Dr. Ballinger To Take Post In July 1967

Dr. Walter F. Ballinger, II, has been appointed Bixby professor and head of the department of surgery at Washington University School of Medicine, Chancellor Thomas H. Eliot, has announced.

Dr. Ballinger, 41, who is associate professor of surgery and Markle scholar in medical science at the Johns Hopkins University School of Medicine, will assume the new post July 1, 1967. He succeeds Dr. Carl A. Moyer, who left in 1965 after 15 years as head of the department. Dr. Henry G. Schwartz, head of the division of neurosurgery, has been serving as acting department head in the interim.

General Surgery

A general surgeon, most of Dr. Ballinger's work has been in the fields of intestinal and vascular surgery. He has done extensive research upon the effects of vagotomy on the small intestine.

Appointments

Dr. Ballinger has been at Johns Hopkins since 1964. He previously held positions with the Philadelphia General Hospital and Jefferson Medical College.

He attended Cornell University for his premedical education and was awarded his M.D. from the University of Pennsylvania in 1948.

Affiliations

Medical organizations in which Dr. Ballinger has membership include: Society of University Surgeons, American College of Surgeons, (member of committee on pre and post-operative care), Society of Clinical Surgery, American Federation for Clinical Research, New York Academy of Sciences, American Association for the Advancement of Science, Society for Vascular Surgery, American Gastroenterological Association, Society for Surgery of the Alimentary Tract, Society for Cryptobiology, American Society for Artificial Internal Organs, International Cardiovascular Society, Lameness Society, American Heart Association, and the American Medical Association.

He is married to the former Ellen Fezandie. The couple and their three children now live in Baltimore.

Barnes Reaches United Fund Goal One Week Before Close of Drive

"Have you seen the political slogan, 'Let's Do It?' around town? Well, here at Barnes, we could paraphrase that a little with our own slogan, WE DID IT," said Nancy Craig, assistant administrator and head of Barnes' United Fund drive.

"We did it. We raised our United Fund goal. A week before the close of the campaign, Barnes employees had contributed $25,275, more than 100 per cent of their division goals.

Community Goal

"That's pretty good," she continued. "Look at the goal for the total community. The increase was 5 per cent (from last year's goal of $10 million to the 1966 campaign goal of $10.5 million). The Barnes goal was an increase of 12 per cent, from $22,000 to $25,000. So, the per cent of increase was a big jump over last year."

A total of 77 employees were trained at three soliciting training meetings held late in September. At these meetings the solicitors heard talks by Acting Director Robert Frank and a United Fund official. They learned how to ask their fellow employees to contribute, and how to turn in pledge cards.

During the first week of the campaign, $14,363, or 57 per cent of the goal was raised.

Three division leaders, Assistant Director Robert Frank, Associate Director of Finance John Warmbrot, and Controller Robert McAuliffe were the first to report attainment of 100 per cent of their division goals.

Goals for each division were based upon the percentage of the division's payroll to the payroll of the entire hospital.

Totals Mounted

The totals mounted swiftly throughout the month. By Oct. 17, $21,355, or 65 per cent of the goal was attained. On the 19th, 96 per cent was pledged and the 100 per cent goal was achieved on Oct. 24, when reports totalled $25,275. As each new figure came in, the red lines on the graph in the employees cafeteria moved farther toward the edge of the poster.

On Oct. 24, a "congratulations" sign blossomed across the big graph.

(Continued on Page 7)
While mankind has been beset by disease-causing bacteria since the beginning of history, it wasn’t until the 17th Century that Anton van Leeuwenhoek, inventor of the microscope, discovered their existence, and only a little over 100 years ago that Louis Pasteur noted that the activities of bacteria caused change in the human body.

Primitive man speculated about his afflictions and decided they were caused by demons. But even if his notions about why he got sick were mistaken, he soon discovered that certain herbs made him feel better.

Ancient Egyptians believed that each limb and organ of the body was controlled by a specific god, and priests practiced strange rites to cure people. “Doctors” administered drugs and ointments, but the medicine had to be given with an incantation, it was thought, to do its work.

Most of what the Romans knew about medicine was borrowed from the Greeks, and with the decline of the Roman Empire and the advent of the Dark Ages, medical men reverted to old ways.

During the Middle Ages, such things as precious stones were used to save time, but also to keep the item inside will stay sterile indefinitely. When different needs could be met in the most efficient way, they can be used as either acute or ambulatory care areas with minimal changes. Also being considered is conversion of 11 and 12 from ambulatory to acute beds.

Another elevator will be added in the Tower to handle the increased traffic to the floors.

“The increasing demand for beds for acute medical and surgical patients has resulted in a need for more of this type care in Queeny Tower,” said Robert E. Frank, acting director of Barnes Hospital.

Versatility

“The Tower was built with the advantage of versatility, so that the community’s needs may be met in the most efficient way,” he explained. “We feel that these changes will make the community’s needs may be met in the most efficient way, with work in progress on several floors to meet the demands for additional space for doctors’ offices and more beds for acute patient care.

The sixth floor of the Tower, which was left unfinished until actual needs could be determined will be made into doctors offices. The tenth floor, now in use as an ambulatory care area, will be converted to an acute nursing division by the addition of a nursing station, nurse call communications, clinical gases, etc.

Conversion

All nursing floors in Queeny Tower were constructed so that they can be used as either acute or ambulatory care areas with minimal changes. Also being considered is conversion of 11 and 12 from ambulatory to acute beds.

Walter Hanses Is New Wage, Salary Analyst

Walter Hanses, wage and salary analyst in the personnel office, joined the Barnes Hospital staff on September 12. He holds a B.S. degree from the School of Commerce and Finance at St. Louis University, and has management experience with a restaurant chain in Florida and Phoenix, Ariz.

Mr. Hanses, a native St. Louisian, is married and has one 17-month-old child. His wife is a registered nurse on the staff of St. Mary’s Hospital.

Operating the new packaging machine in Central Service is Virgil Bridges, technician. Looking on is her supervisor, Mrs. Fern Bridgethorne, new central service co-ordinator.

The Central Service department which processes and seals the sterilized equipment used at Barnes is now using a machine to wrap some of the smaller items prepared by the department.

The packaging machine, which works by air pressure and takes only person to operate, is expected not only to save time, but also to keep the items packaged sterile for a longer period of time. As long as a package seal remains unbroken, the item inside will stay sterile indefinitely.

The machine is adjustable making it possible to package individually several different items of various sizes. A different width of paper may be used to wrap small items like gloves, towels, tonsil sponges or catheters.

How does it work? A pair of gloves is fed into the top of the machine, pulled in by suction, wrapped in paper, sealed, and then clipped off next to the seal.

The process is quick — it takes less than two seconds to wrap and seal a pair of gloves — and the machine is easy to operate. It is the first automatic packaging device used in the department.
Rate Yourself on Safety

Read each of the following questions. Think about yourself and your job; then, if your answer is "no," put down two points. If your answer is "yes," you get no points. If you answer "sometimes," score one point.

1. Do you think safety precautions often waste time?
2. Do you take risky chances when a job becomes irksome?
3. When a safety precaution isn't clear to you, do you fail to ask questions?
4. Do you take short cuts (against rules) because you think you know your work so well?
5. Are you a practical joker?
6. Do you allow personal matters to interfere with the job at hand?
7. Do you try to repair unsafe conditions yourself rather than report them?
8. Do you disregard gloves, safety glasses, etc., on the job if such are warranted?
9. Do you ever disregard the "No Smoking" regulations?
10. Have you had a close call or accident on the job in the last six months?

Now, add up your points. Check your score with the table below:

- 20 - 17: You're safe or fairly so. Keep up the good work.
- 16 - 13: You're slipping and may slip for good. Correct yourself. Your luck can't last.

Under 13: It's a wonder you're alive and kicking. Take corrective action at once.

TO THE STAFF OF BARNES HOSPITAL:

I wish to express my sincere thanks to you who contributed so many useful items to help replace some of the things which I lost as result of a recent fire.

I shall always remember your thoughtfulness with deep appreciation. Gratefully yours,

Mrs. Charlie Collins, LPN, 6 McMillan

MESSENGER OF MONTH

MONEY DONATED
TO HELP PAY BILL
OF RECENT PATIENT

A total of $3,076.15 has been donated to Barnes to help pay the hospital bill of a recent patient, David Hirschowitz. Mr. Hirschowitz died June 22 after he was critically injured in an auto accident two months earlier.

Mr. Hirschowitz served four years as a submariner in the Navy, spending much of that time in the Gulf of Tonkin east of Vietnam.

He is survived by his parents, Mr. and Mrs. Abram Hirschowitz of Oran, Mo.

S. E. Mo. State

A total of $1,500 was received from the student health fund of Southeast Missouri State College, Cape Girardeau, where the patient had attended school. This fund is made possible from 50¢ fees paid by individual students at the college.

Before his death, when it was learned that he would need continuous treatment on a kidney machine, Mrs. Betty Eastman contacted WIL in an effort to raise funds for the treatment. One-hundred-fifty-six donations were received in response to a one-night appeal on Chuck Boeing's controversy show.

In a letter received by Mrs. Eastman from David's mother, Mrs. Hirschowitz said, "Our wish is to have all the money that was donated to the 'Dollars for Dave' fund be applied to David's bill at Barnes Hospital. Again I want to thank you and WIL. We shall never forget your kindness."

Mrs. Eastman worked with three men at WIL to help David: Nelson Kirkwood, nation news director; Gene Hirsch, news director; and Mike Rollins, news editor.

The "Dollars for Dave" donations were held in an account at the Bank of St. Louis, and were opened at the bank.

During his recent stay at Barnes, David was sponsored by Alcon Laboratory, who donated $150 to help pay for equipment which will be used in the new orthoptic clinic. Accepting on behalf of the department is Dr. Bernard Becker, ophthalmologist-in-chief.

Barnes Employe Mrs. Mary Bell Is 'Grandma' to Forty-Four Children

Dr. Charles E. Windsor, assistant ophthalmologist at Barnes, recently captured third place in a nationwide golf tournament for physicians specializing in eye diseases.

Dr. Windsor donated his $150 prize to buy equipment for a new orthoptic clinic now being planned.

A game of 74 on the 18-hole course at Greenbriar Country Club brought him the prize, and also a trophy. The competition was sponsored by Alcon Laboratories of Fort Worth, Texas.

Another sports note about Dr. Windsor: He's the eye physician for the St. Louis Football Cardinals.
OPEN HEART SURGERY AT BARNES . . .

In the photo above, Barnes surgeons are in the midst of an open heart operation on a three-year-old girl. Speed and accuracy are especially important during this surgery, as evidenced by the quick movement of the scrub nurse’s hands (in foreground notice blur in photo). At top left, is the Cooley pump, one of two pumps used at Barnes during heart-lung work; the other is the Mayo-Gibbons pump. These pumps keep the patient’s blood flowing through his body during surgery. The surgical team is in the background. At center left, three doctors look in on their patient in Barnes’ Recovery Room. Post-surgical care, in this instance, includes monitoring venous pressure, intra-arterial pressure, electrocardiograms and temperature. Left to right are: Dr. Howard Brown, fellow in thoracic surgery; Dr. Shep Cohen, assistant resident in anesthesia; and Dr. Alexis Hartmann, Jr., pediatric cardiologist. At bottom left, Dr. G. P. Weygandt, assistant anesthesiologist, tests the acid base balance of the patient’s blood. This is done at regular intervals before, during and after surgery.

IN THE PLASTER ROOM . . .

In photo at left, four on Barnes’ house staff place a patient’s leg on a balanced skeletal traction bar. The Crego-McCarroll bar bears the name of Dr. H. R. McCarroll, associate surgeon at Barnes, who helped develop it. Left to right are: Dr. Lawrence Haas, Dr. W. H. Gondring and Dr. Fred M. Wood, orthopedic residents; and Dr. Hugo Serreno, orthopedic fellow. The patient is Frank Tabor a Barnes employee. In photos at center and right, plaster is smoothed onto a body cast of Raymond Meyer who was injured while playing football. Dr. Gondring and Don Hall, plaster room assistant, are in center photo. At right is Willy Allen, plaster room assistant.
ANESTHESIA'S ROLE...

At left, Dr. Robert B. Dodd, anesthesiologist-in-chief, instructs Dr. Charles R. Blackwell, assistant resident in anesthesiology, on the administration of an anesthetic mixture to a patient by mask. A wall-mounted oscilloscope, in background, monitors the heart. At right, Mrs. Dean Hayden, R.N., left, director of the School of Anesthesia for Nurses, supervises Hope Barber, nurse anesthetist student. The patient is receiving an intravenous infusion of pentothal through her arm. The machine at right is a portable oscilloscope. Each nurse anesthetist student administers about 1200 anesthetics covering all types of surgery during a two-year training at Barnes, under the supervision of graduate staff anesthetists.

Behind The Red Line—Operating Rooms

The operating rooms at Barnes Hospital—24 in all—see a vast number of surgical patients daily. The day usually starts before 7:30 a.m. when the first cases are brought in. As soon as one operation is completed, a room is immediately prepared for the next patient on the schedule. As the largest medical center in the area, Barnes handles more major surgery than any other hospital in St. Louis. The hospital staff also performs surgery for Children's Hospital.

Red lines define the 'no man's land' which may be crossed only by personnel wearing sterile clothing.

And so, a lot is expected of everyone who works in Barnes operating rooms. The workload is heavy, making it all-important that staff members function effectively as a team. Their responsibilities are great so they must observe strict rules and maintain high standards. At all times they are concerned with the patient's condition, and therefore must be particularly perceptive individuals. Decisions must (Continued on Page 6)

EYE SURGERY...

This operating room at McMillan Hospital has been outfitted with special equipment for the electronic welding of detached retinas. This photo-coagulator allows three-dimensional viewing during eye surgery, and has been in use at Barnes since last spring. It was built by the Zeiss Corp. in East Germany. The room on the third floor of McMillan was designed to accommodate the machine.

NEUROSURGERY...

An unusual neurosurgical procedure is this cervical laminectomy because the patient is seated in an upright position instead of lying flat on a table. This position enables the surgeons to enter the back neck region of the patient.
**Focus on Nursing**

*Written by Nursing Service at Barnes Hospital*

**18 R.N.s Attending Refresher Course; Barnes' Third Class**

Staff Development is conducting its third refresher course for professional nurses. Eighteen enthusiastic and somewhat anxious nurses, most of them wives and mothers, are attending the seven-week course, which consists of 92 theory hours and 48 clinical hours.

The aim of the refresher course is to refresh and update the licensed professional nurse and to provide her with the confidence and knowledge necessary for an effective return to nursing.

For their achievements, at the termination of the course, the nurses are awarded a certificate of merit and a gold-plated engraved pin. Many of these nurses will have full or part time employment on the Barnes Hospital staff, resuming their careers while helping to relieve the nationwide shortage of nurses.

The following women are enrolled in the third R.N. refresher course at Barnes: Mrs. Grace Vertrees, Mrs. Mary Potter, Mrs. Odessa Keenhor, Mrs. Florence Welten, Mrs. Phyllis Milligan, Mrs. Ruth Stansbrough, Mrs. Florence Kratzer, Mrs. Curtis Mayer, Mrs. Joseph Hauker, Mrs. Dorothy Bergstrom, Mrs. Alice McAin, Mrs. Avis Lombardo, Miss Violet Hull, Mrs. Madeline Wiembeer, Mrs. Jane Hollocher, Mrs. Alice Kasten, Mrs. Gloria Jensen and Mrs. Ann Oenbeginer.

often be made quickly to give the patient the best possible care. The personnel are often expected to work under a good deal of pressure. They must be able to take on any emergency which may arise.

Who participates in a surgical operation? At Barnes, in addition to the principal surgeon, his assistants and the anesthesiologist or nurse anesthetist, there are: The scrub nurse who hands instruments to the doctors, and circulating nurse who moves about the room checking on the supplies and equipment needed during surgery. These nurses are usually R.N.s, but often qualified O.R. technicians will assume the responsibilities of the scrub or circulating nurses. Often residents and interns are on hand to assist the surgeon, as well as nursing and nurse anesthetist students.

Each O.R. service at Barnes (Chest, Neurosurgical, General, Gynecological, Orthopedic, Genito-Urinary, Eye and Ear-Nose- and-Throat) has its own head nurse who supervises the nursing personnel in her area. Coordinating the two O.R. areas are two supervisors and one assistant supervisor—two are over all operating rooms in the main Barnes building; and one over all eye, ear, nose and throat surgery at McMillan Hospital.

Keeping up-to-date with the latest techniques is essential to maintaining high standards. Inservice sessions to instruct the staff about the O.R. and other aspects of nursing care are held regularly by the surgeons and the nurses. Extensive orientation programs are held for new personnel. Students receive both classroom instruction and first-hand experience in the operating rooms, under the close supervision of their instructors.

The operating rooms in Barnes main building are numbered and frequently used by specific services. The rooms which are often used primarily for one type of service are: O.R. (Continued on Page 7)
Operating Rooms (Continued from Page 6)

#1, Chest; O.R. #2, Neurosurgery; O.R. #10, overflow for Chest or Neurosurgery; O.R. #3, #4, #6 and #12, General; O.R. #5 and #9, Gynecological; O.R. #7 and #8, Plastic; O.R. #11 and #11, Orthopedic; O.R. #12, General and Gynecological; O.R. #14, Genito-Urinary; the Plaster Room, the Endoscopic Room and the Cystoscopic Rooms.

Other Duties

O.R. nursing personnel also attend to the patients on the third floor of the X-ray area, just adjacent to the operating rooms. Diagnostically necessary prior to surgery are done here for neurosurgical and cardiac patients. The nursing staff in Chest, Neurosurgery and Orthopedics care for their own instruments daily. The Recovery Room is also in the O.R. area, but is under separate nursing supervision. The department of anesthesia handles the initial scheduling of the patient to the various operating rooms, in consultation with the rest of the staff.

At McMillan

At McMillan Hospital, where the eye, ear, nose and throat surgery is done, four operating rooms are used for eye, and four for ear, nose and throat procedures. There are nine rooms in all, but one is unfinished at present.

The housekeeping department has an important role in the preparation of the operating rooms. Because of the high use of the rooms, the time spent cleaning and cleaning them between cases must be brief, and at the same time thorough.

After an operation, housekeeping personnel remove the table linen and the linen used during surgery. Next they remove drainage bottles, replace sterile jabs, empty all sponges, wash down tables, mop down the floor with a germicidal solution, and bring in some of the new linen. The nursing staff brings in sterile linen packs and instruments.

End of Day

At the end of the day, housekeeping cleans all of the equipment in the room including lights and overhead pipes. The floor is again flooded with a germicide solution which is then suctioned into a tank. Housekeeping also cleans the scrub rooms, sinks and other equipment in the O.R. area. The staff must make every effort to keep the area free of most airborne bacteria that could cause such things as staphylococcus aureus infections.

Footprinting Taught by Police Expert

A YOUNG MAN'S SLEEP can't be disturbed even for such important subjects as his first footprint, so Kenneth Toddell proceeds with extreme care, while paralleling the baby Gilbert, head nurse in the delivery room at Maternity, discusses the correct way to take a footprint with Patrolman William Kaslick, of the identification division of the St. Louis Metropolitan Police Department. Nursing personnel in Maternity attended meetings Oct. 24 to learn the importance of correct footprinting procedures. Special guests at the meeting were Officer Kaslick and Mrs. Lee Wyllie, of Hollister, Inc., the firm which manufactures the equipment used to identify the babies.

Operating Rooms

The re-usable sterile items are assembled, in sterilized linen packs and in Sterilizers, are used during surgery. The re-usable sterile supplies are used during surgery. The re-usable sterile items are sent back to Central Service after an operation so they can be washed, autoclaved or processed, and then returned to the operating rooms. This includes equipment (which first goes to the laundry), basin sets, bottles, gloves and tubing.

2,000 Per Month

An average of 2,000 patients have O.R. surgery every month at the medical center. McMillan handles 25 to 26 cases per day—about 550 per month: the Barnes O.R. area has between 1,300 to 1,500 cases every month, with an average of 70 patients per day. A large percentage of these patients have been referred by their doctors to a surgeon on the Barnes' staff. Some of the major surgery done here is too complicated to be handled by some small town hospitals.

Barnes has the specialists and the facilities to take many such cases.

NURSING JOURNALIST STUDIES TRENDS AT BARNES

Barnes Hospital's concept of the utilization of the service manager in a nursing unit is regarded as one of the three most significant programs in use in hospitals today, according to Mrs. Eleanor Dowling, executive editor of RN Magazine.

Mrs. Dowling spent a day at Barnes in October, observing the service manager areas. She attended all of the daily meetings, representing staff involved in patient care and nursing service, and visited all areas. She also noted significant trends in nursing. Other stops on her trip included hospitals in Council Bluffs, Des Moines, and the teaching hospital associated with the University of Florida in Gainesville, Fla. At these hospitals, the service manager system is a separate department, reporting to a member of the hospital administration team.

Across Country

Mrs. Dowling was making a trip throughout the country to note significant trends in nursing. Other stops on her trip included hospitals in Council Bluffs, Des Moines, and the teaching hospital associated with the University of Florida in Gainesville, Fla. At these hospitals, the service manager system is a separate department, reporting to a member of the hospital administration team.

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W. U. Researchers Receive Borden Award

Dr. Oliver H. Lowry, pharmacologist at Barnes and professor and head of the pharmacology department at Washington University, is a winner of the Borden Award. He shares this honor with Dr. Janet V. Pashonhauke, assistant professor of pharmacology.

The award, made for their research in nucleotide biochemistry in nervous tissues, was presented at the meeting of the Assn. of American Medical Colleges Oct. 22 in San Francisco.

By Chaplain George A. Boules

We are made rich by so many things that come our way. We are so prone to think in terms of material things, but some of the greatest riches come by way of the great heritage from which we come. Traditional observances even number among the greatest treasures that we can accumulate.

November brings so many reminders of the importance of being thankful. When we review the history of our pioneer forefathers who first observed a Thanksgiving, we are made to feel very humble by comparison. We nearly wonder how they ever thought of having such an observance in the midst of privation, need and discouragement. The important thing for us to remember is that they did.

To say that we have so many more reasons to be thankful now does not mean that all is well, for we also have problems. Members of the human family will always have problems, either real or imagined, but we are rich if we have a determination to solve them in the best ways we can.

We can learn so much from the traditions that we have had handed down to us across the years, and it always pays to look in the direction of these. We can be richer by so doing, and this can help us plan to observe the tradition of another Thanksgiving.