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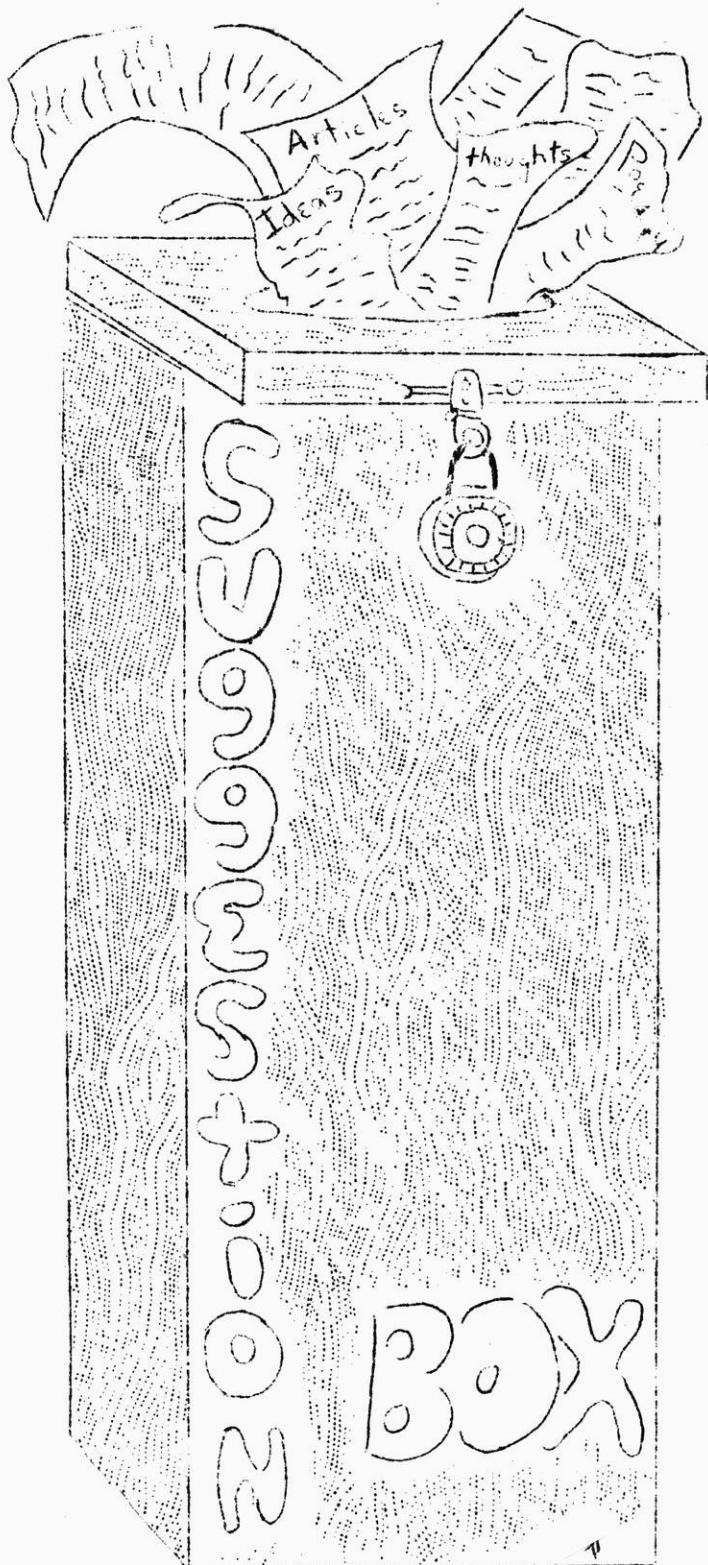
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CUE

Vol. VI, Issue 6

April 23, 1971



A new addition is soon to be added in the Canteen. This is a suggestion box for any and all thoughts the patients and staff have but do not know how to go about expressing their beliefs. The idea is to get ideas out in the open whereas before the ideas for the most part remained in darkness.

The idea of a suggestion box first was talked over by the Social Chairman Committee: a patient self-governing body. This committee's purpose was for the patients to use the suggestion box to express ideas on how the Canteen could be a better place to go to and suggestions for records the patients would like on the juke box.

The staff of the CUE caught wind of the idea of a suggestion box. The staff agrees totally with the suggestion box and is pushing for its success. Patients can use this service for ideas on the improvement of the CUE; letters to the Editor; and a chance for patients to have stories, jokes, poetry or whatever published in the CUE. There is no guarantee of its being published, but every article will be looked over and careful consideration given.

The suggestion box is being placed in the Canteen because of its ideal location and it is easier finding the Canteen than the CUE office.

We of the CUE staff encourage any and all comments on any worthy situation. These include comments on the patient - staff relation and its improvement; comments or articles on the CUE; and the improvement of the Canteen to better serve the patients. These are only a few areas where patients have comments and suggestions on. Any and all others will be considered and channelled to the right areas.

Again the Social Chairman Committee along with the CUE staff urge that patients and staff make use of the suggestion box. If both parties do, it is almost certain of a huge success. Now it is up to you, the patients and staff, to take the next step.

ISSUES n' Answers

BEING DEDICATED TO THE IMPROVEMENT OF PATIENT-STAFF RELATIONS, THE CUE HAS FREQUENTLY PROVIDED THE PATIENT WITH AN OPPORTUNITY TO VOICE HIS OPINION ON PROBLEMS WHICH EXIST IN THIS AREA. UNTIL NOW, ONLY HALF OF THE STORY HAS BEEN HEARD, THE PATIENTS' SIDE. BELOW ARE COMMENTS FROM THE STAFF AS TO HOW THIS RELATIONSHIP MIGHT BE FURTHER IMPROVED.

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Every staff member can and should make a better effort to improve communication. If we're only willing to go 50% of the way, (whether it's communicating with a patient or another staff member) communication and understanding too often cannot be as effective as it needs to be and ultimately it is the patient who will be affected. How many times are we not willing to make the effort to go even halfway?

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Patients need to have (just as we do) and are entitled to, some kind of an explanation. Being left hanging and not knowing why something is done or why a decision is made, certainly does nothing to help a patient develop trust and confidence or to encourage appropriate response to frustration or disappointment. If we expect and are responsible for helping patients learn to act responsibly we need to do our share in encouraging and guiding mature behavior.

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I feel that patient-staff relations at WSH have improved tremendously over the past several years. Your newspaper should take some of the credit for this. However we have to admit that we're still far from being a Utopia. It seems to me that a majority of our problems stem from poor communication. Therefore, if each party involved, both patients and staff alike, would make just a little more of an effort to be clearly understood in their dealings with one another instead of taking so much for granted, many of these problems would cease to exist...

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I feel that if the patients are responsible enough to attend activities and meet appointments on their own, their responsibility should extend to meeting these scheduled times. More staff time could be devoted toward their treatment if valuable minutes did not have to be spent finding and locating patients.

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It's too easy for us to fall into a pattern of doing something or reacting a certain way simply because we've always done it that way. Sometimes when patients don't behave like we expect them to behave we have a difficult time coping with things like patients willing to take more initiative or more responsibility than we're used to having them take, or thinking more independently than we're used to having them do, or not conforming to our ways of doing things. Expectations still need to be made upon patients, (as this is one way we can show patients we care) however I think we could be a little more flexible with how we allow patients to meet these expectations.

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To further improve individual treatment goals, programming for the patients must be understood and communicated to all members of the Treatment Team and shared with the patient.

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If the patients had a better understanding of the "team concept"--what it really means and how it works--they might be better able to help us help them. The patients' explanation of play in their own recovery which was in the Editorial of the last issue of the CUE, was an excellent effort to clarify the way this hospital operates. Maybe it should be incorporated into the section WHAT YOU SHOULD KNOW on a rotating basis, as other important information is.

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If we were more willing to show warmth and concern for patients to let them know we really care, both patients and staff couldn't help but benefit from it.

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Any relationship takes time. If we the staff care enough to take some time out to show concern and interest a relationship can develop.

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There are complaints about not having enough to do on weekends. On our ward Saturday found 17 patients going for a walk, 5 go to the Rec. Room and in the evening 17 went to the Canteen. On Sunday 8 went to church, 21 went out to play ball, 6 went to the Rec. Room and 15 to the Canteen. We feel more patients could participate in supervised activities offered them.

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Patients could be more observant of regulations for obtaining money both from the ward and from the business office.

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On our unit we use Team Nursing. An aide is responsible for a certain number of patients. These patients are notified if they have any questions or problems to come to his assigned aide. If the aide can't help the patient the team leader or R.N. is notified and she tries to straighten out the problem. This system tries to eliminate communication problems and I feel it does succeed in improving patient-staff relations.

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I feel there should be less meetings so that more time could be spent with patients. There appears to be too many disciplines to have to report the same story to. Also, there should be more control of unacceptable behavior in the hospital to help patients to get along in the community.

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Patients who do not have business at the nurses station should not hang around by the door. Surely they would not like someone else to hear confidential things about them.

Patients could be more considerate of staff at times. Many times they want some favor done and the staff is busy and instead of being polite and waiting until they can be taken care of, they will get sassy, etc.

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Some patients have a habit of running to the nurses' station for ~~every~~ thing before checking to see if there is an aide on the ward.

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Most rooms are in a deplorable state. Cut-outs cover some of the walls and doors almost completely. Clothing is scattered all over instead of being put away. ~~etc~~

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Behavior of young people, both on the ward and in the dining room, quite often leaves something to be desired.

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Much time could be saved if patients would remember nurses take care of medications, doctors orders and aides take care of clothing, patients accounts, etc.

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We find we have a very good relationship with the patients in our small dining room. With the small area and big census, we find the patients to be considerate, understanding and courteous.

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Instead of checking to see if the aide is on the ward they ask the nurses who are busy many times and not able to help them. Patients could get what they want faster if they found the aide.

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When patients are expecting visitors they should stay on the ward and wait for them instead of going to off ward activities as dances in Hughes Hall or movies, as this necessitates contacting the patient and/or sending the relatives chasing or escorting them around.

continued from page 3

Patients should ask their doctors for home visits and such as soon as possible so preparations (medicine etc.) isn't left until the last minute.

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Are constantly asking to go to the fashion corner at all hours of all days. Patients and personnel on each ward should set up certain days, etc. (for their ward) and coordinate the efforts of all.

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When patients are expecting visitors they should stay on the ward and wait for them instead of going to off ward activities as dances in Hughes Hall or movies, as this necessitates contacting the patient and/or sending the relatives chasing or escorting them around.

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Patients need to be constantly located for medicines often taking 20 minutes to pass medicine on an open ward. Patients could be more observant of medicine times.

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Articles that are very highly valued by the patients should be left with relatives so staff is not left responsible for them.

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I feel that patients should make better use of the channels of communication that have already been set up. Often times patients have very legitimate gripes, but when the time arises for them to confront staff, they evidently are threatened by the situation to the point that nothing is said.

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Patients on the lawn details and housekeeping people work hard to keep our tunnels and grounds clean and attractive. Could candy wrappers, empty paper cups, ice cream containers, pop cans, etc., be put in the trash cans provided? This would improve relationships and keep our hospital presentable.

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Many of the patients gripes and complaints could be handled at the ward level when all the personnel are present to discuss it.

The compliments are nice to hear and we do appreciate the patients expressing their appreciation.

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Relationships are based a lot on respect. If you do not respect the other party, how can you have good relationship? Some patients may dress to extremes - like Hippy style. But the staff should not go to extreme long or wild hair styles just to try to get in with the patient of that type. The patients and their visitors will also respect the Doctor - Aide - etc., if he looks clean, neat and well dressed. We are all working here to try to set a good example for everyone. Not bad ones. Also, how can an Aide respect a Doctor or Social Worker who looks like they crawled from under a rock. A person may have degrees and be very good at his job, but if you can not respect his appearance, how can you respect him?

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SING - A - LONG

A special Sing-a-long was held at the Canteen on March 4th. The program was centered around an Easter theme.

The audience participated in singing several hymns, followed by two sacred vocal solos sung by Mr. Weber: One in which he used organ accompaniment; the other was piano accompaniment taped by Mr. Weber, which was very unique.

The two solo's were: Hold Thou My Hand Dear Lord, by Geoffrey O'Hara and I Walked Today Where Jesus Walked, by C. S. Briggs.

Mr. Weber, the hospital Music Therapy Assistant, should be commended for his devotion to creating many enjoyable musical activities that are enjoyed by all.

GOOD - BY
DR. B

The closing of the regular workday on the 14th of May, will bring about the formal resignation of a Winnebago State Hospital Chief of Service. At that time Dr. Hugo Bachhuber will complete another chapter in his full life. He has been at Sherman Hall, as head of the Womens Service since 1969. But he has a much longer history at W. S. H. and with medicine in general.

He first came to this hospital in the fall of 1956 after serving a busy 25 years as a general practitioner at Athens, Wisconsin. Then at a point in his life when most people are content to just keep putting in their time, he decided to venture out into a new field of medicine. In 1958, he left here to begin his residency in Psychiatry.

On January 1, 1962 he returned here and began his first assignment on the Male Services, 1E and 2E, at Kempster Hall. After some seven years there, he made a big switch to the Female Services of Wards 5, 6, 7 and 8 at Sherman Hall.

In a recent interview Dr. Bachhuber said, "I have enjoyed the years I've worked here - enjoyed both the staff and patients. But like all people, at times, it has had its frustrations." He talked about the importance of people realizing that everyone has problems, and that frustrations know no bounds. Everyone is susceptible. The importance is in how the problems are handled.

Retirement is always a big change in ones way of life and of course it will be no different for the Bachhubers. One major problem still remaining for them is moving. As of this writing they were undecided as to the location of their future home. Doctor Bachhuber has developed a few hobbies through the years which will help him enjoy his leisure time. Typical to many Wisconsinites, he likes boating and fishing. Travel is another interest that he will now have a much better opportunity to do. His four children, who live around the country are an added incentive to catch up on the traveling and visiting that a doctors

busy schedule would not always permit.

I have come to know Dr. Bachhuber during the past months as a very concerned and able person, thorough in his work. But probably most of all he will be remembered because he was available when needed and always cared. He will be missed but has certainly earned his rest and our best wishes for his future.

CHANGE IN
STAFF
ASSIGNMENTS

The game of "Musical Chairs" being played among the upper echelon has everyone confused about job assignments for many of the doctors. Therefore, to keep you informed, Dr. Baker kindly notified the Cue of the specifics.

On April 22, Dr. Dachtera will begin working on the Sherman Hall Female Service and be acting Service Chief until Dr. Bachhuber's retirement on May 14; then she will become the regular Service Chief of the unit.

Dr. Dzubay will also move to Sherman Hall on April 22 and split his assignment between Dr. Dachtera's Female Unit and Dr. Ping's Male Unit.

Dr. Haque will move to Kempster Hall on April 22 and will begin as Service Chief of the Kempster Female Unit.

Dr. Minnihan will divide his time between Dr. Haque's service and Dr. Meyer's service in terms of caseload.

Dr. Bachhuber will be away from the hospital from April 22 until May 7; and when he returns on May 10, he will be assigned to the ATU until May 14.

THE OLD MATH

Add to the pleasure of others.
Subtract from another's unhappiness.
Multiply the joy of sharing.
Divide the good things that come your way.

What You Should Know

ORIENTATION OF NEW PATIENTS

A newly admitted patient may be confused by the surroundings and the new environment of a hospital. On each admission unit, an attempt is made to orient an incoming patient to the new routine. However, few can absorb all the information immediately and so some confusion persists. This continues to plague a new admission or a transferee to another ward.

Some patients, well oriented on arrival, quickly adjust to the necessary routine established for a ward community. Others, less well-oriented, do not grasp the many details explained to them and need frequent orientation sessions before becoming aware of the ward routine. Patience is needed by each staff member in order for a patient to realize the ward procedures. Time and consideration spent in explaining and re-explaining procedures results in a more relaxed patient and assists in his recovery. Few people absorb directions immediately; this is even more true when the person is sick and therefore more self-oriented and self-concerned.

Although procedures vary with each unit and are often dependent on the individual doctor in charge, general procedures are observed by all wards. New patients are given a tour of the ward, showing them the rooms, closets, bathrooms, dayrooms, and where they will eat their meals. The schedule for rising and going to bed, smoking rules, coffee privileges, liberties available to them, time when doors to the building are open and when they are locked, are explained to them.

They are introduced to several other patients to put them at ease in the new environment. They will be given the name of the doctor whom they will visit that day for a physical examination, laboratory tests and X-rays.

Valuables and clothing are checked with the person bringing a patient to the hospital. All personal clothing is then sent to a marking room for identification. Attempts are made to make the names inconspicuous, but it is not always possible to do so.

Valuables are sealed in an envelope and sent to the hospital business office for safe keeping except for rings and watches. If the patient desires to keep these, he must sign a form and assume responsibility for them.

Usually a patient may keep up to \$8.00. Any additional money is sent to the cashier in the Administration Building. To draw on this account, the patient may sign a form provided by the nurse on Sunday and will then receive the money on Wednesday. If an emergency necessitates additional money at any other time, or an amount exceeding the designated amount, a form signed by the patient and the doctor can be presented to the casheir at any time during these hours: 7:45 to 11:55 a.m., and 12:45 to 4:15 p.m. Monday through Friday.

Once a week an orientation meeting is held for each new patient. Although three sessions are required, any patient may attend. In this meeting, procedures and other matters specific to the ward are explained. The various therapies are described and it is explained to the new patients their attendance will depend upon an order from the doctor. The various departments that will serve them are delineated. These are medical clinics, social service, dental clinic, beauty parlor, Fashion Korner, canteen, library, and volunteer groups. The types and hours of entertainment that is provided for them is outlined.

During this meeting, it is explained that the doctor dictates the amount of liberty afforded to each patient, all home visits, tours away from the hospital, and visits with relatives off the hospital grounds. Patients on liberty are given a card to so indicate. On leaving the ward, they sign out and record their destination. On return, the card is returned to the person in charge that day.

Upon admission all patients are given a pamphlet which carries information about the hospital. They may keep this material and refer to it as

(Continued on page 7)

What you should know
(continued from page 6)

they seek answers to some of the questions they may have.

A new patient is interviewed by a nurse after being oriented to the ward. The nurse prepares a personal history of the patient name; date of admission, previous admission, and if any, where and when; doctor's name previous to admission; reason brought to the hospital; how the patient feels about himself, others, etc. Problems with diet, medicine, eating, sleeping, allergies are all listed. Schooling, as well as military status, are also listed.

The nurse will inform the patient who his doctor will be, the social service person assigned to his case, and the physical exam procedure. The purpose and procedure of individual staffing on each patient and the care plan are explained.

Each patient is expected to report at the time designated to receive his medicine. And if physically able, he is expected to make his bed each morning.

While these are routine measures designed to orient the patient and to evaluate his condition, it is an unfamiliar experience for a new patient, many of whom have never been in a hospital of any kind before. Hospital life and adherence to a total treatment planned day is a unique experience. It takes time, patience, and the concerted efforts of staff and patients to become accustomed to this new life. Every effort, each can make for one another, helps in the hospital environs to make the stay more profitable and the cure more effective.

Thomas Kelley, M. D.

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"One-half the troubles in this world can be traced to saying 'Yes' too quick, and 'No' not soon enough."
--American Proverb.

"Man does not live a hundred years, yet he worries enough for a thousand."
--Chinese Proverb.

May Day

The first of May marks the revival of life, after winter. It began in early England with tree worship by the ancient Druids. From England and other lands they conquered, the Romans developed their own May Day custom of gathering spring flowers to honor their goddess of springtime, Flora. During the Middle Ages, May Day became the favorite holiday of many English villages. People gathered flowers to decorate their homes and churches. They sang spring carols and received gifts in return. A King and Queen of May was chosen. Villagers danced around a Maypole streaming with colored ribbons from its top.

In some countries, it became a time for courting. In Italy, boys serenaded their sweethearts. In Switzerland, a May pine tree was placed under a girl's window. But in France, May Day was of religious significance as the French considered May the month of the Virgin Mary. Girls were crowned May Queen to lead processions in honor of Saint Mary.

In this country, the Puritans considered May Day celebrations sacrilegious, and frowned on them. However in the last hundred years, the custom has been growing in America, among small children, to make small paper flower baskets for neighbors' doorknobs.

In 1887, May Day took on a more serious aspect. The socialist parties of the world chose May 1st as a day which working people of the world should show their unity by demonstrations. In Russia and China, May Day is a national holiday on which huge military parades are staged.

May Day was also chosen as the day to open big world fairs in Europe and America. On this day, kings, emperors and presidents turned a key to open exhibition buildings, start fair machinery whirring, and fountains shooting up into the clear May sunshine to signal the opening on miles of fairgrounds.



CHRISTIANITY: PERSON TO PERSON

Christianity centers in the significance of a person, Jesus Christ. He is God's way of reminding everyone of what it means to be a whole person. He is God's way of revealing the real meaning of life in the gift of relationships.

Human relationships die when people lose the meaning of what it is to be a person. Many have nothing to lose for they feel like nothing anyway. There is the fear to give when there is nothing to give or receive. Something is missing. Something is wrong. Love is gone. Life is empty. There is no communication. People talk to each other but they say nothing. People live together, yet they feel lonely.

This emotional isolation creates fears of being unloved, unwanted, insecure. It seems that nobody cares or wants to care. Faith in others, self, and God is lost. There is a question of whether life is worth living. And these feelings can drive an individual right up a wall.

The gift of human relationships is more important than the gift of things. What good are the things of life, if people do not have each other? Everyone has potentially an immense inner wealth that can be shared with others. Everyone is a human being, yet everyone is not a whole person.

The true spirit of Christianity centers in the gifts of giving and receiving love, understanding, forgiveness and acceptance. These are the gifts of God to all for helping people to help themselves, to become whole persons.

(Borrowed from a friend, Rev. G. O. Hindmith, who is also a hospital chaplain.)

Chaplain Van Deusen

GAY KEMPSTER

The week before Easter, Kempster Hall was decorated by student nurses, patients, and staff, with beautiful mobiles hung from gaily colored coat hangers. There were eggs, covered with a mixture of powdered starch colored green, pink, purple, and yellow; and balloon shaped string ornaments. (These were made by inflating balloons to different sizes and wound with heavy store string soaked in the colored starch and sprinkled with glitter. After drying over night, the balloons were burst, which left beautiful, lacy forms.) Colored streamers also hung from the chandeliers.

Some of the patients, supervised by Mrs. Schauni, colored eggs. With her special talent, Vi Schmaltz decorated a black cross with lilies, a dove, and a message, "Renewal of Life, 1971."

The doors to patient's rooms were decorated with cutouts of baskets, bunnies, eggs, and flowers. In addition, there were many beautiful, live plants and flowers which patients had received.

Wednesday evening, April 7, the student nurses held an Easter party on Kempster 2W for patients on that ward. Guests were the men from 2E who were given white carnation boutonnieres and name cards made by the nurses.

Each patient received paper cups decorated as Easter rabbits with colored long ears, colored ties, and a cotton tail. The cups were filled with grass and jelly beans.

Many patients danced to record music enhanced by Jerome and John at the drums, and Skeeter on the guitar.

Thanks to the Kitchen and Bakery Department, a lovely spread of olive bollens (doughnut holes), carmel rolls, pop corn, coffee and grape Kool-Aid was thoroughly enjoyed by everyone.

* * * * *

True merit is like a river. The deeper it is, the less noise it makes.

Living is the art of getting used to what we didn't expect.

BIRTHDAY GREETINGS

FEMALE

MAY 2
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MALE

MAY 1
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HUGHES HALL REMODELING

The Maintenance Department of Winnebago State Hospital has spent four months remodeling day rooms, patient rooms, and offices in Hughes Hall according to Mr. Van der Geeten and Mr. Cook. The eight day rooms were subdivided by the use of 2600, 6 inch cement blocks. All 8 day rooms were repainted and carpeted. One large day room on A and B had twelve additional heating units installed. The department also relined the windows in 96 patients rooms with 36,000, 2x 6x 16 inch light weight blocks. All ninety-six patients rooms were then repainted. This brought about greater safety and cleanliness in these rooms. Electrical outlets were installed in the patients rooms for the first time, and all ward corridors in Hughes have had incandescent bulbs replaced by fluorescent lighting. All work was done through labor regularly employed in the Maintenance Department.

Anticipated for Hughes Hall is an intercommunication system between charge aid rooms, nurse stations, and the Waterwood School. Also it is anticipated that humidifiers will be installed to improve the dry air of heated air in the winter time.

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PHILOSOPHY IS WHAT YOU MAKE IT

When life is rough and skies are gray,
My comment is a terse one:
Tomorrow is another day. . .
Quite probably a worse one!

CUE'S EDITORIAL DEPARTMENT

Published By And For The Patients Bi-Monthly

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Five Years Old, But New Every Two Weeks

Jen

17

* ADVISORS *

Lucie Jeffers Chuck Lemierx

RUMPS ROOM ROCKS

Something strange and wonderful happened in the Rumpus Room on Tuesday, April 13. The music was country style and the group, The Country Trio was excellent. For those who might be interested, the personnel of the Country Trio are: Robert Jankowski lead guitar and singer; Clinton Roberts, lead vocalist and rythum guitar and Leonard Marko, bass guitar. All are members of the American League of Musicians, Local 182 of Neenah - Menasha, and their time was donated by the union.

Not being an especially avid follower of the Country - Music scene, this reporter was amazed at the talent and diversity of the group. All of us can give thanks to , who set up the dance, made arrangements with the union for the music, and accompanied the group on his trumpet.

A very special thank you also goes to Vi Schmaltz for her very appropriate combination of both Easter and spring decorations.

As was mentioned before, the dance was far from being a run of the mill Recreational Therapy. After all of the patients had arrived and the lights were turned down low, The Country Trio began to do their own special kind of magic. The room became more and more lively as the group demonstrated their versitility by switching from jitterbug music to polka music and finally back down to the bedrock country music. This reporter should have requested "Billy Broke My Heart At Walgreens", and "I Cried All The Way To Sears", but was happy to hear "Okie From Muskogee". As the Country Trio wove their magic carpet the audience responded with laughter, togetherness, and a friend of this reporter discovered that he could dance without a breathometer dose of alcohol in him.

As the night wore on to it's logical conclusion, a line from the long defunct "Lovin' Spoonful" came to mind: "The magic's in the music and the music's in me" from one of the Spoonful's last hits--"Do You Believe in Magic?"

Well, The Country Trio was there to provide magical music and the attending patients could not help but be swept along with the music.

At the end of the evening, this reporter noted more togetherness and genuine concern that he had seen in the past at Sing-a-longs or any other "planned" event for the patients, because as the patients began to respond to the music, the players responded to a live audience in a warm way until the whole room permeated with the sweet smell of concern. There was concern in the air, and as the band stopped playing, the lights came back on, and each person began looking for his or her group of patients, all present had something to take back to their respective wards -- the shining pure light of truth and joy in their hearts. A gift had been given and received, in human love, the biggest, mightiest force in the universe. Special thanks again to Bob Yost without whom the Tuesday, April 13 happening would never have come to pass.

* * * * *

Dear Volunteers:

We would especially like to take this opportunity to thank you for the lovely birthday gift, bingo prizes of hankies, jewelry and candy, and the delectable birthday cake and the superb coffee. Your hospitality is greatly appreciated and very thoughtfully demonstrated.

Thoroughly enjoy your group coming and visiting with everyone in Kompster Hall at Winnebago State Hospital.

Thanks again for everything and a visit well planned.

By the way, I do so much enjoy talking with the older ladies, you know, "the good old eggs" who know so much more than the younger ones; but, they are all nice even if the young ones can't tell me about the "good old days" and talk about lovely, Victorian antiques and French Provencial solid cherrywood furniture. We enjoy the nice smiles all the ladies have and the topics they talk about to all of us. Hope to see your entire lovely group next time you come to visit us and play bingo as we all count the days until you come agin. Good bye.

A patient made happy by all of you Volunteers.

Readers' Rhymes

Hail, bounteous May that doth inspire
Mirth, and youth, and warm desire;
Woods and grooves are of thy dressing,
Hill and dale boast thy blessing.

* * * * *

GROWING SMILES

A smile is quite a funny thing,
It wrinkles up your face,
And when it's gone, you never find
Its secret hiding place.

But far more wonderful it is
To see what smiles can do;
You smile at one, he smiles at you,
And so one smile makes two.

He smiles at someone since you smiled,
And then that one smiles back;
And that one smiles, until in truth
You fail in keeping track.

Now since a smile can do great good
By cheering hearts of care,
Let's smile and smile, and not forget
That smiles go everywhere!

Unknown

* * * * *

HOW OLD ARE YOU

Age is a quality of mind.
If you have left your dreams behind,
If hope is cold,
If you no longer look ahead,
If your ambitions' fires are dead -
Then you are old.

But if from life you take the best,
If in life you keep the jest,
If love you hold;
No matter how the years go by,
No matter how the birthdays fly -
You are not old.

* * * * *

Then came fair May, the fairest maid
on ground,
Deck'd all with dainties of the
season's pride,
And throwing flowers out of her
around.

A horse can't pull while kicking.

This fact I merely mention.
And he can't kick while pulling,
which is my chief contention.

Lets imitate the good old horse
And lead a life that's fitting;
Just pull an honest load, and then
There'll be no time for kicking.

* * * * *

THE MAN WHO THINKS HE CAN

If you think you are beaten, you are;
If you think you dare not, you don't;
If you'd like to win, but think you
can't
It's almost a cinch you won't.

If you think you'll lose, you're lost,
For out in the world we find
Success begins with a fellow's will;
It's all in the state of mind.

If you think you're outclassed,
you are;
You've got to think high to rise.
You've got to be sure of yourself
before
You can ever win a prize.

Life's battles don't always go
To the stronger or faster man;
But sooner or later the man who wins,
Is the man who thinks he can.

* * * * *

UNSOPHISTOCATE

Ingenuous is the heart,
Naive beyond belief;
Unskilled in the concealment of
Its joy, its grief.

A shrug, a lift of the brow
Are things indeed,
Of which the heart
Has need.

y

* * * * *

Be the labor great or small;
Do it well, or not at all.

A LAUGH OF A HALF

"Don't eat so much," said the father to his splitting image. "You'll make a pig of yourself. Do you know what a pig is?"

"Yes, Daddy," replied the son.
"It's a hog's little boy."

* *

Conference:

A meeting of the bored.

* * * * *

Bad luck is when 13 people you know are drinking in a bar and you're picking up the check.

卷之三

An optimist is a fellow who assumes that the car ahead is going to turn in the direction the blinker indicates.

第十一章 中国古典文学名著与现代传播

One neighbor to another, "I don't need any automatic garage openers on my garage for my wife. When they see her coming up the driveway, they fly open in sheer terror."

* * * * * * * * * * * * *

A grade school teacher asked her class to write a composition on "What Easter Means To Me." One student wrote, "egg-salad sandwiches for the next two weeks."

My daughter works in an ice-cream shop. She was surprised recently when a daily customer, with a monotonously regular taste for hot-fudge sundaes, ordered an ice-cream sandwich instead. "What!" my daughter exclaimed. "No hot-fudge sundae today?"

"No," the woman replied. "I'm on my way to a diet-club meeting, and I don't want hot fudge on my breath."

* * * * * * * * * * * * * * * *

Mother to small son at the table:
Twenty years from now you'll be telling
some innocent young girl what a
great cook your mother was - "Now eat
your dinner."

Come together ~~~

11



A project for
the patients; by the
Social Chairman Committee

W. S. H. Sprite

Begorra, that was not a leprechaun hopping across in front of the hospital Wednesday afternoon about 4:30. It was Dr. Bachhuber jauntily displaying a new green fishing hat given to him by the staff in Sherman Hall. He also received a subscription to National Wildlife from Activity Therapy and cards, cards, and more cards from patients.

* * * * *

HANDS OFF

Sherman Hall has environmental control--air is recycled and the water for heating is recycled. All this means that each room has its own environmental control and the building itself is evenly heated or cooled. Each room is set at 74° with a 4° variation; therefore when the temperature goes down to 70°, the furnace boosts it back up.

If there is a problem with the temperature in your room, sign a complaint for Mr. Arnold Gorski (head engineer in Sherman Hall) and give it to ward personnel. Do not attempt to regulate the thermostat yourself. This is a very delicate instrument; you do not have the proper instruments for adjustment. In attempting to regulate the thermostat, some patients have bent parts and the result is they get heat all the time. This is aggravating and defeats the wish of the person who is trying to keep the heat down. Mr. Gorski will gladly adjust any thermostat if he receives a request, and then the heat remains more constant.

Mr. Gorski is trained to regulate the delicate thermostatic instruments, is anxious to please the patients, and glad to cooperate to the best of his ability. Rely on him and do not try to change or adjust your own heat control.

* * * * *

WORDS

5 most important words:

I am proud of you.

4 most important words:

What is your opinion?

3 most important words:

If you please.

2 most important words: Thank You.

Least important word: I

SUMMER TIME

At 2:00 o'clock Sunday morning, April 25, Daylight Saving Time goes in to effect. That means an hour is lost. Therefore the clocks have to be put ahead one hour.

Daylight Savings Time started March 31, 1918, in accordance with an act passed by Congress, March 19 of that year. This was a nation-wide observation. Congress repealed the law in 1919, but many cities continued to use daylight saving time.

It was re-instated during World War II. After that war, daylight saving was strictly a state matter and the country observed many varying times. Some cities observed daylight saving time while the state they were in were on regular time. In other areas, the starting and stopping of DST varied.

Finally the U. S. Congress established a uniform daylight time from the last Sunday in April to the last Sunday in October.

Daylight Saving Time is a plan in which clocks are set ahead of Standard Time. This allows you one more hour of daylight to enjoy, so go outside and take advantage of every moment you can.

* * * * *

Happiness is the sensation that you feel when you are too busy to be miserable.

* * * * *

They say that woman's work is never done, but some girls think they have done it all when they sweep down the aisle.

* * * * *

Stand still and silently watch the world go by -- and it will.

* * * * *

Everyone is of some use - even if for nothing more than serving as a horrible example.

* * * * *

Opportunity knocks once - but unfortunately temptation keeps hammering away.

* * * * *

Sometimes a clear conscience is nothing more than a poor memory.

THE WEEK AHEAD

HOSPITAL ACTIVITIES FOR THE WEEK OF APRIL 26 - MAY 2, 1971

April 26

Monday	9:00 am - 4:15 pm	CANTEEN OPEN*
	9:30 am KH Wards	Book Cart
	2:30 - 4:00 pm HH Music Rm.	RECORD LISTENING
	1:30 pm SH 1-2	Catholic Daughters
	6:30 pm SH Wards	Book Cart
	6:30 pm Barracks	Woodworking
	7:00 pm SH 7-8	Outagamie Red Cross
	7:00 pm CARD CLUB	GH AT Area

April 27

Tuesday	9:00 am - 4:15 pm	CANTEEN OPEN
	2:30 - 4:00 pm HH Music Rm.	RECORD LISTENING
	4:15 pm GH AT Area	Canteen Social Chairmen Dinner Meeting
	7:00 pm KH Wards	Kempster Choir
	6:30 pm SH Basement	FASHION KORNER

April 28

Wednesday	9:00 am - 8:00 pm	CANTEEN OPEN
	1:15 pm SH 3-4	Appleton Red Cross
	1:30 pm GHS	Lutheran Ward Service Rev. Winter
	2:30 - 4:00 pm HH Music Rm.	RECORD LISTENING
	7:00 pm Chapel	LUTHERAN SERVICE Rev. Winter
	7:30 pm 1-E	St. Vincent DePaul

April 29

Thursday	9:00 am - 8:00 pm	CANTEEN OPEN
	2:30 - 4:00 pm HH Music Rm.	RECORD LISTENING
	10:00 am GHS	Protestant Ward Service Rev. Windle
	6:30 pm GHS	Redeemer Lutheran
	7:00 pm Canteen	SING-A-LONG

April 30

Friday	9:00 am - 8:00 pm	CANTEEN OPEN
	2:30 - 4:00 pm HH Music Rm.	RECORD LISTENING
	6:45 pm Canteen	BINGO

May 1

Saturday	10:00 am GHS	Favorite Hymn Recital Mr. Korn
	11:30 am - 8:00 pm	CANTEEN OPEN

May 2

Sunday	8:45 am Chapel	PROTESTANT SERVICE Rev. Winter
	11:30 am - 8:00 pm	CANTEEN OPEN
	7:00 pm Chapel	CATHOLIC MASS Fr. Pierce

*ALL activities for all patients in CAPITAL LETTERS

Patients Library, SH Basement: 9:00 - 4:00 M-T-W-F
9:00 - 2:00 Thurs.

Employee Readership Survey

A survey is being conducted by the Interdisciplinary Committee concerning reading materials which are generated and distributed within the hospital. We would like to know which items are serving a useful purpose and whether savings in the cost of materials, preparation time, distribution time, reading time, filing time, or waste disposal time could result by changing the distribution based on your responses. Please fill in the form below and return to:

Larry Nichols
Room 105, Admin. Bldg.
Ext. 206

Name of this reading material: The Cue

Date of this distribution: April 23, 1971

<u>Check appropriate responses (s)</u>	<u>Yes</u>	<u>No</u>
1. The information in this reading material is useful to me.	—	—
2. I would like to continue receiving this reading material.	—	—
3. When I've finished reading this material, I usually	—	—
a. File it.	—	—
b. Post it.	—	—
c. Throw it away.	—	—
d. Leave it where I found it.	—	—
e. Give it to someone else to read.	—	—
f. Other: _____	—	—

Comments:

Your Name: _____ Classification: _____

Work Area: _____ Shift: _____ Ext. No.: _____

Mrs. Julianne Farrow, R.N.
Nursing