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Auxiliary presents check at annual meeting

Barnes Hospital Auxiliary presented $210,000 to the hospital at the organization’s annual meeting held at the Junior League Tea Room at noon April 19. The gift is the second installment on a $1 million, six-year pledge to finance the building of a patient care floor in the West Pavilion, which is scheduled for completion in 1980.

Auxiliary president Carol Minor presented the gift to Robert R. Hermann, a member of Barnes board of directors. She noted that the money was all derived from in-hospital services such as the Wishing Well gift shop, the Nearly New shop, and the Baby Photo service. “This means that the money we earn comes as the result of plain hard work by our Auxilians and volunteers,” she said.

The Auxiliary sponsors no fund-raising extravaganzas yet has donated more than $1.85 million to Barnes since 1959. Last year the Auxiliary completed an $850,000 pledge for a new cardiothoracic intensive care unit and earlier had financed the coronary care unit.

Robert E. Frank, president of Barnes, assured the gathering that the hospital is thankful for the monetary contributions the Auxiliary has made over the years, “but your contributions go far beyond dollars. You give of yourself, your time and your concerned feelings for ill or injured people. And there is no greater gift.”

Last year a total of 570 volunteers contributed 65,000 hours of service to the hospital working in such areas as the emergency room, occupation and physical therapy, recovery room, respiratory therapy, cancer information center, nursery, radiology, labor and delivery, as well as the Wishing Well and Nearly New shops. Mrs. Minor appealed to members of the Auxiliary who were not already volunteers to consider setting aside some of their time to work at the hospital. “You will find it a rewarding experience,” she said.

Noted business consultant, author and lecturer Sylvia A. Sorkin entertained those attending the luncheon with her talk on “It’s What You Learn After You Know It All.” Her message was “how to let the other guy have your way.”

New officers elected at the meeting included Edie Curtin, vice-president, finance; Marilyn McDonald, vice-president, program and hospitality; Doris Smith, treasurer; Flossie Hartman, assistant treasurer; and Elaine Wenneker, corresponding secretary. Mary Berenkamp and Dolores Shepard were elected to the nominating committee.

J. W. McAfee and Richmond C. Coburn retired as directors of Barnes Hospital on April 26. Mr. McAfee had been a director since 1945 and Mr. Coburn since 1956. Both will continue as directors emeritus.

At a special party in honor of the retiring directors on April 27, Robert E. Frank, Barnes president, pointed out that Mr. McAfee became only the fifteenth person to serve on the board since it was created by Robert Barnes’ will in 1892.

“In that year [1945] there was no Queeny Tower, no East Pavilion, no Peters Building, no Wohl Clinics, no Wohl Hospital, no Barnard Hospital, and no Renard Hospital. Barnes was just getting back on its feet following World War II when many of our doctors and nurses were mobilized as Hospital Unit No. 21.”

Mr. McAfee was a lawyer and a judge prior to becoming president of Union Electric in 1941. He served as UEs chairman from 1963 to 1973 and is currently an advisor to the board. At the same time he was active in civic and social endeavors in St. Louis as well as a tireless member of Barnes board, which he served as chairman from 1956 to 1961.

Mr. Coburn, like Mr. McAfee, holds a law degree from the University of Missouri. He entered the practice of law in St. Louis in 1925 and has been a partner in the firm of Coburn, Croft, Shepherd, Herzog & Putzell since 1949. He, too, has been active in civic and professional organizations. He served as vice-chairman of Barnes board from 1961 to 1966 and as a member of the executive committee since 1973. He was also instrumental in setting up the hospital’s self-insurance plan in 1976.

Mr. Frank said that both Mr. McAfee and Mr. Coburn had been dynamic forces in the life of Barnes Hospital, bringing their unique talents to bear in the increasingly complex world of medicine and overseeing tremendous growth in the hospital itself as well as advances in patient care. “We look forward to their future contributions as directors emeritus,” he concluded.

Front cover: Auxiliary president Carol Minor presents check for $210,000 to Barnes board member Robert R. Hermann during the organization’s annual luncheon. The money was the second installment on a $1 million, six-year pledge. (See story on this page.)
Alice Marshall, executive secretary to Barnes president Robert E. Frank, was honored for 40 years of service, and Ella Wright, central service aide, for 35 years, in festivities held April 14 in the Tiara room of the Chase-Park Plaza Hotel.

Five employees marked 30 years of service, including Ivey Anderson, Fannie Davis, Cora Glauser, Henry Potts and Ervina Visor. Nine have been with Barnes 25 years: Joseph Greco, Lonial Mae Green, Beuna Hawkins, Johnetta Hopkins, Leslie Mae Jones, Agatha Rollins, Samantha Russell, Ruth Snyder and Marion Warack.


The service award dinner is the first of two to be held this year and was in honor of employees celebrating anniversaries between Jan. 1 and June 30, 1978. A second dinner will be held in the fall to recognize employees whose special anniversaries occur between July 1 and Dec. 31, 1978.

Mrs. Marshall received a Barnes pin set with two diamonds and a sapphire. Mrs. Wright's pin contained two diamonds and a ruby. The 30-year pins are set with one diamond and two sapphires; the 25-year pins with one diamond and two rubies. The 20-year pins have three sapphires and the 15-year pins have three rubies. The 10-year pins have one sapphire. They were presented by Mr. Frank and other members of Barnes administration.
There was a day when nurses' caps told more than the books and collections recording the history of the profession that nurses wore head coverings. There are some who claim that the reason for wearing caps was to identify themselves as part of a profession that, through changing and diversifying, continues to work toward the goals of improving health care and its provision to the public.

One of those changes has been leaving off the cap either of the school graduated from or the universal cap. According to Maureen Byrne, a director of nursing, the school pins both men and women nurses receive at graduation are seen as sufficient identity by many nurses. “Caps get in the way, especially if there’s equipment overhead. Many nurses feel the cap has nothing to do with what they do. On the other hand, patients like to see the caps worn,” she said.

“We like to encourage nurses dealing directly with patients to wear theirs, although it is strictly voluntary. Uniforms and or caps are a visible expression that says ‘we’re nurses.’ There are St. Louis hospitals that mandate wearing caps and uniforms.”

At Barnes there are nurses who don’t wear uniforms—psychiatric, administrative nurses, and some nurse specialists, but on April 19 even Barnes’ six associate nursing directors, along with Miss Byrne, wore their uniforms as well as their caps.

Donna Granda, unofficial nursing historian at Barnes, sheds light on the origin of nurses’ caps. The first nurses were associated with religious orders that wore caps. Most peasant girls who became nurses wore hooded coverings. There are books and collections recording the history of nurses’ caps as they have evolved through the years down to the permastarch ones of today. There was a day when nurses’ caps told more about the people wearing them than they did to-day, such as whether they were LPNs or RNs. If a nurse does not own a cap but would like one there are uniforms companies that sell them.

Dr. Jarett emphasized that the work of these 313 dedicated people is recognized and appreciated every day of the year, but one particular day, April 13, was designated “Lab Appreciation Day” here to publicly recognize their efforts. Helen Morgan, administrator of the labs and coordinator for lab week activities, noted that most of the positions listed above require a general, categorical or specialist certification. Just a casual reading of what each position entails in education and perseverance gives renewed appreciation of their professionalism and dedication.

On April 13 lab workers enjoyed refreshments and were presented with corsages and boutonnieres, made by lab office personnel and service and supply persons. A nostalgia trip showed the evolution of lab techniques and tools within the last 20 years.

Lab Appreciation Day was part of National Medical Laboratory Week, April 9-15, which was promoted by professional laboratory groups. Official proclamations by governors and mayors as well as a joint Congressional resolution added local and national recognition of the importance of laboratory workers.

Dangers of hypertension stressed by Barnes doctor

May is National High Blood Pressure month, and Dr. Joseph Hanaway, a Barnes neurologist who is a leading advocate of public education about hypertension, contends that many lives could be saved if people were aware that high blood pressure is an asymptomatic disease that usually does not declare itself until complications occur. Unfortunately, most people do not realize how serious untreated high blood pressure is, and that it is reasonable to consider its complications the number one cause of death in the western world.

Hypertension can be defined as a persistent elevation of blood pressure of 150/90 and over. Even this is probably conservative, but there is no evidence yet that treatment of blood pressure in the 140/85 range is a benefit. There are, however, more physicians concerned with early hypotension and more people are being treated than ever before.

Dr. Hanaway said it is important for every adult to know what his blood pressure is—to know the numbers—and to understand from a physician what to do about it and what can be anticipated if chronic hypertension is not treated. The leading complications of high blood pressure are accelerated arteriosclerosis, heart attack and stroke. It has been said in the past that it is normal for the blood pressure to rise a few millimeters of mercury each year, so that when a person is 40 or 45, he can expect to have hypertension. Dr. Hanaway stressed that this is completely wrong, because it is not normal for one’s blood pressure to go up, despite the fact that it is common. People who are normotensive (120/80) rarely suffer significant complications of vascular disease.

Cap Day was observed at Barnes Hospital April 19. Many nurses continued to wear caps after the special week was over.

Year of the nurse, day of the cap

This is “The Year of the Nurse,” from July 1977 to June 1978. Decreed by the American Nurses Association and endorsed by President Carter, the year includes “Cap Day.” It is a day for nurses to identify themselves as part of a profession that, through changing and diversifying, continues to work toward the goals of improving health care and its provision to the public.

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Walking through the corridors of Barnes April 19, cap day, one found few nurses’ heads uncapped. The atmosphere glowed as floors celebrated with decorated cakes or simply enjoyed the day of recognition as major contributors to the improvement of health care. The consensus of the nurses asked was that it is very nice to belong to the profession and to be especially appreciated on their day.

Appreciation day honors lab employees

They are unseen by Barnes patients but their behind-the-scenes work benefits all who come to Barnes Hospital. Dr. Leonard Jarett, director of laboratories, says, “Their role of assisting in the diagnosis of disease and the treatment of patients can never be overemphasized.” They are the laboratory employees at Barnes—cytotechnologists, clerks, lab assistants, medical lab technicians, medical technologists and histologic technicians who work under the guidance of the physician and Ph.D. professional staff directing the laboratories.

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Compliance is a significant problem in the treatment of hypertension because patients do not know what the medication is doing without knowing how their blood pressure is responding. Dr. Hanaway is a strong advocate of the home use of blood pressure kits, so that informed patients can monitor their own blood pressure on a regular basis rather than have it done infrequently in the doctor’s office.

Dr. Hanaway said, “All too often patients will stop taking antihypertensive medicine because they feel good or they feel their pressure is not up, or a nurse tells them in a doctor’s office that their pressure is normal. This, of course, is wrong because the ideal result of antihypertensive treatment is normal blood pressure.”

He explained that hypertension is a treatable disease, and most people can have a significant reduction in blood pressure and reduction in its complications by taking a few pills a day and restricting salt intake. “The medicine can be effective treatment only if patients take their pills.” If it rarely produces a cure and must be taken for the patient’s lifetime. This is all the more reason why the hypertensive patient on therapy should take an active role in monitoring his own blood pressure, just as the diabetic does with blood sugar with regular urine tests. The patient should be trained in the use of the blood pressure cuff by a nurse or a physician, so that he can interpret the readings accurately.”

Education program for post-coronary patients

The St. Louis Heart Association’s Community Health Education Committee is sponsoring a free five-part education program for post-coronary patients beginning May 15. Roslyn Hofstein, cardiologist social worker at Barnes, is helping coordinate the series.

“After a Heart Attack” was developed to help discharged patients and their families face common problems through group discussion with experts. The series will be presented in five weekly meetings, on Monday nights from 7 to 9 pm at 4643 Lindell.

On May 15, a physician and nurse will lead discussions about anatomy and physiology (the cause and effects of heart attack). On May 22, a pharmacist and nurse will talk about medications; June 5, a dietitian will present diet information; June 12, a physician and social worker (Ms. Hofstein) will talk about activities and community services; June 17, a psychiatrist and social worker (Ms. Hofstein) will talk about the emotional aspects of a heart attack. Additional information is available by calling 367-3383.

Dr. Fair named acting surgeon-in-chief

Dr. William Fair, Barnes urologic surgeon-in-chief, has been named acting surgeon-in-chief and acting head of Washington University’s department of surgery. He replaces Dr. Walter Bal linger, who recently resigned as surgeon-in-chief and department head, positions he had held for ten years.

Dr. Fair has been at Barnes and WUMS since September 1975 and had previously been at Stanford Medical School.
Summer vacation time always brings with it a large increase in the number of home burglaries, according to area police, but there are ways to lessen your chances of being a victim. Abby McCarthy, RN on 2200, who is active in the Women’s Crusade Against Crime and organizer of Crime Prevention Day here, said the criminal needs three factors to accomplish his aims: desire, means and opportunity. “Although we may not have much control over the first two, we can do many things to lessen the opportunity,” she said.

Sociologists and criminologists have approached crime prevention by trying to eliminate desire or motive, but have found that there are as many motives as there are criminals and it was impractical to try to prevent crime by removing desire. On the other hand, it has become apparent that if the motive and opportunity are there, the criminal can easily find the means.

“This brings us to the third side of the triangle, opportunity, something we really can do a lot about,” Mrs. McCarthy said. “The burglar or mugger wants to make an easy buck, and he doesn’t want to get caught so he will choose a target that appears safe for him. If we can eliminate opportunity, even though the means and desire remain, we can make it very difficult, if not impossible, for the criminal to make either our person or our property his target.” She said that there are many crime prevention services in the St. Louis area aimed toward making the criminal feel less safe. Most fall into two main categories, reporting and target hardening.

Reporting may be active (mobile) or passive (stationary). The first includes citizen patrols, CB radio patrols and CBs in taxis and buses. Stationary includes such groups as the Crime Blockers, an idea that originated in the city of St. Louis about 1967 as Blockwatchers and in 1975 expanded to include St. Louis County. The theme of the Crime Blockers is “lend your eyes and ears to the police.” Volunteers are trained by their local police departments to be aware of suspicious activities in their neighborhood. They are asked to call the police and use a special identifying number making their report; this alerts the dispatcher that the observations are those of a trained volunteer while at the same time the caller can maintain a certain degree of anonymity. If further information is required, the Crime Blocker will be contacted by phone, not by an officer coming to his door, thus protecting him from possible revenge on the part of the would-be criminal. Anyone interested in becoming a Crime Blocker should contact their local police department.

“Target hardening” is a broad term that covers any means of making the target, whether it is one’s person or one’s property, less appealing and/or less accessible. Physical means of target hardening are doors, locks and other security devices. “The most ideal type of door is one of solid wood or metal construction,” Mrs. McCarthy said. “Most locks that are on a home or apartment when it is built are not enough of a deterrent and should be supplemented with a dead-bolt type of lock that has a bolt with a one-inch throw (that is, the length of the bolt when extended from the door should be at least one inch). The core of the bolt should be of hardened steel. Doors with windows should be equipped with a double cylinder lock operated by a key both inside and out. Needless to say, the key should be readily accessible if you have to leave the house quickly but not where the burglar can reach it through a broken window.”

She cautioned that bars on windows are an excellent means of keeping a burglar out, but in case of fire they will also keep the firemen out and the occupants inside. “There are other means of making your windows secure. The simplest and least expensive is to pin the top and bottom sashes together with hinge pins or a No. 10 or 12 common nail. Simply drill a hole larger than the diameter of the pin through the lower sash and into the upper sash. You should be able to pull the pins out quickly from the inside, but they will deter the burglar who doesn’t want to spend a lot of time getting into your home and risk being seen or heard.” She said a similar method may be used to secure both panels in a sliding glass door. “Drill a hole through the track and into the frame and insert a pin in the same manner. This not only keeps the door from being readily opened but makes it impossible for the doors to be removed from the track.”

Mrs. McCarthy pointed out that it is very important that all family members and babysitters be aware of the location of these pins and how to remove them in case of emergency.

If after all these precautions are taken, a burglar still gets in, there are ways to prevent him from walking off with your property. If the door is locked with a deadbolt and the key is not available, he may try removing the hinges. This can be prevented. Simply remove two screws opposite each other from both leaves of the hinge, insert a screw or concrete nail into the leaf on the door jamb, letting it protrude one-half inch, and then drill out the opposing screw hole in the door. Do this in both the top and bottom hinges. When the door is closed the hinge pins can be removed, but the door will remain securely in place.
“Your municipal police department will send an officer to your home to give you a free security survey and tell you what needs to be done to secure your property,” Mrs. McCarthy said.

Another method of making your property less attractive to the criminal is to decrease its marketability. “When we speak of fencing, we do not mean picket or cyclone,” Mrs. McCarthy said. “We are talking about one who buys, sells, trades, receives, plans, directs or instigates property crimes. And if the fence doesn’t want your property, there should be little or no profit in it for the burglar.”

Operation Ident is probably one of the best-known programs to make property less marketable. Police departments and many libraries have Ident tools, which may be used to engrave the owner’s driver’s license number on belongings. A primary focus of Operation Ident is the Blue Hand decal for doors and windows, which tells the potential thief that the belongings in the house are all marked for ready identification which would make them unacceptable to most fences.

It is also very useful in the return of property should it be stolen. The use of the engraver has been supplemented by a pen whose invisible markings are visible only under black light. These pens are designed primarily for use on furs, paintings and other items unsuitable for the engraving tool. “Unfortunately, not enough people are taking advantage of these programs,” according to Mrs. McCarthy. She said that in a survey, the Women’s Crusade Against Crime found that percentage-wise more residents in the Jefferson City jail use Operation Ident to protect their property than do the residents of the City of St. Louis.

Another important thing to remember is that training and behavior modification do not always apply just to the criminal. “We need to train ourselves or modify our behavior to increase our own safety,” she said. “If you must be out at night, for example, always walk in well-lighted public areas and away from dark alleys or corners. One of the best safety devices a person can have is noise—loud noise. You can carry a police whistle or, even better, a shrill alarm.”

The shrill alarm is only slightly larger than a lipstick and can be carried in the hand when a person is on the street, in parking garages or out at night. It is activated by a squeeze and makes a loud, piercing shriek that should startle even the most aggressive attacker and give one an opportunity to escape. Mrs. McCarthy pointed out however, “The most important thing to remember is that a whistle or shrill alarm does not work if it is in your pocket or at the bottom of your purse. And you must be ready to run to the nearest well-lighted area or public building. Be aware of where you are.

“When you approach your car, always check under it and in the back seat before you get in. If someone is in it, do not stop, but go immediately to summon help. Once in the car, keep all doors locked and if someone approaches your car while it is stopped at an intersection, start honking your horn and flashing your lights. If you think you are being followed, do not go to your home, but drive into a service station or the nearest police station and again attract attention to yourself.”

If your car breaks down or becomes disabled, do not leave it. Stay inside with the doors and windows closed and locked. Tie something white to the door handle and if someone stops to help, open the window only enough to communicate that you need help sent. Do not accept a ride. The highway patrol has Send Help signs which can be displayed in emergencies.”

Police advise that the single most important thing one can do to prevent being the victim of a crime is to “be aware of how you and your property look to someone with criminal intent. Are you inviting crime?” Awareness is the key word.

One final point, Mrs. McCarthy emphasized: All the above applies to men as well as women!
Education: an important part of patient’s recovery

Along with the national wave of consumer interest has come an increase in patients’ interest about illnesses, treatments and the details of hospitalization. Health professionals welcome patients’ questions and growing knowledge, because an educated patient is better able to handle illness and assist in quick recovery.

Barnes Hospital offers patient education programs ranging from prepared childbirth classes for groups of expectant parents to individualized instruction for a patient about to undergo heart surgery. The programs meet the needs of inpatients, incoming and recently discharged patients, as well as members of the community.

Most patients come in contact with health education during their hospitalization at Barnes. The department of dietetics, for example, has dietitians responsible for each patient floor. The dietitian visits each patient and discusses any special diet the physician may have ordered. The dietitian takes care to explain the reason for a special diet and helps the patient adapt his or her regular eating habits to fit the requirements of the diet.

The department of dietetics also helps with patient classes held at Barnes. A presentation by a dietitian is one component of the class for diabetics and for expectant parents. Dietitians are also involved in teaching newborns about infant feeding and the nutritional aspects of breastfeeding. Two dietitians work in the nutrition clinic assisting patients who are not hospitalized.

Barnes social workers are also involved in patient education. Each social worker specializes in a certain category of illness such as heart, gynecology or neurology. The social worker visits the patient along with the nurses and physicians caring for the patient and has the important job of seeing that the patient and his family understand the illness and the treatment.

Social workers also help patients prepare for changes in their lives after discharge. Their special training helps them to recognize what may be troubling a patient and to reassure the patient. The Barnes social workers are well acquainted with resources in the community and can help patients take advantage of the services offered by agencies outside the hospital.

Special educational programs are used by the professionals serving patients with certain illnesses. These programs are coordinated by the education and training department and most of the teaching is done by nursing personnel.

Patients who require open-heart surgery are carefully prepared for their operation by the nursing personnel on 2200. The day before the surgery, a nurse from that division visits the patient with a pamphlet that describes what will happen that day and the morning of surgery. The pamphlet discusses what happens to the patient after surgery and explains the tubes and other equipment the patient will be seeing. The nurse answers questions the patient and family have and invites them to visit the 2200 ICU and meet the personnel who will be caring for the patient on that floor.

Before discharge, heart patients receive another pamphlet that helps them care for themselves. This pamphlet describes activities that are good for the patient and those which should be avoided, explains medications and provides a dosage schedule and telephone number to call the doctor. The extensive preparation and education for heart patients helps relieve their distress and hastens their recovery.

Patients with end-stage renal disease also receive specialized education about their illness. Theda Guzman, RN, coordinator of end-stage renal disease, visits each patient who is nearing kidney failure. Mrs. Guzman explains kidney dialysis and transplant. She gives the patient booklets that further describe the alternatives so the patient has enough information to make a choice.

“I deal with the patient and with the family,” Mrs. Guzman said, “because you cannot separate the two. They are both important.” Mrs. Guzman added that the physician, social worker and dietitian also work with the patient and family to make sure they understand the illness.

Other inpatients who benefit from Barnes teaching programs include diabetics, who can attend classes Monday through Thursday, as well as receive individual instruction by nursing personnel and dietitians. The diabetic learns about his or her disease, insulin administration, urine testing, skin and foot care, meal planning and how to avoid complications.

Ostomy patients, who have had part of the bladder or bowel removed, are also given individual instruction by trained nursing personnel. The nurses teach the patients how to use the special ostomy equipment, how to care for the skin around the site of the surgery and how to adjust and accept the ostomy. The nurses pay special attention to the psychological state of the patient and make sure the patient is fully prepared before the surgery. After surgery, the patient’s attitude is still very important, and the nurses try to inspire the patient to be independent.

Pulmonary patients, those with chronic lung disease, can receive education about their illnesses as inpatients and as outpatients. Jill Feldman, a nurse specialist for pulmonary patients, explains how the lung works, treatment regimen, pulmonary hygiene, breathing exercises, medications and how to take care of special equipment.

Another category of inpatients who receive special training during their hospitalization is new mothers. Classes are held six mornings a week and nurses and nursing students teach the mothers about breast-feeding, nutrition, infant feeding and formula making, family planning and bathing the baby. Throughout the classes, and in individual contact with the mothers, the instructors stress interaction with the baby, the characteristics of a newborn and the importance of the father and other family members.

Closed circuit television will soon be available again for obstetrics and other patients to view educational programs on their room televisions. Programs will deal with breast-feeding, breast examination, contraception, relaxation, aging, cancer and other topics of interest to a large number of patients. The education and training department is planning to offer closed circuit programming to all patients in the East Pavilion initially. When the West Pavilion opens, the programming will be available to all Barnes patients.

Besides television programming, education and training is also responsible for the coordination of most of the educational programs for inpatients and outpatients. Jane Scopelite, patient education coordinator, provides resources for the instructors and helps them evaluate the patients’ responses to the programs offered. “The primary responsibility for patient education lies with the professional,” said Rusti Moore, director of education and training, “Barnes realizes that a planned, evaluated, ongoing educational experience needs to be a part of patient care.”

Barnes Medical Advisory Committee supports the concept of patient education and established a patient education subcommittee to give advice and guidance to the hospital’s educational efforts. The Department of Health, Education and Welfare and the American Hospital Association also recognize the need for, and encourage, patient education.

Patient education at Barnes extends beyond the programs offered to hospitalized patients. Outpatient programs include prepared childbirth classes in which several departments collaborate: nursing service, dietetics and volunteers (who conduct tours through the labor and delivery areas).

Education and training personnel, as well as other staff, give instruction in many areas of health care to community groups. Several public programs were recently conducted by the hospital in an effort to share health knowledge with the community. Hypertension Day, sponsored by Barnes Auxiliary, offered free blood pressure checks and hypertension information. Medic Alert, also sponsored by the Auxiliary, gives information about tags engraved with lifesaving medical information. Quit Smoking Clinics, administered by education and training, are an ongoing program to help smokers cut down or quit, and social work sponsors a nursing home seminar to help families select a suitable home for their elderly or ill relatives.

A new mother, Nathanne Gitt, receives breast-feeding information from Wilma Fischer, RN.
Dr. Goldring named to National Advisory Council

Dr. Sidney Goldring, neurosurgeon-in-chief, has been appointed to the National Advisory Council of the National Institutes of Neurological and Communicative Disorders and Stroke. He will serve from March 15, 1978, through Oct. 31, 1981. The Council serves as the principal scientific policy advisory group to the Director, National Institutes of Health, on all matters of responsibility of the National Institute of Neurological and Communicative Disorders and Stroke, giving particular emphasis to its extramural programs of grants and contracts.

Hospital notes

Dr. John D. Vavra, Barnes physician, participated in "Reflections on Patients' Rights and the Hippocratic Oaths" at St. Louis University Medical Center April 17.

Dr. Michael Kyriakos, Barnes surgical pathologist, was elected to the Kirkwood R-7 school board at elections held April 4.

The following are reported on staff: Drs. William G. Bowen and Marc Hammerman, assistant physicians, effective March 1-June 30, 1978, and Dr. Mary Ann Mazur, assistant psychiatrist, effective March 1.

Jim Hubbard, public relations director, and his newborn daughter Sarah are featured on the cover of "Fathering In Birth and Death," by Celeste R. Phillips and Joseph T. Azalone, a book published in March by The C. V. Mosby Company.

Dr. John J. Delfino, oral surgeon-in-chief, has been given the responsibility of assistant dean for hospital affairs and advanced education for Washington University School of Medicine in addition to his duties as chairman of the department of oral and maxillofacial surgery.

Dr. Walter Bauer, surgical pathologist-in-chief, completed the Boston Marathon in 3 hours, 14 minutes on April 17. This was the eighth time he had participated in the famous Patriots' Day event. Julio Happa, chief technician in surgical pathology, finished the Marathon in 3 hours, 40 minutes.

Dr. Hugh M. Wilson dies; former radiologist-in-chief

Dr. Hugh M. Wilson, Barnes radiologist-in-chief from 1949 until 1963 and the second director of the Edward Mallinckrodt Institute of Radiology, died on April 21 at the age of 75. He had been associate radiologist-emeritus since 1963.

The Association of University Radiologists had planned to award Dr. Wilson its first Gold Medal at its annual meeting on May 3 in San Antonio, Texas. The medal has been established to recognize distinguished radiologists for their contributions to both academic radiology and the association.

Dr. Wilson, whose wife, Mary, died last year, is survived by a sister, two daughters and a brother. The family has asked that any memorials be made to the Mallinckrodt Institute of Radiology, to the attention of Dr. Ronald Evens, director.

Receive certificate for cost containment

Barnes Hospital has been awarded a Certificate of Recognition by the Hospital Administrative Services on behalf of the American Hospital Association for the hospital's efforts toward cost containment.

The certificate recognizes Barnes' voluntary participation in a management information program designed to contain costs and monitor productivity. HAS provides information based not only on Barnes' own internal operation but also compares with other institutions of like size. The program was begun in 1959 and now has more than 3,000 participating institutions.
Johnson named associate food service director

Marva Johnson, new associate food service director, began her career at Barnes in 1962 as a dietary aide, now called food service worker I. The job included delivering hot trays of food to the patients and part of it was to put heat pellets in the trays. “Just to show how things change, big and small, the trays come with the pellets already in them now,” she said.

In 1969 Mrs. Johnson became cafeteria supervisor after having served as assistant supervisor in charge of the dishroom. As supervisor, she had total responsibility for the management of the cafeteria. She was named associate food service director on April 3, 1978.

Noting Mrs. Johnson’s rise to her present position, Kathy McClusky, director of dietetics, said, “Marva seems to have a natural talent for management. She has attended all the management-type courses available to her. She has a well-deserved reputation for being very fair, she is super-good at organization, and the many people who know her are very glad she has been named associate food service director.”

In her new position, Mrs. Johnson will be a part of the management team that will make decisions affecting the operation of the department of dietetics. She said she enjoys that, and speaks enthusiastically about her new job with all its organizational and management duties. “It’s a challenge,” she said with a sparkle.

Hospital Week observed at Barnes May 7-13

“We wish you well!” became more than a phrase of good cheer the week of May 7 to 13 at Barnes and at hospitals throughout the country. The American Hospital Association sponsors the week annually. This year’s emphasis is on recognizing and applauding the hospital employees who make it all work.

Wearing “We wish you well” buttons Barnes employees spread the word. Posters put up in the hospital echoed the message.

Barnes Auxiliary honors doctors on their day

Members of Barnes Hospital Auxiliary presented doctors with red carnations and served them coffee and doughnut holes on March 30, a day set aside annually as Doctors Day to pay tribute to the men and women of the medical profession who serve Barnes patients.

The Auxiliary set up tables at five locations throughout the hospital, including Wohl, Reardon, East Pavilion, Queeny Tower and the doctors lounge. Audrey Kolker served as chairman; other workers included Mary Barenkamp, Edie Curtis, Flossie Hartman, Mary Long, Buddy Mathis, Carol Minor, Shirley Pfeifle, Dolores Shepard, Doris Smith, Clara Tremayne and Elaine Wenneker.