Barnes Auxiliary makes $280,000 gift, largest in history

A one-year gift of $280,000 was presented to Barnes Hospital by its Auxiliary at that organization's annual luncheon held on the Belle Angeline riverboat restaurant April 30.

Auxiliary president Lynn Bachmann made the presentation to Barnes board chairman Harold Thayer, who said that as far as he had been able to determine, it was the largest annual gift ever given by such an organization. He added that it was even more remarkable considering the fact that "all the money is raised through your own efforts. It has not come from high-priced celebrity dinners or fund-raising gimmicks. It’s come from plain, old-fashioned hard work."

The gift represented an installment on a $1 million pledge made in 1977 for the cardiothoracic patient floor in the West Pavilion. It brings to $885,000 the total so far raised on the pledge. A previous pledge, completed in 1977, gave $850,000 for the cardiothoracic intensive care unit.

The Auxiliary sponsors the Wishing Well gift shop, the Nearly New resale shop, the baby photo service and a tribute fund. The organization has not come from high-priced celebrity dinners or fund-raising gimmicks. It’s come from plain, old-fashioned hard work."

He pointed out that Barnes consistently ranks among the best ten hospitals in the country and credited the Auxiliary with helping achieve that distinction. "Your financial contributions like the one today have helped make the new West Pavilion a reality so that all of our patients will soon be housed in one of the most modern hospital facilities in the nation."

Featured speaker for the meeting was KMOX-TV news reporter Al Wiman, who told the Auxilians that they should be justifiably proud to be associated with one of the world's best medical centers. "In my five years in St. Louis, I have come to realize that medical miracles happen in that institution every day. St. Louisans are very lucky to have such a place and your contributions both in time and money are helping make those miracles happen."

Entertainment for the event was provided by the Pitch Pipers, a singing ensemble that includes two Auxilians.

New officers elected at the meeting included Doris Smith, vice-president, finance; Edie Curtis, vice-president, program and hospitality; Flossie Hartman, treasurer; Martha Eyermann, assistant treasurer; and Joan Kaseberg, corresponding secretary. Lynn Bachmann will continue as president in the second year of her two-year term.

Dr. Becker awarded Proctor Medal

Dr. Bernard Becker, Barnes ophthalmologist-in-chief, was awarded the coveted Proctor Medal at the annual meeting of the Association for Research in Vision and Ophthalmology, held in Orlando, Fla., May 8. He was selected for his "outstanding contributions to vision research."

Dr. Becker has received many honors for his work in ophthalmology and has published more than 300 papers on a broad range of topics, from ocular tuberculosis and diabetic retinopathy to cataracts and glaucoma. In 1967 he established the Glaucoma Center here, the only such facility in the world. It has produced major breakthroughs in the understanding of this disease and helped make glaucoma tests a part of all regular eye examinations in the country.

Last year, on the occasion of Dr. Becker's 25th anniversary as head of Washington University Medical School's department of ophthalmology and Barnes chief, a chair in ophthalmological research was endowed in his honor by friends, colleagues and patients. At that time, WU chancellor Dr. William Danforth praised him, "Under his leadership, we have established one of the strongest eye departments in the nation, one that has won international acclaim."

Blood-A-Thon goal is to build up area supplies

Celebrities will be on hand to entertain waiting donors Saturday, June 28, when Barnes Hospital sponsors its first Blood-A-Thon, an area-wide blood drive held to boost holiday weekend supplies. The goal of the event, held from 8 a.m. to 6 p.m. at the Checkerdome Exhibition Hall, is 750 units, the one-day requirement for the Missouri/Illinois Regional Red Cross which supplies blood to 146 hospitals.

Blood-A-Thon '80 chairman Paul Hartwell, Barnes chief cashier, has invited celebrities Clif St. James, KSDK-TV personality; football Cardinals Jim Hart and Keith Wortman; St. Louis Blues hockey players; John Aubele, KSDK-TV Newsbeat co-host, KMOX-TV news reporter Kathi McDonnell; Barnes' own budding ventriloquist Mike Coleman and bands in which Barnes Hospital employees play to participate as guest hosts during the all-day affair. KXOK radio plans to broadcast its Saturday morning programs live from the Blood-A-Thon '80 site, including the popular "Willie in the Morning" show.

Bloodhounds Corpusde Red, Leukocyte Lil, and puppies Donor Dan and Dolly Donor, among others, will assist Blood-A-Thon coordinators in recruiting donors Saturday, June 14, at 20 area Schnucks supermarkets. Barnes representatives, including student nurses dressed up as clowns, will be at the sites passing out Barnes balloons. Posters recruiting pledges should draw potential donors to the sites, Mr. Hartwell said. Sites included in the pledge plans are 30 Arnold Mall, Arnold; 711 Manchester, Ballwin; 8750 (continued on page 2)
Blood-A-Thon
(continued from page 1)

Manchester, Brentwood; Clayton and Hanley, Clayton; 10550 Baptist Church Road, Concord Village; 9719 Watson Road, Crestwood; 10148 W. Florissant Avenue, Dellwood; Fenton Park Mall, Fenton; 130 Northland Shopping Center, Jennings; 10725 Manchester, Kirkwood; 8400 Watson Road, Marlborough; Lindbergh and Watson, Sunset Hills; 8670 Big Bend Blvd., Webster Groves; Clayton and Woods Mill Roads, Chesterfield; 12760 Olive Street Road, Creve Coeur; and five St. Louis city locations, 4922 Hampton Avenue, 7450 Hampton Avenue, 2321 McCausland, 4430 S. Broadway and 2617 Lemay Ferry at Reavis Barracks.

Barnes will provide 28 volunteers to work each of two 5-hour shifts at the Blood-A-Thon '80, Mr. Hartwell said, and the Red Cross will supply 18 nurses to assist. Of the 56 Barnes people working, 16 will be nurses and 40 will be non-medical personnel.

The reason behind the big effort for blood donations is to prepare for the needs of all area hospitals during the Fourth of July weekend, Mr. Hartwell said. Highway accident fatality statistics show there is a definite need to be prepared during that holiday weekend—Missouri Highway Patrol reports that during the same weekend last year, there were nine traffic deaths (a significant drop from the same figure for 1978, 27) and countless injuries. The figures will vary according to the number of days encompassed in the holiday weekend, highway patrol spokesmen said. Illinois State Police gave slightly higher fatality rates for that state during 1978. They reported there were 38 traffic deaths during the three-day weekend, compared to 31, the figure tallied for 1977. Last year's statistics were not available, Illinois police said.

Mr. Hartwell said Barnes uses about 3,300 units of blood a month, or 700-800 units per week. Hospitals in the St. Louis bistate area use approximately 97,558 units of blood per year, he added. This figure breaks down to roughly 8,130 units per month.

Blood-A-Thon '80 donors will receive Corpuscle Red T-shirts and Barnes balloons. "I'm very excited about what Barnes can do to turn out donors during the Blood-A-Thon," Mr. Hartwell said. "We want to show communities in the St. Louis area that Barnes really cares."

Nursing school celebrates its silver anniversary

A champagne brunch was held May 3 to celebrate the 25th anniversary of the Barnes Hospital School of Nursing. The school, which was established in 1955, has graduated 23 classes totaling 1,544 men and women who have been prepared to enter the nursing field.

More than 170 alumni, students, faculty and guests attended the activities held at the downtown Marriott Pavilion Hotel, for which Missouri State Senator Harriett Woods was the guest speaker.

"Nursing is a special calling. There's a special concern, a special kind of compassion and a desire to help that goes into nursing," said Senator Woods. "There's no feeling quite like being a patient and looking up to see a competent nurse, knowing that she's well-trained and knowing that you can trust her to care for your best interests. When it comes to life and death, we need our very best . . . We need people who are concerned and who have social conscience. I think nurses are that kind of people. I salute all of you. . . . You have chosen a wonderful profession."

Nursing student Robert St. John served as the master of ceremonies, a welcome was extended by alumni president Nancy Schmidt, and the school's first director, Elizabeth McIntosh, reminisced about the "good old days" of the institution. Present director Phyllis Khan gave a brief history and screened individually after filming to ensure that all information has been transferred. Records can't be microfilmed and then just thrown away," he said. "They must be completely destroyed. And the records must first be screened individually after filming to ensure that all information has been transferred."

When that time-consuming chore was completed, Mr. Spencer arranged for the trailer to be parked against the Queeny Tower loading dock at 3 p.m. one day. Because of the intradepartmental coordination necessary, medical records employees began immediately to load records into boxes, cart them to the dock and stack them in piles inside the trailer. At no time were the records unguarded. "We unloaded the last box at 10:55 p.m. and I sealed the doors on 14,000 pounds of medical records so that they would remain secure overnight," Mr. Spencer said.

He praised Ed Thurman, director of security; William Burkett, director of security; and Donald McGeehan, stores manager, for "rendering outstanding support." Additionally, Mr. Spencer prided his department employes for shuffling schedules to accommodate the operation so efficiently.

The next morning, Judy Herron, coordinator of quality assurance, went to the Maplewood shredding plant and kept a vigil until the last patient record was shredded. "Shredding pulverizes the paper," Mr. Spencer said, "reducing it to what looks like little balls of lint. There is no way those records could be reconstructed. Yet Barnes Hospital maintains the complete record on microfilm should it ever be needed in the future."

When the destruction process was completed, Ms. Herron received a Destruction Certificate from the shredding company. "That certificate is important," Mr. Spencer concluded. It documents that Barnes acted responsibly and did not violate the privacy of any patient during the entire operation.

Muscular dystrophy center to be expanded at IWWIR

A $480,000 grant has been presented to Barnes neurologist Dr. Michael H. Brooke, director of the Jerry Lewis Neuromuscular Disease Research Center in the Irene Walter Johnson Institute of Rehabilitation. The grant was awarded by the Muscular Dystrophy Association and will be supplemented with $180,000 from the Washington University School of Medicine.

The money will allow the muscle center, which handled more than 1,000 patient visits last year to double its patient capacity, provide a new outpatient area on the second floor for patients who are being seen as part of the research studies, remodel the laboratories on the fourth floor, upgrade the training facilities on the fifth floor and provide a new exercise room.

The center opened in 1975 to fight muscular dystrophy, a disease that causes deterioration and weakness of muscles. It is financed by the annual March Against Muscular Dystrophy Jerry Lewis Telethon.
**Recovery room memory study conducted here**

Immediately following an operation and prior to regaining full consciousness, patients spend time in the recovery room being monitored by a nurse. Just how much do they remember about their attending nurses and their surroundings while they remain in this curious state of abeyance? Debra Case, RN, who now works in the new West Pavilion recovery room, undertook a personal study to ascertain precisely what patients can or cannot recall during their recovery room period.

Ms. Case said she was motivated by her desire to provide better recovery room nursing care. "What I found was that no previous research had been done about this aspect of postoperative care," she said. She is hopeful that her study will result in more enlightened nursing care to ameliorate conditions in some of the problem areas uncovered in her study.

Donna Ottomeyer, RN, also a recovery room nurse, helped Ms. Case interview patients and collate responses to the questions. Dr. Elsie Meyers, a Barnes anesthesiologist, provided earlier assistance to the two nurses by helping them design a questionnaire for the study which was sanctioned by both Bea Waddell, RN, head nurse of the recovery rooms, and Marie Rhodes, RN, associate director of nursing service.

Patients were chosen at random from the recovery room log with the exclusion of patients who had been cared for by Ms. Case or Miss Ottomeyer. The study comprised 100 patients—49 women and 51 men—who had undergone a wide spectrum of operations including cardia thoracic, orthopedic, general and plastic surgery.

The nurses began the study in the fall of 1977, continuing it through 1978 and part of 1979. Interviews were conducted within a 24-hour span, usually about eight or nine hours after the patient had returned to his own room from the recovery area.

"We studied the effects of inhalant anesthetics as opposed to balanced anesthetics and how they affected patient memory and patient reaction to their nurse," Ms. Case said. Surprisingly, she said, patients receiving inhalant anesthetics like ethyl chloride suffered less pain and discomfort than those patients receiving balanced anesthetics (the latter contain three components: an inhalant agent, a narcotic like morphine or Demerol, and sometimes a muscle relaxant like curare).

"We had thought patients would experience less pain and discomfort with balanced anesthetics," Ms. Case said. She qualified the outcome, however, by stating that preoperative and intraoperative medication treatment in the patient's bloodstream could have been a contributing factor to the comfort of patients given inhalant anesthetics. "We did not investigate the influence of preoperative and intraoperative medications in this study," she said.

percent remembered feeling frightened; 16 percent remembered feeling at least one or two uncomfortable sensations, such as cold, thirst, giddiness, dizziness, shortness of breath and nausea; and 13 percent remembered hearing noise.

The most frequently experienced sensation was that of pain, yet not one of the 33 percent would have voluntarily complained about it to the nurses. Of the 13 percent who mentioned the nurse, 19 percent remembered feeling frightened; 16 percent remembered feeling at least one or two uncomfortable sensations, such as cold, thirst, giddiness, dizziness, shortness of breath and nausea; and 13 percent remembered hearing noise.

According to the study, 64 percent of the patients claimed they did not remember their nurses but further questioning disclosed information that could have pertained to no one but the attending nurses. "Patients remembered the nurse, but distantly; they remembered a kind voice, sensing someone nearby, or being aware that someone was adjusting equipment," Ms. Case said.

"Our conclusions were that patients in the recovery room experience many types of discomfort. We believe that if skilled nurses were perceptive to the needs of patients in the recovery room, many of these problems may be alleviated," she said. "It's very important for us to remember that, as nurses, we see postoperative patients every day. However, we must keep in mind that surgery represents a very big event in a patient's life. Despite the fact that we are strangers to them, they have to entrust their lives to us." She concluded, "Competent and compassionate nursing is the very least we owe to our patients and this study should help us achieve that level of care."

Ms. Case presented the results of her study before the symposium for recovery room personnel sponsored by the St. Louis Society of Anesthesiologists last November. She has written a paper, which is presently being edited by Dr. Meyers, that she will submit for publication to a nursing journal in the near future.

**Give me the name of a doctor, ma'am**

"Whenever a television or newspaper story features a Barnes doctor, I expect a rash of calls the next day from people who will ask to see that doctor or 'somebody just like him,'" said Loyce Rutherford, coordinator of the Barnes physician's referral service.

Since its inception in August, 1978, as a personal referral system, the service has received more than 4,000 calls, of which 33 percent were from persons living beyond the borders of metropolitan St. Louis. The calls are now averaging almost 300 a month proving that the service is becoming increasingly popular. That Mrs. Rutherford has developed the referral service into an impromptu concert. "Obviously, our service pleased him."

Mrs. Rutherford derives special inner satisfaction from her capacity as coordinator when she knows that she has particularly pleased and assisted someone. A frantic mother called from Chicago requesting Mrs. Rutherford to make arrangements for her son to be admitted to Barnes. The mother said her son suffered from a kidney disease but had not received help from his doctors. Later, in a letter written to Mrs. Frank, the mother credited Mrs. Rutherford with helping to save her son's life.

Mrs. Rutherford provided a different form of aid to a young St. Charles, Missouri, mother who passed-out during a phone conversation. Tracing the call, Mrs. Rutherford was able to phone the St. Charles police department who went to the young woman's home to give assistance.

Mrs. Rutherford explained that her service includes describing the various medical specialties to callers. Most laymen initially don't know the difference between an otolaryngologist and a gastroenterologist. "Because most patients self-diagnose their problems to me, it's important that I help them distinguish one specialty from another. Otherwise, a person who visits a urologist when he really needs a neurologist is going to have a big surprise," she concluded.

**Aspiring athletes should know their limits**

Now that warmer, longer days predominate, hibernating athletes will begin to flex their muscles to limber up for summer. Barnes orthopedic surgeon Dr. Robert Shively suggests careful preparation for physical exertion, whether it involves conditioning sports such as swimming and jogging or less demanding activities, such as Sunday afternoon softball games.

A person should consider his age when he starts to plan an exercise schedule. If he is 35 or younger, his body should be able to handle the transi-
Breathing—the act of inhaling and exhaling which most of us regard as second nature—a simple function which the average person experiences 12 to 15 times each minute, without any conscious thought or planning. But there are individuals for whom breathing is not so simple. These persons work hard for each breath, sometimes up to 40 or 50 times every 60 seconds, to get enough oxygen into their lungs to sustain life. Others with severe emphysema have difficulty ridding their body of its carbon dioxide. Still others develop acute respiratory failure and need a mechanical ventilator to pump air in and out of their body.

The Barnes Respiratory Intensive Care Unit (RICU) first opened in 1968 and today houses patients in acute respiratory failure as well as those patients with respiratory problems resulting from such conditions as emphysema, chronic bronchitis, lupus erythematosis, drug overdose or major organ failure.

The 1952 polio epidemic brought the successful management of mechanical ventilation to those in acute respiratory failure. In the early 1960's there was an increase in the number of patients in acute respiratory failure, particularly in patients with a history of cigarette smoking, according to RICU director Dr. Robert Bruce.

In October of 1968, the first Barnes RICU was opened with three beds on the second floor of the old Barnes building. The unit was designed to ventilate people in respiratory failure. Today, with the implementation of postgraduate programs in pulmonary disease, sophisticated monitoring equipment available and the constant close medical supervision by specialists in respiratory care, the modern RICU is a place not only to care for patients suffering from acute respiratory failure but also to provide aggressive preventive care in hopes of avoiding the need for a ventilator in some patients.

The RICU, which has admitted more than 2,200 patients since its inception in the late 1960's, has had several locations throughout the hospital, including a five-bed area on the fifth floor of the Wohl Hospital building where it was housed until two months ago. On April 9, the RICU was expanded to ten beds and moved to the new West Pavilion. The new location is adjacent to the Cardiac Care Unit (CCU) for better care of the patient who suffers cardiac distress as a result of his respiratory problems, the Ear, Nose and Throat (ENT) patient care area and the endoscopy service, for quick access when specialists or procedures in these specialties are needed; and is closer to the operating rooms and x-ray facilities, making patient transport both easier and more efficient.
information while the astronauts were in space. "Because the research and development of this system was paid for by the government, it is now relatively inexpensive for purchase by the medical community, especially when you consider its capabilities and potentials," said Dr. Bruce.

While the new area offers many advantages to the patient, it is also designed to be better for the patient's family. Careful planning went into the construction of a visitor waiting area located at the west end of the unit. "There are so many hardships already brought upon the family of a critically ill patient. One of our top priorities was to design a visitor area that would be comfortable, practical and private," said Dr. Bruce. The waiting area includes upholstered furniture, pillows and blankets to make the family more comfortable during their vigil. "There are two consultation rooms where physicians can talk to family members in private, a convenience to which they are entitled," added Dr. Bruce. There are also a view of the tennis courts, nearby pay telephones for making outside calls, and an intercom system connecting the waiting area with the nurses station.

Also included in the new unit are a procedures room so that patients do not have to be taken away from the intensive care area for routine treatments; a medicine room; nurses lounge; kitchen and conference room where doctors, nurses, x-ray technicians, respiratory therapists, social workers, visiting nurses, dietitians and other support personnel can meet once a week to discuss problems and special needs.

Each of the ten private, glassed-in patient rooms in the unit houses built-in monitoring equipment at the headboard, a digital clock, five-inch television, bathroom and washbasin. Although a high-risk area, the RICU has one of the lowest infection rates in the hospital.

The mass spectrometer monitoring system was designed for the United States space program and is capable of rapid, accurate analysis of a patient's respired oxygen and carbon dioxide. It can also serve as an early warning system for detection of possible problems before they become symptomatic.
Aspiring Athletes

(continued from page 3)

tion from a sedentary to an active life. If he is older than 35, there may be a chance that he is one of the few who experience cardiopulmonary problems, Dr. Shively said. He added that a physical exam would help the older person discover weaknesses and limitations before he embarks on an organized physical fitness program.

“A good rule to remember when preparing for recreational athletics,” he said, “is that as infants, we walked before we ran. Begin the activity at a slow pace. When you begin to perspire, stop the exercise.” Conditioning athletics should involve one-half hour of exercise three times a week. Another good way to get a rough idea of the right amount of exertion is to do a talk test, according to Dr. Shively. If a person can perform an activity and still carry on a conversation with someone else, he is not overexerting himself.

Temperatures of 60 and 70 degrees are ideal for athletes who exercise outdoors, Dr. Shively said. T-shirts and loose, porous hats provide the most effective protection from the heat, wind and humidity, he said. People should dress so that they are a little cool when they start out. It’s important not to overdress. To avoid overexposure or sunburn, try to exercise before 10 a.m. or after 4 p.m.

Muscle strains may be the result of overuse of any particular muscle or muscles. The injuries include jogger’s knee, hamstrings, injuries, tendinitis, shin splints and heel spurs. Injuries may occur even despite the athlete’s careful precautions, Dr. Shively warned. “You see injuries when the jogger increases the distances he covers, when he starts jogging on a different surface than he is otherwise accustomed to or when he starts using new sports equipment,” he said. Any pain the athlete feels means “your body is telling you something; and you had better listen,” Dr. Shively said.

There are a number of ways to let the injury heal before it becomes a major problem, the foremost of which is to wait. Initially, new injuries may be treated with ice packs. Dr. Shively described a method he uses to reduce pain or swelling: fill styrofoam cups with water and place them in a freezer. When the water freezes, peel the cup from around the ice and massage the aching muscle. The ice should last for 15 minutes, he said, just enough time needed to reduce discomfort. Injuries which have been ignored for several days should receive warm treatment, such as a heating pad compress.

If the athlete prefers to continue exercising to stay in shape after an injury, he may switch to another exercise to refrain from using the injured muscle. Another alternative the injured wants to consider is to cut down the amount of time he uses the injured muscle. “Exercise up to the point where it starts to hurt, then stop,” he said.

Athletes may gain conditioning from a variety of sports, Dr. Shively said, and he cited an activity ratio which helps put different degrees of exertion into perspective. A swimmer gains the same conditioning in swimming one mile as a runner does in covering a distance of four miles. Also, running one mile is roughly equal to bicycling four miles.

Hospital notes

The St. Louis Metropolitan Medical Society presented its Award of Merit to Barnes cardiothoracic surgeon, Dr. Thomas B. Ferguson at its April meeting. The Award is “in recognition of distinguished scientific achievement in medicine.”

KSDK-TV’s Don Dare interviews Barnes project budget analyst Sandy Duchon, whose family regularly participates in the monthly bloodmobiles held at the hospital. Her parents Anthony and Mildred are in background.

A family tradition that saves lives

If there are those who question the frequency of the Barnes bloodmobile, let them talk with the Duchon family, particularly Anthony Duchon, father of Sandra Duchon, project budget analyst in the purchasing department, and husband of Mildred Duchon, secretary/receptionist for Dr. Joseph Edwards in Queeny Tower.

Mr. Duchon was only 18 years old in 1934, when his buddy called him from the hospital asking him to donate blood for his wife who had developed complications following the birth of their baby. After walking five miles to the hospital, Mr. Duchon was taken immediately to the operating room, placed on a table next to that of the young mother and blood was directly transfused from his arm into hers. Later, the doctor commended him “for being the one who saved her life.

Mr. Duchon never forgot that experience. He became a dedicated blood donor responding to every blood drive he was eligible for during his 38 years at Monsanto Company, replacing blood used in transfusions by friends and relatives in area hospitals, and now, since his retirement last year, joining his wife and daughter to donate blood at the monthly Barnes bloodmobiles.

There was a seven-year interruption. While fighting on Guadalcanal during World War II, he contracted malaria in 1942. Unable to overcome the effects of the disease until 1949, he was restricted from giving blood. However, during the war, “while he was still my boyfriend,” Mrs. Duchon adopted his crusade and became a steadfast donor in her own right.

Last May, daughter Sandy began to donate blood, thereby insuring the tradition will extend another generation. The Duchons try to coordinate their various schedules so that they can donate blood as a family unit.

KSDK-Channel 5’s reporter Don Dare interviewed them recently for a segment of the evening news. Ironically, Mr. Duchon was prevented from donating blood that day because of a low blood count. “First time since 1949 that I was refused,” he lamented. The Duchons received congratulatory calls as a result of the broadcast.

Miss Duchon explained that “a low level of iron doesn’t mean that your blood is not good, but rather that the donor is being protected.” She added that being refused as a donor “alerts you to the fact that your body may be run down because of lack of sleep or not eating the right foods such as red meat, vegetables, raisins, and prunes.” All three Duchons are well-versed in the blood donor requirements.

At present Mr. Duchon is a healthy 64-year-old. At age 65, the Red Cross requires written approval from a donor’s doctor. Asked whether he intended to get permission next year, Mr. Duchon answered, “As long as my blood’s acceptable, I’ll donate it,” and, in unison, both his wife and daughter replied, “You’d better believe he’ll get that permission.”

Chinese doctor observes techniques at Barnes

There are very few things that come as a surprise to Dr. Xian-Xi Ge, a visiting doctor from the People’s Republic of China. He reports he has had very little trouble living in this country since he arrived February 14, but the new surgical techniques he is learning at Barnes Hospital may be invaluable to him when he returns to his own country, about two years from now.

Dr. Ge’s specialty is otology, the branch of medicine dealing with ear, its anatomy, physiology and pathology. He was particularly interested in visiting Barnes because of articles he had read in two of the four ENT journals at his hospital, The Laryngoscope, published by Washington University School of Medicine and edited by Dr. Joseph H. Ogura, Barnes otolaryngologist-in-chief, and Annals of Otology, Rhinology and Laryngology, also published in St. Louis. Washington University School of Medicine and Barnes are well-known in China, Dr. Ge said. From observing the techniques used by otologists Malcolm Stroud and Gershon Spector and others at Barnes, he said he has learned that delicate operations such as those dealing with the inner ear and eighth nerve, are often successfully performed.

Dr. Ge’s visit is part of what he calls China’s “modernization” policy, established between that country and the western nations to share medical discoveries and technology. Dr. Ge said he realized that techniques and equipment at Barnes are more advanced and sophisticated than at other hospitals here and in China.

Noting other differences in the two countries’ treatment of the medical profession and its aspects, Dr. Ge said that if a person becomes ill in the US, he usually sees his own doctor and chooses his specialist. In the People’s Republic of China, a sick person is examined by a clinic doctor in his area of residence. If the clinic doctor needs to consult with a specialist, the patient is sent to the hospital. Also, whereas one doctor here sees from 20 to 25 patients a morning, there are usually five doctors in his department to treat 200 patients in the same time period.

Dr. Ge’s family, back home in China, take a prominent position in his thoughts. His wife is an attending doctor specializing in the eye, especially pathology of the eye. His 16-year-old son, Hon, is in high school and his 12-year-old daughter, Jie, is in junior high school. The traveling time of a letter between here and China is about eight to ten days, Dr. Ge said, so correspondence is somewhat slow.

Dr. Ge’s work in the People’s Republic of China is at the Sixth People’s Hospital in Shanghai, noted as the hospital where the world’s first severed reimplantation operation was successfully performed. Dr. Ge is the hospital’s vice-chief of the department of otolaryngology.
The do’s and don’t’s of a healthy vacation

With the upcoming summer months, vacation travel, both in the states and abroad—is likely to increase. As travelers, everyone wants to have a relaxing experience. But, if illness strikes, a dream trip becomes marred by an uncomfortable bedstay, or maybe even worse, a serious medical emergency.

Although it is true that “the majority of people who travel don’t get sick,” it’s important to be aware of what can happen and how to prevent illness, according to Dr. Robert Packman, president of the Barnes Hospital Society and an avid traveler himself. “If you travel outside the United States, in an area where medical care is not readily available, then it would be especially wise to have medications for treatment of symptoms or common medical problems,” said Dr. Packman.

He provided the following checklist of commonsense precautions and the generally accepted do’s and don’t’s of travel to help prepare anyone for a healthy vacation.

Do you have? . . .

Yes No

An extra pair of prescription glasses or contact lenses

No

A card, tag or bracelet identifying any physical condition (i.e. diabetes, heart disease, epilepsy, penicillin reaction) that may require emergency care

No

An adequate supply of prescription medicines

No

A first-aid kit complete with band-aids, gauze, individually packaged alcohol wipes, creams for burns, aspirin and antihistamines for allergies

No

Insect repellants and plenty of protective clothing

No

Anti-motion sickness pills for possible motion seasickness

No

Below, a list of do’s and don’t’s tell how to avoid illness and what to do for common medical problems:

1. If you have known heart disease or abnormal EKG’s, do take a Zerox copy of your most recent tracing on the trip. Also, inform your local physician that you plan to travel.

2. If pregnant, especially in the final months, do obtain approval from your obstetrician. Follow any precautionary measures prescribed.

3. Where sanitation is poor, do avoid tap water. Drink bottled water, preferably carbonated, so that empty bottles can’t simply be refilled with tap water. Most local hotels can advise if their tap water is potable. If it is not, do not use ice in drinks unless made from distilled water. As a precaution, if there are pitchers of water in the rooms, ask if it is potable.

4. Do not eat any fruits or vegetables that cannot be peeled. Do not eat food from street cart vendors. This is a precaution necessary only in unsanitary areas.

5. If diarrhea occurs, you can allow it to run its natural course. However, if you don’t want to ruin your vacation sitting inside, waiting for it to cease, do take Lomotil along. Prevention of diarrhea is controversial. In Mexico, for example, it is almost always caused by enteropathic bacteria, E. coli. One precaution recommended is to take two Pepto-Bismol tablets after each meal as a preventative. This measure might turn tongue and stool black. Another recommendation is prophylactic antibiotics, which are derivatives of tetracycline, but these may make some individuals photosensitive. There is the possibility of a severe rash if one is in the sun. The best advice is to contact a local physician who will assist you in preventing diarrhea.

6. If constipation plagues you, do take along some glycerin suppositories.

7. If traveling to almost any tropical country, including Afghanistan, Jordan, South Korea, Turkey and parts of Mexico, where malaria is a prevalent disease, do contact your physician before leaving the country. He will advise you as to what immunizations or medications are necessary to prevent contracting malaria.

8. Do contact your physician if traveling to any foreign country. Again, he can advise you as to which diseases are known to exist there and how to prevent them.

Dr. Ferguson to head thoracic surgery assn.

Dr. Thomas Ferguson, a cardiothoracic surgeon at Barnes Hospital and clinical professor of cardiothoracic surgery, Washington University School of Medicine, was made president-elect of the American Association for Thoracic Surgery at that organization’s annual meeting April 29 in San Francisco. Dr. Ferguson will assume the office of president for a one-year term in the spring of 1981. He has been on the Barnes/WU staff since 1953.

The Association, which was founded in 1917, is the oldest organization of its type in the world. Dr. Ferguson served as secretary from 1966-1972. Two previous Barnes/WU thoracic surgeons have served as president of this prestigious society. Dr. Evarts Graham, first chief of surgery at Barnes, was president in 1928, and Dr. Thomas Burford, a long-time member of the Washington University faculty and Barnes Hospital, was president in 1971.

Hospital notes

The following are reported on staff: Dr. C. Ronald Stephen, anesthesiologist, effective May 1; Dr. Vira Santibhavank, assistant anesthesiologist, effective April 1; Drs. William W. Benedict and William Griffith Bowen, assistant physicians, effective July 1; Dr. Lawrence H. Schoch, assistant ophthalmologist, Drs. Robert J. Baglan, Dennis M. Balee, and Dr. Thomas Tothy, assistant radiologists, Dr. Jo-Ellyn M. Ryall, assistant psychiatrist, Drs. Linda C. Loney, Jerry Lee Rosenberg and Neil H. Shite, assistant pediatricians, all effective July 1.

Dr. Marc Wallack, Barnes surgical oncologist, has been appointed by the American College of Surgeons to be Liaison Associate of the Commission on Cancer program at Barnes Hospital. The appointment is for two years.

An article written by Barnes education and training director Rusti Moore, “The Use of Audiovisual Materials in In-Service Education Programs,” recently appeared in Gown & Gloves, a magazine for surgical nursing personnel.

Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from April 16 to May 15, 1980.

IN MEMORY OF:

Bernie Nest
L. E. Smith Enterprises
Lowanda Kerley (for cancer research)
M/M Philip L. Moss

Samuel Fischmann
Mrs. Donald Finger

Otis Sloan
Gus & Terry Elia

Dr. Ben Goldsmith
M/M Richard T. Fisher

IN HONOR OF:

The Recovery of John A.
Isaacs, Jr.
M/M Philip L. Moss

The Recovery of Mrs.
Victor Schulein
M/M Philip L. Moss

Annual Charitable Fund

Allied Photocolor
In Honor of Speedy
John L. Maxwell
Rae of Lloyd
Ralph Metcalfe
McBride

Charles F. Fay
Harold Lewin
Emil A. Schwarz

Edward F. Zak

M/M Angelo M. Oldani

Patient Care Fund

Thelma Basford
In Honor of Phyllis
M/M H. Anderson
Burford
Vesse J. Williams

Jason F. Epelley
M/M Dallas Beauchamp
Ira F. Killam
James, Champion
W. Alfred Hayes
Louis McCombs

Edward F. Zak

Clara E. Herschel

M/V Angelo M. Oldani

Memorial Endowment Fund

Charles E. Barnum
In Memory of W. Bland
George J. Patterson
Warren
Ming Shian Kao, M.D.

In Honor of Mary Jane
Martin Seidel
Seidel

Planned Gift Fund

James E. Murray

Cancer Research Fund

In Memory of David
Allan Wallenweber
Mrs. Marilyn L. Goeddey

Associate director named for nursing school

Sandy Lindquist has been named associate director of Barnes School of Nursing, according to an announcement by the school’s director, Phyllis Khan. The appointment became effective May 5 and fills a position that has been vacant since Ms. Khan was made acting director in late 1978.

Ms. Lindquist will be responsible for curriculum and will serve as liaison between the school and Forest Park Community College. She will also retain some of the duties she had in her former position of coordinator of instructional resources.

Ms. Lindquist has been at Barnes since 1969 when she joined the hospital as a surgery staff nurse. She transferred to the nursing school staff in 1971 and completed a Master’s degree in education in 1979.
Barnes cited for energy conservation

Barnes Hospital has been awarded an Energy Conservation Merit Certificate by the American Hospital Association and the American Society for Hospital Engineering for achieving a 10 to 20 percent reduction in energy consumption.

According to Don Braeutigam, Barnes chief engineer, the hospital has an on-going conservation program which has included such things as weatherstripping and installing automatic doors at the compactor and the receiving areas to cut down on the amount of outside air entering the hospital, as well as installation of the Alpha 1000 computer system. It will automatically monitor temperature and humidity of air delivery systems for efficient operation. It will also indicate the best type of equipment to use for the best energy conservation.

Thermostat settings and lighting have been altered for maximum efficiency and all equipment such as motors, boilers, HVAC units, and heat exchangers have been analyzed for efficiency. Steam traps are maintained meticulously and piping insulation installed. "Ours has always been an on-going program. With the cost of electricity and heating fuels continuing to soar, we must make an all-out effort to use energy intelligently. So far we are succeeding and we are happy that our efforts have been recognized," Mr. Braeutigam said.

Security officer becomes emergency interpreter

Interpreting is not part of his job description, but Barnes security officer Archie Melvin believes that coming to the assistance of Barnes patients in any manner that he can is what he is here for. At 11 p.m. on February 7, that assistance included helping calm a Korean patient in the operating room by greeting him in his native language.

Woo Pyo Hong had crushed his hand and was admitted through the emergency room. He was taken directly to the plastic surgery operating room for emergency surgery. Meanwhile the ER contacted the Red Cross and other avenues trying to locate someone who could speak Korean. When this did not work, an appeal was broadcast over the security department's communication system. Officer Melvin, who was patrolling Queeny Tower, heard the request and went to the OR to see if he could be of service.

"I merely greeted the gentleman in his native tongue and he immediately calmed down. He was upset and needed a friendly face. I just imagined how I would feel if I were suddenly hospitalized in a foreign country and couldn't understand anything that was going on around me," Officer Melvin said.

He explained that he had picked up the language during his 13-month tour of duty with the Air Force. "Also, I had a Korean sister-in-law."