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## Beacon Light: February 1978

St. Cloud Hospital

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# Beacon Light

Volume XXVII, Number 6

February 1978



## SAINT CLOUD HOSPITAL

# The Chaplain's Corner

By Sister Georganne Burr, O.S.B.  
Associate Chaplain



## LENT — WHAT IS IT ALL ABOUT?

The Church calendar again celebrates the Holy Season of Lent. Not too long ago we found ourselves making New Year's resolutions, following the Gregorian calendar. It is also a Church tradition to make Lenten resolutions. Perhaps one of the best resolutions we can make is to face ourselves in the presence of the Lord and honestly ask for the gift of insight into self, to know the areas that are keeping us from truly growing or becoming. That may be a rather frightening prayer because it seems easier to avoid change or growth. I say it "seems easier" because I think most of the time we spend a lot of energy blindfolding ourselves so we can avoid change and as a result are really not as happy and filled with God's Spirit as we could be. In fact, that is not an easy way to live but a painful existence. We waste much physical, emotional and spiritual energy by avoiding reality and thus blocking out the peace that could be ours by risking a change in our life, be it our outlook on it, or philosophy of life, selfish

habits, a refusal to accept an illness or a fear of letting go and letting God be God, or our lack of love for ourselves, etcetera.

The more we pray, the more we will be aware of changes we can make in our life to allow God's grace to flow in and through us. When we stop controlling situations and others, or allowing others to control us, or blaming others for every discomfort we experience, then we will have discovered the secret to happiness. This is also the meaning of Lent—facing the reality of our sinfulness and trying to change that, so as to rise with the Lord Jesus Christ on Easter.

May this season of Lent be a time of quiet, in which you can become ever more the person God created you to be, so that you can love Him and yourself more and thus be able to reach out in love to the person next to you and to the stars at the same time. A grace-filled Lent to you!

## ABOUT OUR COVER . . .

This month's cover features the Hospital's Fiftieth Anniversary symbol. The design incorporates the Hospital's traditional logo and a modern 50. It was developed to help draw attention to the

many activities which will be a part of the celebration. For more information about the Hospital's anniversary celebration, see the story on page 4.

## COMMENT

by Gene S. Bakke  
Executive Vice President



## A Tribute

This month we begin observing the 50th Anniversary of the Saint Cloud Hospital at its present location. It was on February 16, 1928 when the first patient was admitted to the new facility constructed in what had formerly been a corn field on the outskirts of the city.

Prior to 1928, hospital care had been provided at sites now occupied by St. Raphael's Convent on Ninth Avenue North and St. Joseph's Home on Minnesota Boulevard. Both had originally been built as hospitals, but advances in medicine and a growing population required larger and more up-to-date facilities to meet expanding needs.

The new Saint Cloud Hospital, begun in 1926 and completed in 1928, was named after the patron saint of the community it served. It could accommodate 315 patients and had an active medical staff of 24 physicians.

According to newspaper headlines of 1928, the Saint Cloud Hospital was "Built For The Future; Materials Are Best; Structure Is One of Modern Type; Many Unique Features Including Latest Ideas In Hospital And General Construction."

"Tried and trusty materials; granite, stone and brick have been assembled in a new and refreshing way. . . Everything has been tested in the crucible of experience; it is ever solid and substantial, never flimsy or tawdry. Twenty or fifty years from now the equipment may change and be replaced but the

building will still be modern, still be new."

The prediction that the "building will still be modern, still be new," made by a newspaper reporter fifty years ago, turned out to be amazingly accurate. Though the entire original structure underwent remodeling and renovation in the early 1970s, it is basically the same building as the one constructed then, with two new wings added to provide more services and rooms for patients. Now, as many as 524 patients can be served at one time in a completely modern and up-to-date facility with an active medical staff of 84 physicians and 1,450 professional and supportive personnel.

And, over the years, the combined cost of the original building, its remodeling and subsequent additions totals only \$16,500,000. It would cost \$33,750,000 to replace it at current costs, more than twice the price actually paid!

The fact that the people of St. Cloud and the surrounding area have a complete and modern hospital facility constantly prepared to respond to their medical needs is a tribute to the foresight, courage and commitment of the Sisters of the Order of St. Benedict and others who have worked with them over the years. It is a testimony to wise and prudent planning that has served the community well since 1886 when they took over the operation of St. Cloud's first hospital.

# Happy Anniversary, St. Cloud Hospital!

For the past 50 years, Saint Cloud Hospital has been providing health care for the residents of Central Minnesota. The Hospital's physicians, employees, volunteers, auxiliary members and students have joined together to help make this year a celebration of those fifty years.

The celebration began Wednesday, February 15 with a special party for all Hospital personnel. Cake and coffee was served by members of the Volunteer / Auxiliary staff in the Hospital's Dining Room throughout the day. Ecumenical services were held in the Hospital's Chapel.

"The day was called Ozzie Day in honor of Ozzie Brixius, Chief Orderly," Marlene Schroeder, Community Relations Coordinator said. "Of all Hospital employees, Ozzie has been here the longest with 37 years of continuous service."



Events for the Hospital's Fiftieth Anniversary celebration were planned by committees of past and present Hospital employees. Pictured above in one of the planning sessions are Sr. Concilia Nesges, former Patient Librarian; Ozzie Brixius, Senior Orderly; and Frank Karn, former Boiler Operator. Both Sr. Concilia and Frank were at the Hospital when it opened its doors in 1928.

Throughout the months of February and March, Hospital departments will have the opportunity to tell their department or unit story through posters in the Hospital's Dining Room. Some will provide tours of their departments.

On March 9, all patients in the Hospital will receive a flower, compliments of the local florists. Placemats on patient trays used throughout the year will feature a design commemorating the Anniversary.

The community will have an opportunity to learn more about the Hospital through a special tabloid which is being published in early March. Historical exhibits depicting different 1928 hospital scenes will be on display in the Hospital's lobbies from the latter part of March through April.

Local radio stations will feature members of the Hospital's staff on talk programs at various times throughout the year. Staff

members will also be available to present community health education programs. These programs include a variety of speakers from the Hospital staff. There are also programs for proper lifting, the Heimlich Maneuver, Happy the Clown, a program designed to acquaint children with the Hospital, a slide/tape presentation on stroke, and an audio/visual presentation outlining the development of Saint Cloud Hospital.

"Our main thrust will be to provide the community with more information about the Hospital through our Speakers' Directory, and health tips through our health education programs," Schroeder said. "We will be using the 50th Anniversary as the catalyst for the beginning or renewal of our community programs."

Some of the other significant events happening during the Hospital's 50th Anniversary include National Hospital Week, May 7-13; the Auxiliary's 20th Anniversary, April 20; National Nutrition Week, March 5-11; and Poison Prevention Week, March 19-25.

"Members of the community can help celebrate our 50th Anniversary by taking an active part in the many programs we are offering," she said.

For more information about the programs offered through Saint Cloud Hospital, contact the Department of Development and Community Relations, Saint Cloud Hospital, 1406 North Sixth Avenue, St. Cloud, Minnesota 56301—251-2700, Ext. 110.

# 50 years ago today...

It was early evening and a blizzard was raging outside.

Dr. Donaldson's telephone rang. "Can you come?" a man asked. "My wife is in labor."

Dr. Donaldson assured the man he would and called the marshal for help.

"We literally dug our way the mile and a half to two miles out to their farm," Dr. Donaldson said. "It took two and one half hours. When we got there, there wasn't a light on. We knocked on the door and a man in his bedclothes answered. He let us in. I examined his wife and found she wasn't even pregnant. She said she thought she was going to have a baby because the moon changed."

This incident happened about 1928—the same year as the Saint Cloud Hospital opened its doors.

"I came to St. Cloud in 1926 when the Hospital was at St. Raphael's," Dr. Donaldson said. "We used to see surgeons doing surgery without gloves."

"When the new hospital opened it was accepted simply because the facilities were so much better," he said. "Ether was the anesthetic and we had student anesthetists."

Mrs. M.J. Kern's husband bought the hospital its first x-ray machine in 1924 and he helped install it. Dr. Kern was the only physician at the time who could read x-rays and he had to be at the hospital every day the first thing in the morning. "I think we were all very enthusiastic and anxious about the new hospital because we needed it so badly," Mrs. Kern remembered.

Sadie Kuepers, still a dedicated volunteer at SCH, remembers when she worked at the hospital helping to prepare the rooms for patients before the hospital opened in 1928.



The St. Cloud Hospital as it looked when it was first constructed in 1928.

"I was hired to lay strips of carpet by the side of each bed so patients wouldn't step out on the cold floor," she said. "I was paid 50¢ per hour and lunch was provided free by the Sisters."

Sr. Concilia Nesges came to Saint Cloud Hospital and started the patient library in 1928. She continued to operate the library until she retired at the age of 84.

"In 1928, Sr. Louise asked me to launch a patient library," she said. "We only had twenty books and a cart."

"Without money, you can't do much in a library," she said. "I asked the Post Office to send us magazines which weren't addressed."

That got the library started. When she retired at the age of 84 no one was available to take over the library and they thought it would have to close.

"The Kiwanis Club offered to rebuild the library and staff it with a lay person," she said. "It pleases me to see that it is still going."

Sr. Concilia is also known as the Rose Lady because of the beautiful garden of roses she maintained in the back of the Hospital.

"The doctor told me many years ago that I needed lots of ozone," she said. "He told the Mother I needed a plot of land to work in."

"I started the plot and have had the roses growing there for the past 50 years," she said.

"I had an assistant to help with both the library and the garden," she added. "I wouldn't hire anyone

unless they could do both!

"During the Depression years we didn't get the wages people get now," she said. "But, we were glad to get a job."

"Most patients did not pay their bill, only those who had money on hand," she said. "It was hard to operate the Hospital."

"We borrowed money during the Depression to keep operating," she said. "It took us I don't know how many years to pay the interest, but the bank was very tolerant. It wasn't too many years ago that the bill was paid."

Since that time, Saint Cloud Hospital has undertaken a major expansion/renovation program which resulted in the need to borrow \$7 million.

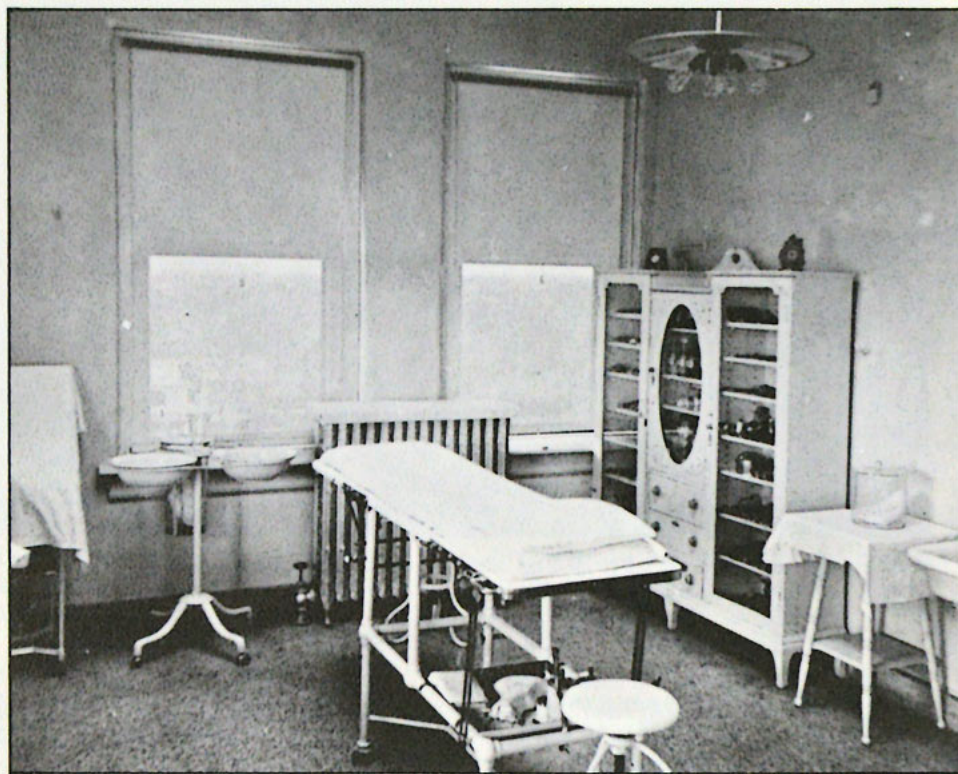
Dr. Donaldson added that, "We spent most of the money we got for gasoline so we could make house calls because that's where we practiced medicine."

"The calls would come all night long," Dr. Donaldson remembered. "Farmers brought us pigs—the best pork you could buy for 5¢ a pound."

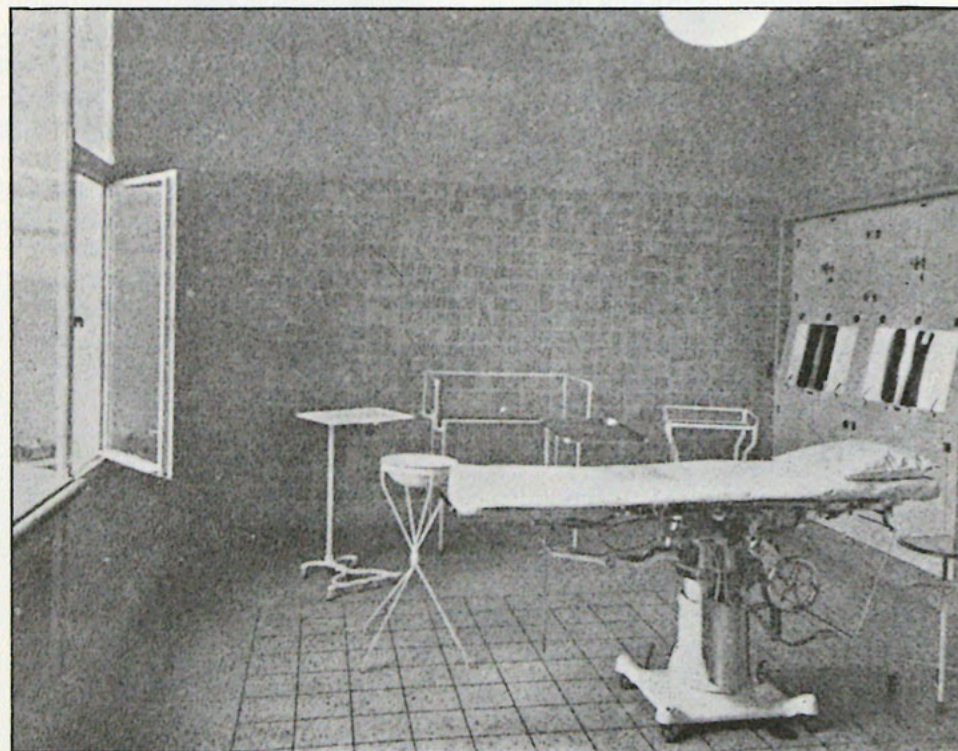
"My office fee then was \$1 per visit, a house call was \$2 and a baby delivery, including the pre and post natal care was \$20, plus \$1 per mile if it was in the country."

There have been a lot of changes in hospital and medical care over the past 50 years.

"What impressed me the most," Dr. Donaldson said, "is the people who live now who never would have lived then."



Surgery in 1908 at St. Raphael's Hospital took place in the Operating Room pictured above. The main source of light was provided by the sun through two large windows at the foot of the operating table. The table itself was designed by Dr. A.C. Lamothe Ramsay and constructed of iron, steel and glass at a cost of \$31.



The Operating Rooms in the 1928 St. Cloud Hospital, above, were described as one step beyond the final word in operating rooms. . . "A word after the last word." Again, a large window supplied all the daylight that the day permitted, but, a constant source of light was found in the electric light.

# Surgery: The past 50 years

The first operating room in St. Cloud was just an ordinary room in an ordinary house. The operating table was an enlarged version of an everyday wooden kitchen table.

The instrument sterilizer was a large wash boiler and the dressings were sterilized in a pudding steam cooker.

Dr. LaMothe Ramsay was about the only physician doing surgery in the area at that time, and his surgeries were few and far between. The only patients who had operations had acute conditions, such as abscesses or superficial growths.

Chloroform was practically always used as the anesthetic. Ether was regarded with suspicion.

The operating room in St. Cloud's second hospital, currently St. Joseph's Home, was located on the third floor. It had the very modern convenience of a cement floor with a drain in the center. These were days when washing with antiseptics was the accepted practice. Doctors and nurses needed knee boots to wade around in the pools left after washing the wounds of the patients.

The old-fashioned wooden operating table was replaced by a new table of steel pipe with a glass top. It was designed by Dr. Ramsay and constructed at a cost of about \$31.

In 1900, St. Raphael's Hospital was constructed. It boasted two operating rooms with tile floors, but without drains. There were two operating tables—the original Dr. Ramsay had built and a new one that could be raised and lowered to secure various positions for operative procedures.

Modern surgery, right, requires facilities much more exacting than in 1908 or 1928. Instead of sunlight, physicians rely on a \$10,000 set of spot lights to provide powerful illumination. Surgery tables have also kept pace with the rigid demands of modern surgery. A modern table is constructed of stainless steel and costs an average of \$10,000.

A regulation instrument sterilizer and a copper Rochester sterilizer replaced the large wash boiler and pudding cooler. Ether had pretty much replaced chloroform.

The Saint Cloud Hospital, completed in 1928, had operating rooms at the south end of the sixth floor. There were eight in all. Three rooms were for major operations, one for minor, two for tonsils, one for eyes, and one for septic cases. Sterilization equipment for all instruments, bandages and dressings were located in rooms adjacent to the operating room.

Large windows supplied all the daylight that the day permitted. But, on cloudy days, a constant source was found in the electric light fixtures. To insure cleanliness and ease of cleaning, the rooms were wainscoted in green tile; green because green was found the most satisfactory "eye rest" for the surgeons and personnel.

According to Sister Mary Ellen Machtemes, OSB, Surgery Department Supervisor, by 1966 the rooms did not meet contemporary standards. They had inadequate ventilation and poor traffic control among other problems. Instruments were cleaned and sterilized on the sixth floor although there was inadequate space. Lighting was still provided by the large windows and one electric light fixture.

The Surgery Department moved to its new quarters in 1968. The new surgery suite has eight operating rooms—six for major procedures, one for minor procedures and one cystoscopic room.

"We have really addressed ourselves to the problem of infection control over the past few years," Sister Mary Ellen said. "Many of the materials we use come pre-packaged to insure their sterility."

In the past, Surgery Personnel were also required to sterilize the instruments and other materials between cases. These cleaning tasks are currently completed by Central Service.

"Cloth masks are no longer used because they don't prevent bacteria penetration," Sr. Mary Ellen said. "We suggest only necessary conversation in the operating room so that bacteria can be contained."

"Lighting has improved," Sr. Mary Ellen said. "The new lights can be focused to a particular spot and the intensity of the light can be increased or decreased as desired."

"Improvements in surgical instruments have made them more delicate, more specialized for different types of surgical procedures," she added. "Specialization in pattern allows the surgeon to do a better job."

Surgeons at St. Cloud Hospital provide total medical care for their patients since there are no medical students, interns or residents.

"I think very few hospitals of this size have surgeons who give such overall total patient care," Sr. Mary Ellen said. "This is a luxury for the patients because they receive the continuity of care of the same physician from pre-hospitalization to their follow-up care at home."



"In some hospitals of this size, the patient is lucky to see his or her surgeon more than once," she said. "Our community is fortunate to have this high quality of medical care."

Currently, St. Cloud Hospital has highly qualified surgeons and sophisticated instruments to perform delicate general surgery as well as specialized surgery, such as total hip replacement or neurological surgery.

Some procedures, such as heart surgery or plastic/corrective surgery are not done at St. Cloud Hospital. Twin Cities hospitals which do perform these procedures are only an hour away. Until a greater need arises, providing the service here may be an unnecessary and unwarranted duplication of services, Sr. Mary Ellen added.

About 635 operations are performed at St. Cloud Hospital per month. But, according to Sr. Mary Ellen, the time utilization of the operating rooms is of the utmost importance. More and more longer procedures are being performed and utilization of the suite averages 72-73 percent of the available time.

The Surgery Department staffs 38 employees: Registered Nurses and Surgical Technicians who actually assist with the operations, Instrument Aides, Patient Transporters and Desk Control Clerks. The Housekeeping Department keeps three members of their staff assigned to the Surgery Department.

# St. Cloud linked in cancer treatment information plan

Cancer treatments change rapidly, sometimes yearly. In keeping with this patient-oriented technology, a new system of cancer treatment information exchange has been established in St. Cloud and seven other Midwest locations.

A newly formed North Central Cancer Treatment Group (NCCTG) links eight participating community clinics with 40 other medical centers across the country in an effort to bring promising new methods of cancer treatments to areas where distance from a major medical center may have made it difficult or even impossible for a patient to receive new treatments.

Harry Windschitl, M.D., Internist at Saint Cloud Hospital, is St. Cloud's representative. He has had experience with these programs of the National Cancer Institute when he was on staff at the Minneapolis Veterans Administration Hospital in 1970, and it has been one of his special interests while at Saint Cloud Hospital for the past 7 years.

"The participating physicians will be administering and reporting on new protocols which may be developed by the Eastern Cooperative Oncology Group

(ECOG) or any of the other participating groups," Windschitl said. He explained that the Mayo Clinic, through its designation as a Comprehensive Cancer Center, is coordinating the local program. The ECOG is a larger group of physicians interested in cancer research who are developing protocols and coordinating the national cancer studies.

Protocols, Windschitl said, are very specific recipes or plans for certain drug combinations, doses and administration schedules for specific types of cancers.

"Patients are eligible for admission to this program only if they meet strict qualifications of age, disease extent, and other general health factors which are different for different cancers," Windschitl said.

"Eligible patients are presented with the benefits and risks of their plan and the individual patient must decide if they want to participate on the program," Windschitl added.

Members of the North Central Cancer Treatment Group meet three times each year to discuss their results and to introduce any new protocols. So far, there are 8 NCCTG and 15 ECOG protocols for

different types of cancers. Some involve the use of investigational drugs—those described by Dr. Windschitl as having well-known side effects and benefits, but which have not yet been approved for general use.

Each of the protocols being used at Saint Cloud Hospital has been reviewed and approved by the Saint Cloud Hospital Institutional Review Board/Committee (IRB/C). The IRB/C was established in compliance with a federal act passed in 1974. The purpose of the Committee is to review and monitor investigational devices or drugs used at the institution which could put patients at risk, and to determine that the benefits to patient outweigh the risks.

"The Hospital is responsible to the patients we serve," Sister Paul Revier, OSB, Associate Administrator and IRB/C Chairperson said. "The Hospital must provide assurance that the overall plan under which any research is taking place is acceptable and consistent with Hospital policies, and that it meets federal guidelines."

According to Sister Paul, the Committee assures that: a valid and scientifically correct plan is going to be followed; that there is informed consent by the patient; that the investigators (physicians who are administering the investigational drugs or devices) are qualified; that complete and accurate records are kept; and that adverse happenings or complications are reported by the physician.

The IRB/C must include both medical and lay members. The Hospital's committee includes two physicians, a Hospital chaplain, an attorney, and Sister Paul.

"I am very enthusiastic about the success of this program," said Dr. Windschitl. "By working together and pooling our results, we will be able to offer our patients what looks like the very best treatments available to them."

to Recovery volunteers provide the patient with very valuable support and encouragement because they themselves have undergone the same procedures."

There are currently eight volunteers in the local Reach to Recovery chapter. The women have been trained through the American Cancer Society sponsored programs to help others with their breast cancer related rehabilitation.

The volunteers must be  
(Continued on page 12)

## "Reach to Recovery" training workshop at St. Cloud Hospital

The American Cancer Society will be sponsoring a two-day workshop at Saint Cloud Hospital this month. The workshop is designed to provide training for new "Reach to Recovery" volunteers, recertification of present volunteers and to serve as a refresher for nurses working with mastectomy patients.

"Mastectomies, either modified or radical, are psychologically depressing for many women who experience them," Pat Bitzan, Auxiliary Chairperson said. "Reach

# Intraocular lens placement at SCH

By Robert Koenig, M.D.

## Editors Note:

**Dr. Koenig is one of five ophthalmologists qualified to perform Intraocular Lens placement at St. Cloud Hospital. Thomas Hobday, M.D., James Heeter, M.D., W.T. Wenner, M.D. and Mark Moberg, M.D. are also qualified to perform this procedure.**

Intraocular lens placement is a controversial procedure, but becoming widely used.

In the 1950's, the first attempts at placing a synthetic lens in the eye to replace the human cloudy or cataractous lens ended in failure and many disasters to patients.

Because of this bad, primarily European experience, it wasn't until the late 1960's that new approaches were developed. Currently, new surgical techniques and lens design are making human intraocular lenses more popular.

Successful removal of the human cataract is only the first step in achieving successful vision for the patient. A spectacle glass, contact lens, or a lens placed within the eye must be used to complete the procedure to focus light properly so good vision can be obtained.

Glasses do this adequately in many cases but do create about 30 percent magnification and some other visual distortions. Optical improvements in lens manufacturing have helped somewhat.

Contact lenses produce less magnification and a more normal type vision when they can be successfully worn. Contact lens manufacture has been constantly improving and many hope a lens capable of long-term wear without daily removal and handling will eventually be developed.

A plastic lens successfully placed within and accepted by the eye following removal of a cataract offers many theoretical advantages for the patient over cataract glasses or contacts. It

should provide more normal vision without requiring daily handling of a tiny contact lens, difficult or impossible for some people, especially the elderly or those with poor hand dexterity.

Many older people have a degenerative process in their central retina so that cataract glasses cannot help them as much as hoped for following cataract removal. Contacts or intraocular lens use cannot cure this, but do offer better side vision and less visual confusion to these patients.

People with a cataract in only one eye and who cannot manage a contact lens are especially good candidates for intraocular lens placement. Glasses cannot normally be used here because the large difference in image size between the two eyes would result in seeing double while wearing glasses.

These advantages, however, must be balanced against additional risks to the patient when placing a foreign material within the eye. Additional surgery is required and many different styles and designs of intraocular lenses are available for use.

Eyes have been lost because of infection and irritation. Disappointments requiring removal of the intraocular lens because of dislocation, hemorrhage and irritation have

occurred. Most enthusiasts for the procedure feel these unfortunate results are uncommon enough to continue with the procedure, especially in selected patients having much to gain from this technique.

While hundreds of thousands of intraocular lenses have been implanted, and many surgeons and patients are most enthusiastic, areas of controversy still surround this procedure.

The federal government through the Department of Health Education and Welfare (HEW) has recently declared intraocular lens placement in human patients an experimental procedure. Channels have been set up to collect information to study short-term and long-term results, hopefully to help evaluate scientifically whether the procedure is basically sound, which patients are suitable candidates, what surgical techniques, and which type of lens designs are best. (Intraocular lens placement is also reviewed by the Hospital's IRB/C - see article on page 8 "Cancer Treatment Information Plan.")

The Saint Cloud Hospital and the ophthalmology staff are cooperating in this study and have been performing this procedure here. We hope that properly selected and informed patients will be helped by this procedure.

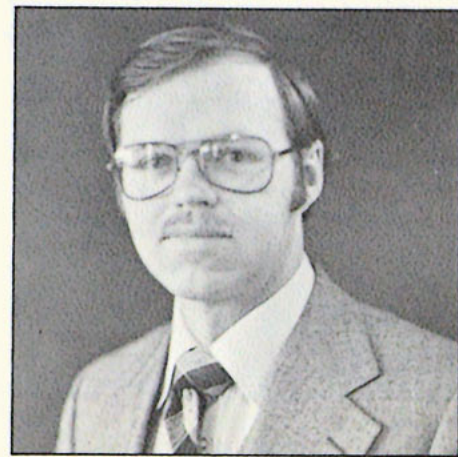
## Ophthalmologist joins Medical Staff

A new physician joined the Hospital's Medical Staff this past month.

Mark Moberg, M.D., is an Ophthalmologist in practice with Thomas H. Hobday, M.D. He graduated from the University of Minnesota School of Medicine and interned at Hennepin County General Hospital.

Dr. Moberg took his residency at the University of Minnesota.

He is married and has two children. He added that he enjoys outdoor activities.



Mark Moberg, M.D., Ophthalmologist.

# Development activities begin at St. Cloud Hospital

Fifty residents of the St. Cloud area have volunteered to serve on Saint Cloud Hospital's Development Council, according to Jeff Blair, Director of Development and Community Relations. Blair assisted Development Council Chairman, Ed Zapp, and members of the Hospital's auxiliary and administration in recruiting members for the Council during this past summer.

"We are especially indebted to our Hospital's Auxiliary," Blair said. "Their efforts in helping form the Development Council gave us the initial support we needed."

The Development Council has been formed to assist the Hospital in strengthening relationships with the people it serves and to encourage voluntary contributions to the Hospital's Development Fund.

The Development Fund, Blair explained, has been established to help meet patient needs at Saint Cloud Hospital. Funds will be used to purchase new equipment or to add needed Hospital services.

"Over the years," said Blair, "Saint Cloud Hospital has been able to expand enough to meet the needs of a growing service area. At the same time, families in a growing radius of St. Cloud have become increasingly reliant upon the physicians, medical services and facilities available at Saint Cloud Hospital," he added.

"Members of the Development Council recognize that the need for increased services is going to continue," said Blair, "But with the cost of providing health care today, plus impending legislation, we know we simply aren't going to be able to add these costs onto the patient's bill.

"Rather than turning our backs on these needs, we are aggressively seeking voluntary contributions to assist us in maintaining the quality of medical services we have grown to depend upon," Blair said.

Blair further explained that the Council has recommended a direct mail program be started. Letters



Jeff Blair, Director of Development and Community Relations.

will be mailed out to members of the Hospital's service area explaining the need for contributed funds. The first mailing is scheduled to be sent out the first week in March.

The Council is also organizing committees to deal with major gifts and foundations as well as deferred gifts, Blair said.

"We have an excellent and enthusiastic group of volunteers serving on our Development Council," Blair said.

"We all recognize the complexity of our task and realize that this is going to be an ongoing project which may easily take several years to fully develop," he observed.

While fund development has been most commonly identified with colleges and universities, an increasing number of hospitals are establishing development programs, Blair indicated.

"The American spirit of voluntarily supporting vital community and national projects has been a part of our nation's history," Blair said.

"It's something that has allowed our private sector to be responsive to the needs of our public."

## Development Council Chairman, Executive Committee Announced

Ed Zapp Sr. has accepted the responsibilities for chairing the St. Cloud Hospital Development Council. Zapp is a former Board of Trustee member and currently serves as Chairman of the Board at Zapp National Bank and Trust. During his term of office on the Hospital's Board, he served as Finance Committee and headed up the 1968 capital fund drive.

Accepting the position as Vice Chairman of the Council is Sy Janochoski. Sy is the co-owner of Sy-Ray Plumbing and Heating. Also serving on the Development Council's Executive Committee are: Judy Wyne, Robert Wick, Ph.D., Ed Stockinger, Henry Mareck, Cy Kuefler, and David Daniel.

See next month's Beacon Light for photos and brief biographical sketches of Executive Committee members.

# Essay wins \$1,000 for nursing student

Jeanne Griffin, a senior at the St. Cloud Hospital School of Nursing, recently won a \$1,000 scholarship from the Minnesota League for Nursing for writing an essay entitled, "Cancer Nursing—Today's Implications."

"I had no idea I could win," Jeanne said. "I have never won anything in my life!"

She found out about the contest when Bernice Schoenborn, Nursing Service Supervisor, brought it to the attention of the students. Contest rules limited applications to only three students per school, and participating students had to meet specific scholastic standards.

Indecision whether to write or not kept Jeanne away from her typewriter until the deadline was almost up. She completed the essay just on time.

The essay's theme, according to Jeanne, deals with developing deep relationships with terminal cancer patients. It is about warm nursing care, comfort and religious support provided by the nurse for the patient and family.

Her research came from her own experience.

"Our family has been touched by cancer a lot—at all ages on the maternal side," she said. "I have also conducted cancer related workshops at the Crosby Hospital."

Jeanne and her husband live in Crosby. She received her Practical Nursing certificate from Brainerd Vocational Technical Institute in 1970 and is a Licensed Practical Nurse at the Crosby Hospital.

Although Crosby is about 80 miles from St. Cloud, she commutes at least four days a week and works holidays and weekends at Crosby Hospital.

"Commuting is more comfortable for me than staying here," she said. "I've found some short cuts and shortened my driving time to about one hour and 45 minutes each way."

Before she received her Practical Nursing certificate, Jeanne worked at the Cuyuna Range Clinic as a medical assistant, and at the State Hospital as a Psychiatric Technician.

She enrolled in the St. Cloud School of Nursing's Career Mobility program as a junior last year. Jeanne came back to school

for R.N. training because of the better advancement possibilities for R.N.'s. She found the Career Mobility program to be especially good in its Rehabilitation and Obstetric rotations. The college courses included in the program are also good, she said.

Jeanne's winning the \$1,000 scholarship also means additional responsibility. She has been appointed to serve a year long term on the Minnesota Cancer Society's Professional Education Committee.

This is the first year the League for Nursing has sponsored this contest. They hope to continue with it as an annual event in an effort to create continued interest and awareness in Cancer.

## FROM THE ST. CLOUD HOSPITAL KITCHENS

Today our patients are encouraged to eat regular food as soon as possible during illness and after surgery. Yesteryear we were much more cautious. Here are some special recipes used to start the patient on his way back to health. They are being printed in conjunction with the Hospital's 50th Anniversary celebration

### GRUEL

To 1 Tablespoon oatmeal add 1 cup water. Cook 1 hour in a double boiler. After cooking put through a sieve and dilute to liquid consistency with water or milk.

### CODDLED EGGS

Let eggs stand in a warm room until they lose chill. Put into a pan filled with boiling water and cover very loosely. Remove from fire. Let stand 3 or 4 minutes.

## Beacon Light

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# Beacon Light

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ST. CLOUD, MINNESOTA 56301

## GIFTS AND MEMORIALS

St. Cloud Hospital Development Council thanks the following individuals and families for their contributions to the St. Cloud Hospital Development Fund.

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## "Reach to Recovery"

*(Continued from page 8)*

recertified every two years.

The workshops are being conducted by representatives of the American Cancer Society. These sessions are being held Monday, February 27 from 10 a.m. to 4 p.m. in the Busch Room; and on Tuesday, February 28 from 10 a.m. to 1 p.m. in the Garden Room.

Approximately 30 persons from

Central Minnesota area will be participating in the workshop. Other persons interested in participating in the local "Reach to Recovery" chapter should contact Mary Ives, Volunteer Department Director, Saint Cloud Hospital, 1406 North Sixth Avenue, St. Cloud, Minnesota 56301—251-2700, Ext. 288.