Junior Volunteers feted at baseball game

Barnes Junior Volunteers were feted at a Cardinal baseball game on August 17 as part of ceremonies honoring them for their service at the hospital during the past year.

Two young women, both of whom plan to be nurses, were recognized for 1,000 hours of service. Robert McAuliffe, Barnes vice-president and controller, commented on this achievement, pointing out that 1,000 hours is equivalent to a half-year’s full-time employment and is difficult to attain. The honorees, Robin Brown and Shelley Reber, have volunteered at Barnes for three years and four years, respectively.

Six junior volunteers received 500-hour pins: Rhonda Foster, Patricia Hogue, Karen Kolker, Kevin Lawrence, Peggy Loewe and Rachel Mertoles. Five had reached the 300-hour milestone: Mark Barnes, Lynn Gavin, Susan Gerau, Rachel Jungkunz and Susan Miller.


Mary Wessling and Mark Barnes spoke on “Junior Volunteering from Our Point of View.” Both emphasized the satisfaction they have derived from helping patients at Barnes.

Robert Shircliff, evening administrator, complimented the volunteers on the good cheer they bring to patients, saying that their ready smiles bring joy to frightened, lonely and sick patients with whom they come in contact at Barnes. “Remember that a smile is always your greatest asset, no matter where life takes you or what career you choose,” he said.

Others participating in the ceremonies before the baseball game included Shirley Pfeifle, Junior Volunteer chairman; Carol Minor, president of the Auxiliary; Katie Beyer, director of volunteers; Ellen Barron, assistant director of volunteers; Mary Barenkamp, vice-president, volunteer services; Doris Smith, Auxiliary treasurer; Audrey Kolker, projects chairman; and Marilyn MacDonald, vice-president, program.

The Cardinal management provided the tickets for the game, and Pet, Inc., provided complimentary parking. The Auxiliary treated the volunteers and their parents to hotdogs and soft drinks. The Cardinal players provided a winning score of 4-3 over the Atlanta Braves.

Dr. Fredrickson to give Wendell Scott Lecture

Dr. Donald S. Fredrickson, director of the National Institutes of Health, will deliver the seventh annual Wendell G. Scott Lecture at Mallinckrodt Institute of Radiology. He will speak on “Minding the biomedical continuum” at 4 p.m. Tuesday, October 10, in Scarpellino auditorium.

The Wendell G. Scott Memorial Lecture was established by friends and colleagues of the late Dr. Scott as a living memorial to his excellence and leadership in radiology and medicine.

United Way campaign gets underway

“I do believe we’ll meet our goal this year based on the fine employee participation in the past,” said Maureen Byrnes, associate director of the hospital and director of nursing. She is chairperson for the 1978 United Way campaign at Barnes. Miss Byrnes and Barnes Hospital president Robert E. Frank recently attended a kick-off breakfast to help determine what commitments will be made for this year’s United Way campaign.

The campaign will get underway officially September 15 with a kick-off luncheon at the Bel Air East and will close with a victory luncheon November 10. Barnes’ employees will be trying to reach a goal of $76,300, a six percent increase over the 1977 goal. Last year, Barnes’ employees contributed $71,349 to the United Way campaign.

Edward J. Schnuck, the 1978 campaign chairman for the United Way of Greater St. Louis, announced the goal for the 1978 campaign, a record $20,000,000. Last year, $19,271,000 was collected throughout the St. Louis area. Mr. Schnuck said, “There is more than meets the eye behind this goal. The $20,000,000 is no figure plucked out of a magician’s hat.”

He explained that this year’s goal came from goal-setting committees whose members are representatives of a wide cross-section of the community. The committees looked closely at the local economy and balanced economic factors against the increased need for money for the agencies and services supported by the United Way.

Both Mr. Schnuck and United Way president Zane Barnes are members of the board of directors of Barnes Hospital.

“The are a lot of fine organizations dependent on the United Way, many of which our employees take advantage of,” Miss Byrnes said. Approximately 100 health-related and social welfare agencies are served in St. Louis, St. Louis County, northern Jefferson County, St. Charles County and St. Clair County, Ill. Among the organizations which benefit from the United Way are United Cerebral Palsy, Red Cross, Arthritis Foundation, St. Louis Hearing and Speech, Boy Scouts and Girl Scouts.

According to Miss Byrnes, each Barnes employee will be asked to give his fair share. The employee can give in one of two ways, by giving the full amount at one time or by participating in the payroll deduction plan which spreads the deduction out over as long a period as the employee chooses.

“In addition to the overall hospital goal, there’s a goal for each department,” Miss Byrnes said. She will be contacting department heads with information concerning the program, sending out flyers, posting signs throughout the hospital and making films available to those interested in learning more about the campaign.

Miss Byrnes said that she is confident that Barnes employees will continue to show support for the St. Louis community by supporting the 1978 United Way fundraising campaign. “Barnes has done an outstanding job in the past,” she said.
International cooperation for kidney transplant

A recent kidney transplant at Barnes Hospital had a distinctively international aspect. The patient, a Korean, lives in Tokyo, Japan. The donor, her brother, is from London, England. The patient’s parents live in Rangoon, Burma, and the patient’s husband is from St. Louis. The couple met in Nepal where both were in the Peace Corps.

Combine those facts with a recent trip by two Barnes surgeons to the Mideast, Sri Lanka and Tokyo and the result is a story of incredible logistics along with a happy ending: a young woman whose life has been dramatically improved because of modern medical and surgical technology.

Selina Conner, 26, is a native of Korea now living in Tokyo with her husband, David, a native of St. Louis. David Conner is an account executive with Citibank of New York’s Tokyo branch. Mrs. Conner developed kidney disease four years ago while a college student in the United States. The disease progressed to total kidney failure approximately six months ago and Mrs. Conner began lifesaving dialysis.

Mr. Conner’s mother is Mrs. Marybelle Conner, secretary to Barnes ophthalmologist Dr. Allan Kolker. Mrs. Conner mentioned her daughter-in-law’s medical condition to Dr. Kolker who arranged for Barnes renal specialists and transplant surgeons to become involved in the case.

Selina Conner’s father, Dr. Y. S. Kim, who is with the World Health Organization, arranged for histocompatibility tests to be given to all family members including the brother in London and other brothers in Korea and India. The tests showed that John Kim, a third-year medical student at London Hospital Medical College, was the closest match for the kidney transplant donation. He underwent further tests in London as doctors in Japan continued to treat Selina.

Earlier this year Drs. Charles Anderson and Edward Etheredge, transplant surgeons here, traveled seven weeks for the U. S. State Department to a number of countries in the Mideast and Far East. They arranged to stop in Tokyo to visit the Conner and Kim families, to go over Selina’s medical records and to make arrangements for the transplant operation at Barnes. The decision to have the surgery in the United States was made primarily because Japan has had little experience in transplant operations. Doctors there had advised that the surgery be performed in the United States.

Barnes was chosen because St. Louis is the hometown of Mr. Conner and because the hospital is among the top ten hospitals in the country in terms of experience with kidney transplants. Each year between 50 and 60 kidney transplant operations are performed here. Barnes and the Veterans Administration Hospital are the only two institutions in the St. Louis area that do kidney transplants.

Mr. and Mrs. Conner arrived in St. Louis in early July. Selina continued to undergo kidney dialysis while having still more pre-surgery testing. John arrived from London on July 15 and entered Barnes shortly after. Dr. and Mrs. Kim arrived July 24, just prior to the July 26 operation.

Both John and Selina were anesthetized at the same time and the operations were performed in adjoining operating rooms. The operations were coordinated so that when the kidney was removed from John, surgeons were ready to immediately transplant it to Selina.

The operations were successful and John was discharged from Barnes one week later. The rates of success for living-related kidney transplants are 65 to 95 percent, much higher than the 50 percent success rate for cadaver kidney transplants. (Dr. Anderson and Dr. Etheredge pointed out, however, that a person is lucky to have a relative able to donate a kidney. Most transplants are of cadaver kidneys, which are constantly in short supply, especially in the St. Louis area.)

Although David Conner had to return to Japan to resume his job two weeks after the surgery, Selina will stay with Mrs. Conner for a couple of months as her progress is constantly checked in the transplant clinic here.

“I began to feel better the day after the operation,” Selina Conner said. She knows there is a chance for rejection, but is optimistic, as are her doctors. Her father, Dr. Kim, said he is impressed by the total dedication and teamwork of the doctors, nurses and staff at Barnes. “This could not have happened had it not been for the effort of many, many people. Barnes reputation is well justified.”

A story about the transplants and the Conner and Kim families appeared in early August in the "Good Morning News" as "Rocky Mountain spotted fever on increase"

Rocky Mountain spotted fever on increase

A wet spring and a significant increase in the tick population has resulted in an upsurge in the number of cases of Rocky Mountain spotted fever in the Missouri-Illinois area. “The name itself is a misnomer,” said Dr. Lawrence Gelb, infectious disease. “There are far more cases in the East than in the Rocky Mountains, and Missouri and Illinois have lots of ticks.”

The disease was first recognized in 1896 in the Bitterroot Valley of Montana, and the name “Rocky Mountain” has stuck. It spreads from small mammals to ticks and can be transmitted from the adult female to its young. Because ticks live for several seasons and do not become sick themselves, there is always a reservoir of ticks carrying the organism.

In humans, the first symptom is the sudden onset of a severe headache, followed by muscle and joint pains, particularly in the back and legs. Other symptoms are shaking chills, weakness, nausea and vomiting and a temperature of 103° to 104° F. Most victims can recall a recent tick bite.

The rash that gives the disease its name is a late symptom, occurring on about the fourth day after the fever begins. Unlike most rashes, which start on the face or trunk, spotted fever rash begins on the wrists and ankles and spreads from the extremities to the body within a day. A significant feature is that it appears on the palms and soles. Symptoms begin three to 12 days after a tick bite and, generally speaking, the shorter the incubation period the more severe the disease is.

Because a tick must feed for several hours to transmit Rocky Mountain spotted fever, the best preventative is prompt examination of the entire body including hairy parts and removal of ticks after being in a tick-infested area. Insect repellents help but are not very effective, Dr. Gelb said. He suggested cover-up clothing that has tightly fitting openings and leaves very little skin exposed. He stressed that the whole tick, including the head, must be removed and that the tick should not be crushed during removal as that could contaminate the bite wound with the organism.

There have been no new breakthroughs in tick removal. The age-old methods include touching the tick with gasoline or whiskey or with a hot match or cigarette butt. Dr. Gelb said that since the tick breathes through holes in its body, coating it with Vaseline will often cause it to back out.

“The best prevention is to stay out of the woods or to be diligent about checking for ticks several times a day,” Dr. Gelb said. “Cabinets that are infested should be sprayed with a strong insecticide. Children are the most frequent victims of the disease east of the Rocky Mountains because they are the most frequently exposed to ticks. If symptoms of the disease appear, one should see a doctor. Oral antibiotics will usually be effective in two or three days if a patient is seen early.”
Safety first pays off on construction site

"People are coming and going constantly here and that increases the chances for an accident," said Ed Thurman, safety director for Barnes Hospital. Among his many duties, he is in charge of supervising safety on the current construction job at the hospital which is adding four floors to the East Pavilion, building a new 17-story West Pavilion and tying the West Pavilion to the older buildings with renovation.

Mr. Thurman looks for any problem that may cause trouble, and cooperates with the contractor to correct it before it does. He is especially concerned with watching for fire hazards, and keeps an eye out for such things as unsafe welding torches and accumulation of debris that could lead to fire.

He attempts to go through the construction area every day, and meets with the contractor and sub-contractors once a week to iron out problems and to check on the progress of the job. He pointed out that according to records furnished by the contractor is required to post signs to the entrance to the hard hat area warning of the construction and to place chains with warning signs at each end of the working area. In addition, there is a canopy outside the East Pavilion which protects passers-by from any falling objects.

As far as protection for those working in the construction area, Mr. Thurman said that "on any construction job, once you get in the area, you are required to wear a hard hat." (He has his own and wears it on any visit to the area, as do other hospital personnel who have reason to be on the site.)

Before construction even began, Mr. Thurman met with the contractor and gave him a list of 25 safety rules to follow. These include such things as having the contractor comply with the National Electrical Code when doing electrical wiring and having a fire extinguisher nearby when welding.

The construction, which began about a year ago, is expected to be completed in mid-1980.

Square dancing as a cure for disco fever

While the general masses have been suffering from the fever known as "disco," there are some who tap their toes to a different beat. More than 3 million insurance executives, retirees, doctors, students, homemakers, accountants, photographers and nurses throughout the U.S. are shuffling their feet to square dance music.

Square dancing has its roots in early midwestern U.S. history, back to the country gatherings when it served as a festive occasion to say "howdy" to fellow townspeople; a time to forget the cares of the day, a time to relax and enjoy good company.

What makes a square dancer? There is no set criteria; no specific personality traits or distinctive physical features. Square dancers are simply people who like to have a good time and who like to share that good time with friends.

Square dancing today entails much more than a simple "do sa do" and "swing your partner." Persons interested in actively pursuing square dancing generally take lessons to learn the 200 calls necessary to join a club. There are more than 3,000 commands listed in the Encyclopedia of Square Dance Calls.


Modern square dancing outfits are not bib-overalls and gingham housedresses. The man's western tie, shirt and slacks are color-coordinated to match the woman's frilly skirt, complete with layers and layers of stiff petticoats.

Dixie Fehrmann, RN in the East Pavilion operating rooms, and her husband Bob have been dancing for a total of 26 years. Mr. Fehrmann has been square dancing for 18 years. "I really got interested in dancing after Bob and I were married eight years ago," said Mrs. Fehrmann. "I completed the classes in 1972 and since that time, we've been a dancing duo.

A Barnes employe for 13 years, Mrs. Fehrmann enjoys square dancing but contends it is the people who are the main attraction. "Everyone is so nice. But we're not all aging backwoodsmen, as many people may think," she said. "There are 3,000 of us in the St. Louis metropolitan area. We have dancers from 16 to 83 years of age, ranging from high school students to cardiovascular surgeons to retired engineers."

"There is a bill presently before Congress to make square dancing the official U.S. dance. In April the U.S. Postal Service issued a stamp commemorating square dancing," said Mrs. Fehrmann. "We even have a float in the annual Rose Bowl Parade."

Bob Fehrmann has been a square dance caller for many years. Two years ago, Mrs. Fehrmann became interested in "calling" and made her debut in 1977. "Bob and I call at camps, weekend retreats and at monthly club meetings."

When the Fehrmanns aren't dancing or calling at monthly club meetings, they teach square and round dancing at local schools and clubs. (Round dancing is a stylized ballroom dance performed in a circle.)

Recently Mrs. Fehrmann was appointed secretary-treasurer in the St. Louis Square Dance Teachers and Callers Guild. There are more than 60 square dance callers in the St. Louis area and approximately 40 groups in the St. Louis League of Square Dance Clubs.

"Some people may look askance when we mention square dancing, but that's all right. They don't know what they're missing," said Mrs. Fehrmann. "It's a whole different world—a good excuse to have fun with a wonderful group of people—and we love it."

A heavy-duty helicopter was used recently to hoist several truckloads of equipment to the top of the McMillan building. New air conditioning is being installed as part of the renovation.
Elderly residents find companionship in Tower Village, one of the UW agencies to which Barnes social workers refer patients in need of extended care.

The American Red Cross is highly visible at Barnes, both collecting and delivering blood. Here Evelyn Bonander signs up to donate at the August Bloodmobile visit.

Obstetrics social worker Martha Brown counsels unmarried mothers who have given birth at Barnes.

Children from Central Institute for the Deaf enjoy visit from Highway Patrol helicopter which landed near the tennis courts in the park across from Barnes Hospital.
Being in daily contact with people who need people gives Barnes employees a firsthand appreciation of the good that their United Way dollars can do. Barnes utilizes a number of United Way agencies to extend and complement the care given by the hospital. "Our concern with a patient’s health and welfare does not begin and end with their hospitalization," pointed out Evelyn Bonander, director of social work. "Barnes is interested in the whole person and in that person’s continuing health after we have taken care of their acute problem. Often we can help assure that they get the extra care they need by bringing them in touch with one of the United Way agencies."

"UW agencies fill many gaps for many people," Maureen Byrnes, this year’s campaign chairman at Barnes, said. "For example, all of us here at Barnes are aware of the Red Cross blood program and some of us have been unlucky enough to have to take advantage of other Red Cross programs, such as disaster relief—and lucky that they exist. Many of us know someone who has called on the services of such organizations as Acid Rescue, Inc., the Council on Alcoholism or Life Crisis Services. Few of us have been so fortunate—or will continue to be—that we will not have to call on some UW agency for ourselves or a member of our family. The money we set aside for these services now assures us they will be there when we need them."

According to the experience of Barnes employees who work in conjunction with UW agencies, there is no age limit to the people they can help. "Although we are not a children’s hospital, we do occasionally have child abuse cases like the young child who was beaten so severely he had to be transferred from Children's Hospital to our neurosurgery ICU. There are several UW agencies that can help both parents and children in these circumstances, including the Family Resource Center."

Rainbow Village, operated by the St. Louis Association for Retarded Children, not only provides special classes for mentally retarded children from age 1 month, but also provides respite care. "We refer parents of newborns with retardation to this association," Ms. Bonander said. She added that it filled another need in caring for retarded children or adults in emergencies, such as when the parent who usually cares for them is hospitalized. "This allows the parent to concentrate on getting well without having to worry that their child might not be cared for properly." The United Cerebral Palsy Center fills similar needs for patients and families of patients with that disease.

Children with hearing problems can be referred to the Central Institute for the Deaf, a part of Washington University Medical Center, or St. Joseph Institute for the Deaf. St. Louis Hearing and Speech Centers provide used hearing aids to those who need them.

Teenaged patients constitute a large portion of those referred to UW services in addition to their treatment at Barnes. Besides providing research funds, the Arthritis Foundation assists patients in many ways, including helping pay clinic fees, providing transportation to and from the hospital and obtaining wheelchairs and walkers for victims of the disease. "Many arthritis patients are teenaged, and of course many are older people, so we refer a wide variety of people to that UW agency," Ms. Bonander said.

She said the St. Louis Diabetes Association was another organization that raises funds for research into the disease as well as conducts self-care education and helps families cope with the problems of such a chronic disease.

Teenage pregnancy is on the increase according to government statistics, and Barnes cares for many young girls during and after pregnancy. The social worker in obstetrics counsels them in the clinic and hospital and may refer them and their families to a number of UW agencies which offer long-term assistance with individual or family problems, alternate living arrangements for the mother or infant, or long-range planning for the future. These include Family and Children's Services, Jewish Family and Children’s Services, Lutheran Family and Children’s Services, Salvation Army and Catholic Charities.

A common problem in a hospital today is referring patients, especially older persons, to nursing homes when they are well enough to leave the hospital but not well enough to care for themselves. "We work a great deal with such places as Tower Village, the Jewish Center for the Aged, and Lutheran Altenheim Society," Ms. Bonander said.

"Others can care for themselves at home if they have nursing help one or two days a week. This is provided by both the Visiting Nurse Association and the Cardinal Ritter Institute and Consolidated Neighborhood Services."

Barnes employees, of course, are health care consumers too, and as such they find themselves in need of the extended services that UW agencies can provide. In addition, both employees and patients benefit from such UW organizations as the day care centers, camps and scouting.

The International Institute, which is near the medical center, fills the needs of employees as well as others who are foreign-born by conducting classes in English, citizenship preparation and cultural adjustment and naturalization.

These are but a few of the 100 agencies financed in part by contributions to United Way. A complete list, including brief descriptions of the gaps they fill, is available from the United Way of Greater St. Louis, 421-0700. "A study of this list will convince almost anyone of the benefits that accrue from contributing to UW. We urge everyone to see for themselves," Ms. Byrnes said.

It would be a rocky road for many people if these gaps weren’t filled.
Thumbs up for surgery patient

John Schuckenbrock was all smiles as he prepared to leave Barnes Hospital in early August. He would not have to thumb a ride to his home near Bowling Green, Mo., but he could have, had he wanted to.

Both of Mr. Schuckenbrock's thumbs had been reattached at Barnes by a plastic surgery team headed by Dr. Paul Weeks, plastic surgeon-in-chief. An accident on a road construction project near Bowling Green, Mo., had almost completely severed the 22-year-old man's thumbs.

Mr. Schuckenbrock was first taken to a doctor in Perry, Mo., and then was transferred by ambulance to St. Elizabeth's Hospital in Hannibal, where a doctor recognized that the thumbs could possibly be saved if treated promptly by a specialist. He immediately contacted Dr. Weeks and arranged ambulance transportation to Barnes.

The trip to St. Louis began at about 11 p.m. and Mr. Schuckenbrock was rushed to the operating room immediately upon arriving at Barnes. The first thumb was reattached by 4 a.m. and the second by 7 a.m. Surgeons used operating room microscopes to suture the very small blood vessels and nerves back together to restore circulation and feeling to the thumbs.

Mr. Schuckenbrock was one of four patients in Barnes at the time who had had severed digits. A 15-year-old from near Springfield, Mo., had a thumb and finger reattached following an accident in a shoe factory and a St. Louis man had a hand reattached after a forklift he was driving fell over on him. Efforts to save the fingers of the fourth patient were unsuccessful because the fingers were too severely damaged. The man's hand had been caught in a motor's cooling fan.

"Because of the advances in microsurgery we can do much more for patients now than in the past," Dr. Weeks said.

Baby boom at Barnes Hospital

Babies, babies and more babies . . . . Who said that fewer couples are becoming parents these days? Despite the national trend of a declining birth rate, a baby boom is on at Barnes Hospital.

July, which included four sets of twins and the Schwebach quadruplets, was a record-breaking month with 378 births recorded. June's total was 372 births, while last year's top month had 374 births.

Former labor and delivery head nurse Peggy Dullum said that 1978 started out slowly, but the number of transfers from other hospitals in addition to the regular patients.

"We have continually increased the number of deliveries each year since 1972," she said. One reason for this is that Barnes receives a large number of transfers from other hospitals in addition to the regular patients.

"We're able to take care of high-risk mothers and infants," Ms. Dullum said. "Quite frequently, expectant mothers with other health problems, such as heart disease, kidney disorders and diabetes, are transferred or referred to Barnes because of our reputation as a high-risk center," she added.

Controlling inflation is first step in controlling costs

The following thoughts on inflation and health care costs have been excerpted from Dr. Joseph C. Edwards' "Past President's Page" in the July 26 issue of St. Louis Medicine.

Dr. Murray Weidenbaum was quoted in the papers, saying in an address recently that as bad as inflation and increased taxes are, they are not as big a threat to our way of life and our freedom of existence and our free enterprise system as is the ongoing proliferation of federal regulatory agencies.

Very few people now remember the very deep depression of the 1930s. Very few people really know what causes inflation. Everybody blames the other fellow. When the government expands or blows up the supply of paper dollars, for which there is no real production and for which there is no money in back of it, it waters down the money that citizens already had, diluting buying power.

The federal government needs the money to feed its enormous appetite, and the only two ways they can get it are by direct taxation and by inflation. Someone has to pay for all the programs that emanate from Washington, and they know that it would be too unpopular to tax us directly for all the costs of programs. They resort to inflation of the monetary supply to provide the funds.

This inflation is the cruellest form of taxation, because it strikes those who can least afford it, the elderly on fixed incomes, retired pensioners and the poor. It robs the frugal and depletes savings and eventually can destroy the country. We could very well end up like Germany in 1920, or like China in the 1940s. It would take a wheelbarrow full of dollars to buy a loaf of bread.

After World War II, Germany remembered and tightened the money supply and expenditures, even at the expense of a year or two of increased unemployment and privation; they all met the challenge and dug in and produced a day's work for a day's pay, went without a few things, and gradually got the economy back on the track, and now their currency is one of the best and strongest in the world.

Do we Americans have enough discipline and awareness to do this? Business, labor, the professions and farmers all must voluntarily hold the line on prices and wage increases to straighten our economy out. We must not look to the federal government to solve everything.

We all must do what we can with our representatives in Congress and try to initiate some government reform, federal agency bureaucracy efficiency, with elimination of those that are no longer necessary or are inefficient or are duplications. As long as provincial ideas remain, and one does not wish to antagonize his colleagues' pet bureaucracy, it will be difficult to do so, but we all must work together for more efficient government, and therefore a more efficient way to deliver health care in a more happy and prosperous country as a whole.

The medical profession must voluntarily work to control costs. National Health Insurance would create an enormous increase in taxes (or deficits) and more bureaucracy, inefficiency and lower the quality of medical care.
Correction

In the July issue of the Barnes Bulletin, we reported the death of Jean Dunham, who was identified as the stepdaughter of Mrs. Frank R. Bradley and the late Dr. Bradley. Mrs. Dunham was, of course, the foster daughter, not stepdaughter of Dr. and Mrs. Bradley. We regret the error.

— the Editor

Gail Johnston joins public relations staff

Gail Johnston, a native of St. Louis County and a graduate of the St. Louis Community College at Meramec, has joined the Barnes public relations staff as a staff writer.

Ms. Johnston most recently has been employed by The Missouri Horseman as a writer and ad salesperson. Previously she was editor of the Jefferson County Journal in Arnold.

As a member of the public relations staff, Ms. Johnston will assist in all aspects of the hospital's communication programs and will write for Barnes Bulletin, Newsletter and hospital brochures. She will also assist with special events and media relations.

Book fair is a first at Barnes

Barnes Hospital employees took advantage Tuesday, August 22, of an informative book fair held on the first floor of the East Pavilion. The purpose of the book fair, the first of its kind to be held at Barnes, was to acquaint employees with nursing, medical, human relations, secretarial and administrative books which are available from The C. V. Mosby Company and Masterco Press.

According to book fair organizer Betty Aubuchon, education and training, the fair was very informal and provided an opportunity for Barnes employees to look over new books which are available from area bookstores. A second book fair will be scheduled in the future.

Hospital notes

Dr. David Goldring, pediatrician, has received a grant of more than $137,000 from the National Institutes of Health to study the effect of exercise on adolescents with hypertension. Dr. John Holloszy, preventive medicine, is co-investigator.

Dr. George Zografakis, plastic surgeon, spoke and demonstrated the Byars hypopadias repair at a symposium on hypopadias and related anomalies, held May 26-27 at the Scottish Rite Hospital in Atlanta.

The following are reported on staff effective July 1, 1978: Dr. Scott Barrett, Jr., assistant obstetrician/gynecologist; Drs. Freeman F. Brown and Narassa R. Mantena, assistant anesthesiologists; Drs. Edward M. Gilbert and Sack M. Nordlicht, assistant physicians; Dr. David R. Lange, assistant orthopedic surgeon; Dr. Robert L. Quass, assistant pediatrician; and Drs. Wayne A. Stillings and Leonard J. Wiedershine, assistant psychiatrists.

Kathy Kater, Barnes RN, participated in a fund-raising event for the Myasthenia Gravis Foundation July 26 at the West County Shopping Center. As a nurse-specialist in neurology, she works with patients with the disease at Barnes and is interested in educating the public to its problems.

Dr. James C. Bobrow, assistant ophthalmologist, has been reported on staff effective July 1.

A member of Barnes board of directors, John C. Shepherd, has been elected chairman of the American Bar Association's policy-making House of Delegates. He will head the 365-member House for a two-year term. Mr. Shepherd is a partner in the law firm of Coburn, Croft, Shepherd, Herzog and Putzell.

EEG lab studies sleep disorders

Irresistible daytime sleep attacks, loud snoring, fatigue, insomnia and excessive daytime sleepiness are all symptoms of sleep disorders that are being studied in the EEG laboratory at Barnes Hospital.

‘Fine wires are attached to the scalp in particular locations so we can sample brain activity from different lobes of the brain,’ stated Dr. Lawrence Cohen, director of the EEG laboratory. Patients are frequently asked to sleep during the day at the lab so that the brain waves, eye movements, respiration and chin muscle activity can be recorded.

The most common causes of excessive daytime sleepiness are the narcolepsy-cataplexy syndrome and the sleep apnea syndrome.

The narcolepsy EEG uses measurements of eye movements, chin muscle activity and electroencephalographic patterns of wakefulness and sleep. The patient with the narcolepsy-cataplexy syndrome usually has irresistible desires to sleep during the day. The abnormality that correlates with the syndrome is the sleep-onset REM period, which is an episode of rapid eye movement sleep that occurs within 15 minutes of the first evidence of sleep in the recording. In more than 80 percent of patients a single daytime nap recording should show a sleep-onset REM period. In 10 to 15 percent of the patients with the syndrome a second or third daytime nap session is necessary in order to demonstrate the sleep-onset REM period. Patients with this problem are frequently treated with medication.

In sleep apnea, on the other hand, multiple monitors of respiratory function are needed. The sleep apnea EEG uses measures of both nasal and oral air flow and of thoracic respiratory movement, all taken by means of external detectors, in addition to the parameters measured in the narcolepsy EEG protocol. Sleep apnea includes episodes of sleep during the day or insomnia at night. These patients have multiple episodes while asleep in which they stop breathing for 15 to 30 seconds before breathing again.

In addition to studying sleep disorders, the EEG lab at Barnes is presently involved in a dialysis study being conducted by Vanderbilt University of Nashville, according to EEG lab supervisor Patricia O'Brien. Barnes is one of nine medical centers, including others in Boston, San Francisco, Dallas, Detroit, Brooklyn, Philadelphia and Chicago, participating in the study.

Six technicians work the EEG lab, which is located on the ground floor of McMillan and at its satellite lab on the neurology floor of the East Pavilion.

Nurse interns honored at special tea

A tea in honor of 36 nurse interns upon completion of their program was held August 11 in the Sunroom of the Barnes employees cafeteria. Thirty-two remained on Barnes nursing staff.

Robert E. Frank, Barnes president, presented the nurse interns with their certificates. The program, which assists the new graduate nurse in the transition from student to staff nurse, takes ten weeks. It consists of a two-week general orientation followed by two four-week rotations in the clinical area, where the intern is supervised by a preceptor.
Jorge Lopez, a Barnes summer employee who is a Washington University engineering student, assists Henry Middendorf of plant engineering as they do a monthly check on a defibrillator in the cardiac care unit. All such equipment is checked out regularly.

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