. Perez, assistant to associate radiologist; Michael M. Karl, John E. Kirk, Saulo Klahr, Stuart A. Kornfeld, J. Russell Little Jr., Edward Massie, Robert Paine, H. Mitchell Perry, and John A. Pierce, assistant to associate physicians; Ralph D. Feigin, assistant to associate pediatrician.

The Director's office also reported the following doctors now on staff: William B. Mill Jr. and M. Osman Khan, assistant radiologists; John C. Soucy and Thomas J. Ridzon, voluntary assistants, WUC only.

These doctors will become staff members effective July 1:
- James M. Hammond, Marshall A. Permutt, Gustav Schoenfeld, Laurence A. Sherman and Carl A. Presant, assistant physicians; Stephen Waltman, assistant ophthalmologist; William A. Alonso, assistant otolaryngologist; Carol A. Archer, assistant radiologist; Ronald Rosenthal, assistant surgeon, orthopedics; Robert C. Wray Jr., assistant plastic surgeon; Jon D. Cooksey and Alan N. Weiss, assistant physicians.

Lester T. Reese, assistant dermatologist; Richard B. Byrd, voluntary assistant, WUC only; Garry L. Carls, Enrique Cubillo, Mohammad O. Khan, Harold G. Kunz, Ben R. Mayes Jr., G. Leland Melson, Anne F. Oostendorp, Mary M. Poncel, Roger H. Secker-Walker, Gary D. Shackelford, Emily L. Smith and Guy E. Tortenson, assistant radiologists.

The following eight doctors will join the Barnes staff as assistant surgeons and chief residents effective July 1:
- Dr. Robert Schwetschenau, neurosurgery; Marvin Grote, GI surgery; Richard Caspari, orthopedic surgery; Richard C. Shaw, general surgery; Robert S. Bricker, general surgery; Donald W. Hammond II, Carl F. Moyer and John N. Ellis, orthopedic surgery.

On staff effective August 1: Lilly Ann Hanes and Stuart S. Sagel, assistant radiologists.

Candy Stripers Helping Again This Year

More than 200 young men and women have volunteered to work as Barnes Candy Stripers this summer, according to Mrs. Ruth Sneed, chairman of the Auxiliary's Candy Stripper program. About a third of this year's group have served as Candy Stripers here for at least one summer previously, Mrs. Sneed says.

The Candy Stripers are so named because of their distinctive white and pink striped uniforms.

This year's volunteers, who range in age from 14-18, come from throughout the metropolitan area, including the east side. One candy stripe even commutes from Washington, Missouri, and another from High Ridge, Missouri.
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Published By
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Barnes Hospital, St. Louis, Mo.
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Constance C. Barton, Director
Larry Myers, Associate Editor
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21 Enrolled In Nurse Internship Course

Twenty-one students are enrolled in Barnes' nurse internship training program this summer, according to Susan Hackman, director of nursing. The program, which is in its fifth year of operation, began June 5 and will end on July 28.

The internship program is designed especially for recent nursing school graduates and serves as a transition between nursing school and regular employment as an RN. During the 8-week course the students have an opportunity to apply the principles learned in nursing school while under the close supervision of an experienced nurse.

Many nursing schools recommend that their graduates complete such internships in order to build their confidence before seeking a staff position. The Barnes course provides enough practical experience for the nurse intern to begin feeling comfortable in the nursing role, Miss Hackman says. Miss Hackman also emphasizes that the internship is not a refresher course, but is intended only for recent graduates.

The internship program includes some classroom work—intended primarily to acquaint the students with Barnes' procedures—but is mostly devoted to practical training. The students are divided into small groups who work under the supervision of staff development personnel from the nursing department. The interns do not spend all their time in one nursing division, but are rotated to give them experience in the major care areas.

In addition to fulfilling many recent graduates' desire for a transitional program, the internship is also an excellent recruitment tool. Although Barnes, unlike many other hospitals that offer a similar program, does not require nurse interns to commit themselves to employment here, many of the interns decide to stay on, Miss Hackman says.

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A first in Barnes' history,
Chaplaincy Students Begin New Program

The first five students to participate in Barnes Hospital's new clinical pastoral education program began classes here on June 5. The interdenominational program, the first of its kind at Barnes, provides clinical training for pastors who wish to develop their skills in patient ministry.

During the 11-week-long program, the first stage of formal clinical pastoral education, the students will divide their time between classroom work and patient contact, according to Robert Davis, Barnes Hospital chaplain and director of the program.
Hospital Care: Higher Quality—Higher Costs

Grocery bills are higher than ever before. Rent, or the cost of a new home, is so high it is hard to believe. And hospitalization costs have increased, too. The “good old days” are gone.

In the case of food and shelter there’s always the hope of finding a “bargain.” Often the bargain—phrased in glittering terms—turns out to be a disappointment.

But there are no “bargain day” specials in hospital care. Very few people would be interested if there were, as this humorous “appendectomy schedule” makes clear.

**THRIFT SPECIAL—Only $50.00!**

*Surgical team:* One young intern, plus your mother, if available. (Dial-A-Consultant pay phone service available for a small extra charge.)

*Anesthetic:* Acupuncture by a moonlighting Chinese laundryman.

*Instruments:* On loan from the Yale Medical Museum.

*Post-operative care:* Band-aids supplied until bleeding stops.

*Recovery:* Wheelchair service available from operating room to main entrance.

Unlike the purchaser of food and housing, the “consumer” of medical care can’t look back nostalgically, either. A medical book, published in the mid-1800’s, describes the “good old days” of medicine before modern and expensive procedures were introduced.

Reporting on statistics from the American Journal of Medical Sciences, the book says: “Many poor creatures have been sacrificed in consequence of the ignorance, carelessness, and self-sufficiency even of scientific professors.”

The text describes care needed for those undergoing extensive surgery, such as amputations.

“An assistant stands on each side of the patient; one secures the temporary suppression of the circulations, another is prepared to hold back the soft parts, a third and fourth hand the instruments and sponges to the operator, whilst another strives to soothe and reassure the patient, and administers cordials if they be necessary. Too much care cannot be bestowed in washing the sponges, removing gritty matter from their surface, and squeezing them dry. Upon such apparently trivial, but really serious duties on the part of the assistants, much of the comfort of the patient during the operation depends.”

Fortunately those days are gone. They have been replaced by a world of trained, highly-skilled medical and technical personnel and ultramodern equipment, unimaginable in the 1800’s. Such improvements, coupled with nationwide inflation, have raised the cost of medical care. For example, this June Barnes Hospital’s payroll for a two-week period climbed over the million dollar mark. Nationally, sales of medical equipment were $529.9 million in 1970, $579.7 million in 1971, and—predicted for 1972 and 1975, respectively, $639.3 and $832 million.

The national figures, examined in more detail, reveal that laboratory instrumentation sales, which have climbed from $195 million in 1970 to $235 million this year, will probably reach $275 million in three years. At Barnes, nearly two million dollars was spent in the past two years for renovation and updating of laboratories, including new equipment. A further expansion of laboratories is envisioned for the West Pavilion, now in the planning stage.

Laboratory automation has high initial costs, but hopefully, makes more efficient use of manpower. Computers and automated analysis control “people” expenses by using the same number of technicians even as the number of tests increase. (The number of tests double every five years.)

Coronary care units often are cited as an example of an extremely expensive hospital facility. However mortality rates from heart attacks (or myocardial infarctions) have been cut by 1/3 or more by use of this concept. “The Coronary Care Unit is not just a bunch of equipment sitting on shelves,” said Dr. Peter Fomer, head of the myocardial infarction branch of the Heart and Lung Institute. He stresses the need of counting cost for staffing, including training the personnel. “People are expensive. Equipment is expensive. . . . but if you’re considering the financial side, you also have to say what the alternative is. If that patient had never gotten to the hospital, he would never have run up a big hospital bill. And, aside from the funeral expenses, he would never again have added a direct ‘cost’ figure.”

There are some downward trends. Kidney dialysis, the process in which an “artificial kidney” cleanses the blood of a person who has no kidney function, is cheaper today than a few years ago. The machinery is slightly less expensive, due to more efficient methods of manufacture. And home dialysis (the patient has his machine at home and is attended by members of his family who have been trained in its use), is now standard procedure in the Chromalloy Kidney Unit at Barnes, where training and supervision of home programs goes on constantly. Home dialysis is less than half as costly as hospital dialysis.

Medicine progresses—and the bills go up. Today a child with cystic fibrosis lives 20 years instead of ten. If his medical costs are $1,000 a year, this means $10,000 more is needed to keep each child alive.

Such costs are not high when the alternatives are considered. Just a little over a hundred years ago a doctor wrote, “From the results of three cases I would neither recommend nor practice again ligature of the vessel in this situation”. . . . (adding that his patient “died of secondary hemorrhage at the end of the thirty-sixth day.”) This doctor ends a description of the procedure by saying “after the operation is completed, the edges of the wound are put together with a point or two of suture, the limb is elevated, so as to favor the return of blood and rolled in fleecy hosiery, or cotton wool, retained by a handkerchief sewn round.”

These facts may be small comfort to the recovered patient when the hospital bill comes. It might relieve some of the pain to the pocketbook however, to remember that when the pain was physical, not financial, the cost didn’t seem to be an issue at all.
Higher Quality—Higher Cost

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Barnes school of nursing student Miss Judith Ann Herrin was presented with 1972’s Glover Copher award at the school’s commencement ceremonies held June 3 in Washington University’s Graham Chapel.

The award, made possible by a gift from a former Barnes surgeon, the late Dr. Glover Copher, is presented to the student with the most impressive record of overall achievement. Dr. Copher’s daughter, Mrs. Marjorie Copher White, made the presentation.

The Barnes Auxiliary’s award for outstanding clinical nursing went to Miss Janet Anne Wheeler, and the group’s award for overall theoretical attainment went to Patricia Jo Ugo.

Special honors for theoretical attainment also went to Connie Lynn Headlee, Darla Rae Mathis, Christine Burton Recktenwald and Diana Lynn Martin. Honors for overall performance went to Linda Kay Heitman, Joan Cecilia Waldschmidt and Deborah Lynn Dalton.

**Nursing School Graduates Honored**

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**May Gifts to the Barnes Hospital Tribute Fund**

Following is a list of honorees (names in bold-face) and contributors to the Barnes Hospital Tribute Fund during May, 1972.

**In Memory Of**

**Davis Paster**  
Mr. and Mrs. Darwin Portman

**Martha Schroer**  
Mary Chapman Johnson  
Sally Buck  
Franklin E. Walton M.D.  
Florence Mueller

**John E. Millikan**  
Mrs. (Dale) April L. Stager

**Henry C. Roth**  
Mr. and Mrs. Alois R. Gmoser and Daughters

**Mrs. Curtis Burnam**  
Mr. and Mrs. G. Victor Davis

**Charles A. Martin**  
National Vendors

**Edward Picard**  
Barnes Thursday Volunteers

**Joyce Sloan**  
Mr. and Mrs. J. O. Berthiaume  
Dr. and Mrs. Wm. M. Fosdick

**Mr. F. Donald McDonald**  
Mr. and Mrs. Charles E. Claggett

**Mrs. David L. Gardner**  
Mr. and Mrs. Charles E. Claggett

**Mrs. John Overall**  
Adelaide and Dan Schlafly  
Mrs. John H. Crago  
Mr. and Mrs. William B. Weaver  
Margaret Hartmann  
Mr. and Mrs. Wilbur B. Jones  
Mrs. W. H. Bixby  
Miss Beatrice Thake  
Mr. and Mrs. William A. Borders  
Mr. and Mrs. Robert A. Wood  
Mr. Thomas S. McPheeeters  
Helen B. Carey  
Mrs. Marion D. Cale  
Mr. and Mrs. W. Boardman Jones Jr.  
Mrs. Anne Davis Streett  
Mrs. Thomas W. Pettus  
Mr. and Mrs. Rembert W. LaBeaume  
Mrs. Lee I. Niedringshaus  
Mrs. Howard Chandler Smith  
Mr. and Mrs. Roland C. Baer Jr.  
Mr. and Mrs. Robert B. Smith  
Mrs. Alden S. Blodget Jr.  
Mr. and Mrs. Charles E. Claggett  
Mr. and Mrs. James Lee Johnson  
Mrs. Marshal M. H. Dana

**Earl H. Bennett**  
National Vendors, Pit. 2

**Mr. A. Wessel Shapleigh**  
Mrs. Edgar M. Queeny  
Mr. and Mrs. Simon Edison  
Mr. and Mrs. E. P. Currier Jr.  
Mr. and Mrs. Charles E. Claggett

**Dr. H. Retton McCellen Sr.**  
Mr. and Mrs. Albert A. Seppi

**Chester A. Noland**  
Richard D. Ruane  
Sales Force of Moon Distributing Co.  
Mr. and Mrs. George Belch  
J. H. Logan  
O. R. S. Distilling Co.  
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**John M. Brining and Family**  
Austin N. Stanley  
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The Harry Hendins  
Mr. and Mrs. E. F. Immerthal  
Mr. and Mrs. Guy Roper  
Mr. and Mrs. H. M. Harned  
John B. McBride

**Joseph Rothberg**  
Mr. and Mrs. Michael P. Meehan  
Mrs. Eugene McDowell

**Mr. and Mrs. Wesley Henderson**  
Allstate Distributors, Inc. (warehousemen, drivers and advertising dept.)

**Helen Casalo**  
Mary Donohew  
Mr. and Mrs. Haskell Schwartzberg  
Alvin S. Novack and Frank Schutze of Western Trucking Company

**Mr. and Mrs. Lloyd Bordeau**  
Pleasant Valley Wine Co.

**Jack Daniels Distillery**  
Mr. and Mrs. Francis A. O. R. S. Distilling Co.

**Mr. and Mrs. Johnnie J. Cole**  
Office and Warehouse Employees of Missouri Wine & Spirits Association, Inc.

**In Honor Of**  
Baby Daughter  
Mr. and Mrs. Darwin Portman

**Hospital Repertory Players**  
CPA Wives of St. Louis

**The Success of Barnes Auxiliary’s Spring Fashion Show**  
Barnes Hospital Auxiliary

**Honesty of Barnes Employes**  
Ruth H. Vance
Filling some 700,000 prescriptions yearly,
The Barnes Pharmacy Is A Very, Very Busy Place

Drugs, from simple aspirin to exotic medicines derived from rare plants, are indispensable weapons in medical science's disease-fighting arsenal. At Barnes several thousand types of medications are readily available from the hospital's pharmacy which last year filled nearly three-quarters of a million prescriptions, or nearly 2,000 every day.

In addition to its prescription-filling function, the Barnes pharmacy also maintains a close relationship with nursing care floors. Hospital pharmacists visit the floors regularly, checking drug supplies for freshness, correct labeling and storage, as well as ironing out any problems connected with the pharmacy's service.

The central pharmacy, located in the lobby of Queeny Tower, supplies the majority of the Barnes complex. It primarily serves hospital patients and employees. Last year it processed more than 650,000 prescriptions, plus hundreds of orders for pharmaceutical supplies used on the nursing floors.

Pharmacist Mike Kennington works under a special laminar flow hood which blows microscopically-filtered air thru the work area where additives are mixed with IV solutions.

More than a dozen pharmacists man the central pharmacy facility, which is subdivided into 7 areas by drug type. As soon as prescriptions are received they are stamped with the time and date and directed to the pharmacist in the proper area. The prescription is filled, numbered, labeled and readied for distribution, usually within the hour.

Stat (urgently needed) prescriptions are also handled in much the same manner, but with even greater speed. Often such prescriptions are ready in a matter of 1 or 2 minutes, says Gordon Evans, assistant chief pharmacist, especially if the drug requested is in pre-packaged form.

About 80 per cent of the drugs available in the pharmacy are now pre-packaged, Mr. Evans says. Drugs are either purchased from the manufacturer already packaged or they are packed by a special machine in the pharmacy's manufacturing area which seals each tablet or capsule in a foil and plastic package. In addition to saving time and money, such prepackaging makes the drugs more readily identifiable.

In addition to pre-packaging drugs, the manufacturing area also prepares mouthwash, irrigating solutions, germicides, normal saline solutions, plus stains and reagents for the laboratory.

The additive room is also part of the pharmacy operation. Here prescriptions for IV fluids with special additives are mixed under "clean room" conditions. Pharmacists first screen each prescription for incompatibility with IV fluid and other additives. Then, working under special laminar flow hoods to insure cleanliness, the additives are mixed with the IV fluids. Some 120 bottles of various IV-additive mixtures are used daily.

"We feel that in this area especially the pharmacy offers a service to doctors, nurses and patients that otherwise wouldn't be available. Not only are the additives mixed in a special clean environment, but they are screened for incompatibility, a service not normally available at hospitals where mixing is done on the nursing floors," Mr. Evans says.

Drugs that are not available commercially also are compounded by the pharmacy. Although only about 5 per cent of the prescriptions processed here require special compounding, such service is essential in a modern hospital. Special drugs are also compounded for use by Washington University researchers.

Supplying floor stock medications is another responsibility of the pharmacy. Many items that patients are not directly charged for, including such things as germicidal soap, hand lotion and medicinal alcohol, are among floor stock supplies furnished by the pharmacy.

The smaller of Barnes' two pharmacy locations is in the Wohl Clinics building. Operating during normal business hours, it supplies drugs to the emergency room and to Wohl Clinic floors. Barnes pharmacy facilities also furnish supplies to the emergency rooms of both Children's and Jewish hospitals when their pharmacies are closed.

Pharmacy technician Jim Miller demonstrates the operation of a special machine which automatically seals pills and tablets inside aluminum foil and plastic packages and also labels them with the correct name and dosage.
Expert Says St. Louis Should Become No. 1 Midwest Med Center

St. Louis hospitals, including Barnes, could serve as "launching pads for an immense effort to turn our city into the foremost national center for medical research," according to an article by Post-Dispatch writer Jake McCarthy. Citing the views of Professor Norton Long, head of the Center of Community and Metropolitan Studies of the University of Missouri at St. Louis, Mr. McCarthy says that such an effort could do much to prevent the decay of the city.

St. Louis already has a fine reputation for quality medical care on which to build, the article says, thanks to "the vast resources of the Barnes Hospital—Washington University Center" and other city hospitals. If long range plans to make St. Louis a national medical center became reality, the associated paramedical profession would serve "as an entry point for the poor to become wage earners." This would increase the city's tax base and forestall other civic problems, Long believes.

Long feels that urban planners have overlooked such possibilities to date, preferring instead a reservation concept with city residents the "inmates" and suburban dwellers the "keepers."

Barnes Hospital

Barnes Hospital Plaza
St. Louis, Mo. 63110

Barnes Bulletin

"Doctor's Notes"

Dr. James C. Warren, Barnes Obstetrician/Gynecologist-in-Chief, addressing the 47th annual convention of the Homer G. Phillips Hospital intern alumni association, said that the failure of the Missouri legislature to adopt progressive abortion laws discriminates against those who are unable to afford abortions elsewhere. "Present abortion laws do a great disservice to Missouri women, particularly those who are unable to go to other states for such procedures," he told the group.

"The heart remains normal and does not undergo depression."

Dr. James Bryan, Barnes assistant ophthalmologist, recently addressed the combined convention of the Montana and Alberta Academies of Oto-Ophthalmology in Great Falls, Montana.

Dr. Winfred L. Post, a former Barnes intern and resident, was honored for his 50 years of medical practice by the Missouri State Medical Association recently. Dr. Post has practiced in Joplin, Missouri, for nearly 48 years, treating eye, ear, nose and throat disorders. Dr. Post was also co-founder and first president of the Missouri Ophthalmological Society.