Burn Unit To Benefit From Firefighters’ Days At Six Flags

A weekend of fun and support of two St. Louis area burn centers—one at Barnes Hospital—will be the goal of a special fire fighters promotion at Six Flags Over Mid-America May 3 and 4.

Six Flags will donate $1 from each pre-sold ticket to be divided between the Barnes burn unit and a similar unit at St. John’s Mercy Hospital in St. Louis County. A variety of activities and displays are being planned for the two-day promotion.

Participating in the event are the Greater St. Louis County Fire Chief’s Association, Missouri State Council of Fire Fighters, City of St. Louis Fire Department, Barnes and St. John’s hospitals, Venture stores and Six Flags, located at Eureka, Mo.

Tickets for the special weekend will be sold by participating fire departments and all Venture stores. The burn centers will divide the Six Flags contribution on the first 10,000 tickets sold and will divide the $1.50 from each ticket sold over the first $10,000.

In addition to name entertainment being scheduled for May 4, in-park activity will include displays of fire fighting (Continued on page 2)

Barnes Receives Reaccreditation

Barnes Hospital has received word of continued full accreditation by the Joint Commission on the Accreditation of Hospitals (JCAH) according to hospital President Robert E. Frank.

Mr. Frank said that the accreditation is for two years, the maximum length granted by JCAH. Field representatives visited Barnes in December as part of the commission’s Hospital Accreditation Program. The accreditation will again be reviewed in December of 1976.

Continued accreditation indicates that Barnes has operated according to and met standards set by JCAH. The commission’s accreditation surveys are voluntary and JCAH is the major accrediting organization in the United States.

A preliminary self-survey, including detailed reports by hospital departments, was presented to the commission prior to visits by field representatives. The representatives reviewed information provided in the self-study and confirmed the study by visiting many areas of the hospital.

Mrs. Ethel Schneider Queeny Dies 1898-1975

Ethel Schneider Queeny, wife of the late Barnes board chairman Edgar M. Queeny, died Feb. 9 in Queeny Tower at Barnes. She was 76 and died following an illness of several months.

Mr. and Mrs. Queeny were well known for their civic interests and their gifts made possible Queeny Tower and other medical facilities at Barnes. Mr. Queeny served as chairman of the Barnes board of directors from 1961 until his death in 1968. He was a former board president and board chairman of Monsanto Company.

In addition to her interest in Barnes, Mrs. Queeny had other philanthropic interests and recently donated funds to Children’s Hospital for a renal dialysis unit and for renovation of an intensive care area for pediatric and general surgery patients. She also donated $1 million to St. Louis County for development of facilities at Edgar M. Queeny Park in West St. Louis County and additional funds from her personal inheritance for a family recreation center at the park.

Mrs. Queeny was born Dec. 11, 1898, in Washington, D.C., the daughter of Thomas Franklin Schneider, a Washington architect, and Mary Osborn Beach. She attended Miss Maderia’s School in Washington and married Edgar Monsanto Queeny in 1919 following his discharge from the U.S. Navy.

She had met Mr. Queeny, who was the son of the founder of the Monsanto Company, while visiting her uncle, Capt. Edward Beach, commandant of Mare Island Navy Yard and author of the novel, “Run Silent, Run Deep.”

Mrs. Queeny supplied organ music for part of the sound track for one of her husband’s wildlife motion pictures “North to the Wavies,” which was produced in 1955 for the conservation group, Ducks Unlimited.

Barnes Hospital president Robert E. Frank, speaking on behalf of the hospital and its board of directors, said: “The death of Ethel Schneider Queeny is deeply saddening to her friends at Barnes Hospital because this woman shared with her husband, Edgar Monsanto Queeny, a great concern for Barnes. Together they gave unselfishly of their time, talent and funds to help shape the destiny of the hospital.

“Their generosity made possible Queeny Tower, which stands as a sym-
Color Slide Show
Available For Viewing

A 20-minute color slide presentation, entitled "What is a Medical Center," has been produced by the hospital's public relations department and is available to interested groups and organizations.

Approximately 90 color slides of Barnes are synchronized with a taped narration by St. Louisan Bob Hille, a familiar voice on KSD Radio. The presentation explains that a medical center is a comprehensive health facility offering special services in unique facilities.

The presentation also deals with medical center research, Nobel Prize winners in medicine who have studied here, intensive care units and gives insights into the delivery and health care, including emergency and clinic care.

Designed to provide a quick tour of Barnes and its related institutions, the presentation is available to be shown to social, civic and service organizations outside the medical complex and also is available to groups or departments at the hospital.

Persons wishing to reserve the presentation for programs should contact the public relations office.

Texan Is New Chaplain

A Texas pastor with 14 years of experience serving hospital patients has been named chaplain at Barnes Hospital. The Reverend David A. Wyatt will assume his duties March 17.

Mr. Wyatt, who currently is associate director of pastoral care and education at Texas Medical Center in Houston, was selected for the position by a committee composed of representatives of the Methodist Church and Barnes Hospital.

A native of Amarillo, Tex., Mr. Wyatt holds a B.A. degree in history from Texas Christian University and the Master of Theology degree from Iliff School of Theology in Denver, Colo. He has been with the Texas Medical Center since 1967 and for six years prior to that he held a pastorate at Overlook Hospital in Summit, N.J.

Mr. Wyatt's clinical pastoral training was done at Colorado Psychopathic Hospital in Denver, Austin (Texas) State Hospital and St. Luke's Episcopal and Texas Children's hospitals in Houston.

He also has served pastorates in Colorado and is a member of several clinical pastorate committees for the Association of Clinical Pastoral Education and has served as chaplain supervisor for the association since 1960.

Mr. Wyatt succeeds the Reverend Robert Davis who resigned to accept the position as a director within the Division of the Ordained Ministry of the General Board of Higher Education and Ministry of the Methodist Church. He has been traveling to Barnes from Nashville, Tenn., to complete work with students in the clinical pastorate course at Barnes.

Rev. Wyatt has a daughter, Deborah, 17 and a son, David Todd, 4.

Mrs. Queeny... (Continued from page 1)

Mrs. Queeny is survived by a sister, Mrs. Florence Christensen of Washington, D.C. A son died in infancy. Private graveside services were held in Bellefontaine Cemetery and she had expressed the wish that, in lieu of flowers, memorials be made to Barnes Hospital. The Reverend Robert Davis, former Barnes Hospital chaplain, conducted the services.

Scope of Queenys' Gift Was Great

Queeny Tower, a multi-purpose health facility, dominates the Barnes Hospital skyline at Kingshighway and stands as a memorial to Mr. and Mrs. Edgar Queeny, two of the hospital's major benefactors.

Gifts from Mr. and Mrs. Queeny made the building possible and it was named in their honor. However, Mr. and Mrs. Queeny also made funds available for many other hospital needs and energetically supported the projects with donations of their time and talents.

From their first gift in 1960 to provide much needed laundry equipment, until the time of Mrs. Queeny's recent death, they gave generously for work in Rand Johnson, lobby renovation, general fund, wall coverings, graduate nurse scholarship fund, expansion fund, parking areas and plant fund.

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Hospital President Robert E. Frank said, "Queeny Tower stands as a memorial to Mr. and Mrs. Queeny but their commitment to Barnes will continue to be felt throughout the hospital as we move into the last quarter of the century."

Mrs. Ethel Queeny was a fishing enthusiast along with being an accomplished painter and musician.
Barnes Hospital administrators and medical personnel are putting the final touches on a new utilization review plan designed to fulfill federal requirements which will soon go into effect.

All hospitals treating patients receiving Medicare or Medicaid benefits are required to file a new utilization review plan to the Missouri Division of Health by April 1. The new requirements are designed to determine the medical necessity of admission and appropriate length of hospitalization.

A utilization review plan and committee were established in 1965 when the original Medicare law became effective. The new regulations require additional record keeping and review coordination and are considered by many to be the most substantial medical legislation since the original Medicare law.

In general, new regulations require rapid determination of the necessity of hospital admission, the setting of an expected length of stay, a review of patients exceeding the expected length of stay and medical care evaluation studies to promote effective and efficient use of hospital facilities.

All admissions, both elective and emergency, for Medicare and Medicaid patients must be reviewed within one working day following admissions to verify that the admission was medically necessary. The review may be done by a non-physician; however, a decision to terminate benefits must be made by a physician member of the utilization review committee.

The admission review will establish the diagnosis or symptoms indicating the need for treatment, the physicians plan of treatment, the date of any surgical procedures planned, a case history and recent test findings. The patient's data will be compared against written admission criteria developed by the committee and the patient must fall within regionally-established norms for his or her illness or injury.

If the review indicates no medical reason for admission, the admitting physician is notified. If the physician concurs, the decision will be made to terminate Medicare or Medicaid benefits. (Even so, the patient may remain in the hospital but will not receive the benefits.) If the physician does not agree with the review findings, at least two physicians on the utilization review committee must make a final decision.

After determination that a patient meets the admission criteria, the estimated length of stay is established and, if the patient remains hospitalized past the estimated date, another review must be conducted by the committee.

The estimated date of discharge is based on the individual’s condition and represents a point where the patient could reasonably be expected to be ready for discharge. The committee has the authority to change the initially assigned review date because of changes in the patient’s condition or treatment program.

The extended stay review follows the basic pattern of the initial review with the utilization review committee having final authority on whether or not federal benefits are to be continued. In the event of termination of benefits, written notice must be given to the hospital, the attending physician and the patient no later than two days following the decision to terminate.

The continuing medical care evaluation studies, also required by the new regulations, emphasize the identification and analysis of patterns of patient care and suggest possible changes for maintaining consistently high quality patient care.

Studies must include admissions, durations of stay, ancillary services such as drugs and biologicals, the professional services. The medical audit committee will document the results of the studies and must show how they have been used to improve patient care and effective use of facilities and services.

Dr. James Bucy, Barnes surgeon who is serving as chairman of the utilization review committee, said, “Most of us realized that legislation such as this would soon be coming. While one’s initial reaction may not be favorable, we must realize that the end result is better patient management and shorter hospitalization for some patients.”

Rich Grisham, an associate director for professional services, said that new regulations will require some additional employees and more record keeping. “This is far-reaching legislation,” Mr. Grisham said.

“It is one of several federal acts expected to result in more efficient use of facilities and improved patient care.”

Doctor Discusses Charting Information

An overflow crowd gathered Jan. 30 in Clopton Auditorium to hear a Vermont doctor discuss the Problem Oriented Medical Room (POMR).

Dr. Lawrence Weed, originator of POMR and director of the POMR information system laboratory at the University of Vermont’s College of Medicine, spoke to many medical and non-medical personnel and was sponsored by the education division of the Barnes Nursing service.

Barnes Hospital is changing its methods of charting to utilize POMR. This method is designed to bring a logical system to patient care by having problems listed individually and organized for solution. The change from a narrative form of charting to POMR makes possible the assessment of care actually given to the patient.

Maureen Byrnes of the education division said POMR will result in more efficient and systematic charting, greater continuity of charting and more complete information on charts.

Dr. Weed said POMR necessitates a change in education philosophy and that medical personnel must realize the need to be thorough. He also said that he does not believe memorizing information is as important as knowing where specific information may be found. He said that POMR should be used as a tool to improve the quality of patient care.

“The medical profession has always been concerned with the patients problems, but it also seems logical to have more records that preserve and identify those problems, records that ‘guide and teach.’”

Pat Keyes, former chairman of the hospital’s POMR committee, was instrumental in the inception of the program at Barnes. The committee is now headed by Pat Pawelczak.
Katly McClusky displays food "dice" used as an educational tool. The dice are rolled and participants identify the food value of the food landing on top.
Weight, and the losing of it, is one of the most common health problems faced today in the United States and many physicians, nutritionists and dietitians believe that a move away from dieting and exercising fads and a return to good basic eating habits are necessary for people to lose the extra pounds and maintain weight control.

Media advertisements show trim men and women who: a) drink diet soda, low calorie milk or beer; b) visit health spas or exercise studios; c) eat candy or take pills which supposedly depress the appetite; d) belong to weight loss clubs; or e) all of the above. While these approaches may allow an individual to lose weight, often the loss is only temporary when the individual returns to more routine eating and exercise habits.

Dr. Julio Santiago, chief resident in medicine at Barnes, said the problem is a combination of people eating the wrong foods as well as eating too much. "Obesity affects from 10 to 25 per cent of the population and is the most common form of malnutrition in the United States," Dr. Santiago said.

Dr. Santiago believes obesity is basically an aesthetic judgment. In many cultures, being overweight is regarded as a desirable trait and, in some, is a sign of wealth. Some individuals regard members of the opposite sex as more attractive if the person is "pleasingly plump" or "has some meat on their bones."

Scientists classify overweight subjects in relationship to bone structure and relative proportions of body fat and lean body mass. Dr. Santiago said obesity contributes to such conditions as diabetes and hypertension and that its causes include living in a highly-mechanized society that decreases daily exercise and eating highly-refined foods. Only a minority of overweight persons referred to Barnes have metabolic abnormalities other than eating too much or exercising too little.

"The diet food fad reflects a serious concern," Dr. Santiago said. "While I consider most health foods a waste of money, their popularity reflects the backlash against our adulterated foods. What people need is a well-balanced diet."

Dr. Santiago said that weight loss clubs are recommendable to people with weight problems after initial evaluation by a physician. "Most clubs stress the need for proper exercise, a well-balanced diet, gradual loss of weight and a continuing program of weight maintenance. The results in these groups are as good as those from attending the best medical or psychiatric clinics."

"The main problem for most people is not losing the extra weight but maintaining that loss. Many obese persons will put on and take off from 100 to 200 pounds in a year's time," Dr. Santiago said. "Much of the weight which people lose when they first begin restrictive dieting or strenuous exercise is simply excess water. This water is the first to go and the first to come back." Dr. Santiago believes diets are most effective in treating patients whose weight problems begin following adolescence.

Some individuals, normally the young and very active, can eat as much as they want and will maintain their proper weight. "As an individual grows older," Dr. Santiago said, "he or she should cut down on their calorie intake because their metabolic requirements decrease. If people continue eating as when they were younger, they will gain weight. An example occurs during adolescence when some girls become more "ladylike" and markedly decrease their physical activity."

Kathy McClusky, associate director for dietetic education in the dietetics department, said that many of the popular diets of the day make people think they can lose weight magically. "This goes against the laws of physics," she said. "A person either has to use the calories, by daily activities or exercise, or they are stored in the body as fat.

"There is no easy, simple or quick way to lose weight without the possibility of endangering one's health. A person either has to limit calorie intake or burn up the excess calories, or both.

"People who wish to lose weight should get advice from their doctor," she said. "This will verify that there is nothing physically wrong with the person. This is important because a person with a physical problem can, in some cases, compound their ailments by dieting."

The Journal of the American Medical Association last year warned that the "Atkins" and the "Stillman" diets have been found to be potentially dangerous, especially to people with renal disease, and may contribute to increased incidence of heart attacks.

"We don't live in a vacuum and we are constantly subjected to advertisements for all kinds of foods," Mrs. McClusky said. "We could do without a lot of the snack foods on the market today as well as many of the fad diets."

"We consider most of the popular 'quickie' diets as drastic methods to lose weight," she said. "The reason for their popularity is that many people see an immediate weight loss. However, this loss is rarely maintained because the person does not permanently reform the eating habits which first caused the weight problem."
Outlook Improving For CF Patients

Cystic fibrosis patients are being treated at Barnes, and that means that a number of these patients are surviving to at least 14 years of age. Just ten years ago one pediatric textbook indicated, “Rarely these children live to be as much as 12 years old.”

Dr. Arthur Squire, a second year fellow in pulmonary medicine, at Barnes received a $10,500 grant from the National Cystic Fibrosis Research Foundation during the past year to help support his work in young adult patient care. As grants go, that is a small amount, but it is indicative of a big story.

Cystic fibrosis is an inherited disease that affects the exocrine glands, causing a chronic congestion with sticky thick mucous-like fluids in the intestines, pancreas, and respiratory system. It is not rare, affecting one in every 2,000 children. (Parents know they are carriers only when a child is born with the disease.) The most serious problems occur in the lungs, and patients often succumb to pneumonia and other respiratory infections. The cause is unknown and there is no cure.

Cystic fibrosis centers in pediatric hospitals, such as the one directed by Barnes pediatrician Donald Strominger at Children’s Hospital, use the preventive medicine concept to treat patients. This includes antibiotic therapy, postural drainage, sleeping in a mist tent, and taking pancreatic enzymes to aid in digestion. Parents, particularly the mother, must spend hours each day working with the affected child to help him clear his lungs.

“Young adults with cystic fibrosis have a unique set of problems,” said Dr. Squire who is a member of the Young Adult Committee of the National Cystic Fibrosis Foundation. “Their physical illness does not go away, and in many cases becomes worse, with complications often arriving in crops. They develop emphysema, bronchitis and bronchiectasis and many of them are developing a form of diabetes. They continue to be dependent upon others and the natural adolescent rebellion must be thwarted to an extent.

“Breaking the ‘umbilical cord’ can be just as difficult for the parent, who has literally pounded the breath of life into the child. In fact, CF patients spend more time per week in physical therapy session than the average renal patient spends in dialysis.

“The psyche is a big problem area,” Dr. Squire said. “Adolescents are very concerned with how they look to others and because CF patients are generally thin, short and physically marked by spoonshaped fingers and constant sputum production, they do look different. They need a great deal of support.”

The cystic fibrosis patient is frequently over-protected by well-meaning parents who know only too well that a common cold can lead to irreversible pneumonia. Exercise that helps develop and clear the lungs is extremely important, yet exposure to ordinary childhood diseases and colds can be dangerous as can overheating or getting chilled.

Parents are used to doing all the talking for the child when they meet with the pediatrician, and they continue to do this even when the child reaches the teens. “We find these young people like having an ‘adult’ doctor and it encourages them to discuss their illness and therapy themselves rather than be the third party in the conversation,” Dr. Squire said.

“We are helping them learn how to manage some of their own therapy. One new aid is the percussor, which enables them to do the postural drainage by themselves. Teens are even

(Continued on page 8)
Gifts To Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from Jan. 20 to Feb. 19, 1975.

In Memory Of:

Brenda Klearman
Mr. and Mrs. Irwin Glazer and Sons
Mr. and Mrs. Max Goldman
Rosette and Alfred Ellman
Mr. and Mrs. Norm Schewesig
Mr. and Mrs. Harris Kramer
Mrs. Bess Kopitsky
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In Honor Of The Birthday Of:

Mr. Jesse Meyer, Jr.
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Mr. Malcolm Klearman

Aldo K. Germann, M.D.
Dr. and Mrs. Joseph C. Edwards

Mr. Angus S. Alston
Mr. Charles E. Clagggett

Two Barnes Hospital Employes Retire

Two retiring Barnes Hospital employes recently received Certificates of Appreciation from hospital President Robert E. Frank. They were Helen Cohen, a dieticians assistant, and Bernice Scott, cashier supervisor in the clinics.

Miss Cohen, who retired Jan. 31, was a Barnes employee for more than 17 years and said she felt like 2200 was her home. “The patients there are often very sick and I tried to be just a little more understanding with them,” she said.

She said she planned to “live it up” during her retirement. “I don’t get bored and find that I am very contented,” she said. “If I ever get in a rut, I’ll be back.”

Miss Scott was employed at Barnes for more than 50 years beginning work as a full-time employee in 1924 and retiring Jan. 31. “I want to enjoy life while I’m young enough,” she said.

Miss Scott was honored by Barnes last May as she celebrated her fifty-fifth employment anniversary. A dinner was held in her honor and she received a vacation trip to Europe. Prior to her retirement she was the guest of honor at a party given by co-workers.

Miss Scott plans to help care for an older sister who is ill and also plans to return to Barnes to do volunteer work.

Open House Is Planned

An open house in the dietetics department, with special emphasis on the food preparation areas, will be held March 25. All Barnes employes are invited to participate in the 20-minute tour to see how food is prepared. Employes should contact their supervisors to make arrangements to visit the open house.
CF Patients...

(Continued from page 6)

going away to college now, where they must take care of their own needs. This is a big step forward.”

When a young person with cystic fibrosis is hospitalized, whether or not because of his disease, special arrangements to continue his day-to-day therapy must be made. A mist tent must be supplied and a therapist must continue the postural drainage. Special diets are frequently necessary and continued use of enzymes and other medications is essential. If a surgical procedure is anticipated, special anesthetic techniques are necessary to avoid further lung damage. Support from the social services personnel is sometimes very important, too.

There are 37 patients followed by the cystic fibrosis clinic here who are classified as young adults, that is, 15 years or older, and there are approximately 50 more in the 10-15 year range.

“Many of our young adults are leading slightly restricted lives physically but we are really proud of them,” Dr. Squire said. “We have a nursing student, a high school teacher, a number of college students, and a growing number holding responsible positions in business. In fact, as a group, I suspect they are performing at a higher level than their physical conditions should permit. They are generally determined to ‘make it’ and they give what extra bit they can any time they have a chance.

“We have a long way to go in learning to treat and counsel our adult CF patients,” he added, “but we are doing better and don’t plan to quit until we can offer each of them as close to a normal life as possible.”

Barnes Celebrates State Housekeeping Day

Barnes Hospital housekeeping employees were wearing red carnations and smiles Feb. 14. In addition to being Valentine’s Day, the hospital also was participating in a statewide observance of Housekeeping Appreciation Day.

Missouri Gov. Christopher S. Bond signed an official proclamation designating the day in honor of all housekeeping employees in the state. Ernest Launsby, Barnes executive housekeeper, participated in proclamation ceremonies in Jefferson City. At Barnes, employees were presented with carnations by Mr. Launsby.

Hospital president Robert E. Frank expressed the hospital’s appreciation for work done by housekeeping employees. “This hospital could not go forward without the work which you do,” Mr. Frank said. “We appreciate each one of you and we are glad that we have this opportunity to express our feelings to you personally.”

New Validation Required

Employee identification cards must carry a 1976 sticker for the identification to be valid. Security director William Burket said employees should go to the security office for quick updating of the cards.

Other hospital administrators including Tom Winston, associate director for hospital service, and Dillon Truelove, assistant director also participated in recognition throughout the day. Refreshments were also available to the 275 housekeeping employees and the framed state proclamation was displayed in the East Pavilion lobby during the day.

Dietetics Holds Food Fair

Special information booths concerning nutrition were the main points of interest at the food fair sponsored by the dietetics department and the dietetic interns March 5.

The booths carried out the theme “Food, Fads, Fools,” the theme of National Nutrition Week March 2-8. Information on vitamins, cholesterol, dieting, labeling, the work of the hospital’s nutrition clinic and weight control were featured at the booths.

The fair, an annual event at the hospital, was held this year in the street level corridor from the East Pavilion to the original Barnes Hospital.