Sue Hackman Is New Director of Nursing Service

Operating Room Undergoing Major Revision, Face-Lifting

Barnes operating room No. 1 is undergoing a major face-lifting in order to modernize the facilities, according to Kurt Bemberg, chief engineer of the maintenance department. The project, which evolved from techniques developed by the NASA space program in "Clean Room" technology, will require about six weeks of intensified labor to install a new unidirectional air-conditioning system. Teflon vinyl wall covering, recessing of all pipes and redesign of the lighting. Completion is expected in early September.

Provisions have been made for the possible future installation of a patient monitoring system. Bemberg said that a section of the present heart-pump equipment room has been revised and, with a few adjustments, the room could easily be converted into a patient monitor-receiving unit.

A one-way viewing glass is to be installed into the wall that divides operating room and the heart-pump room, he said. Provisions have also been made in operating room No. 1 for the possible future installation of a closed-circuit television system for viewing by the medical staff.

Discussing the installation of the new unidirectional air-conditioning system, Bemberg said the conversion will permit even greater selectivity in regulating the amount of fresh-air changes per hour and permit up to 25 complete air changes per hour.

Another major modification to the operating room will be the installation of a wall of stainless steel cabinets. In the past, cabinets were located around the perimeter of the room. The cabinet wall will have doors to each cubicle that open to a hallway corridor, so operating room items can be replenished without entering the room.

Rooms adjacent to the operating room will also be revamped. The storage room is being converted into an induction room. Patients who are to undergo surgery will be brought here prior to the event. The patients will be transferred to a surgical table and anesthesia will be applied. The patient and table will then be wheeled into the operating room. Bemberg said. The present sterilizer room will be used as a combination sterilizer room—heart-pump room.

A new type of "face-lifting" surgery is being performed in Barnes' operating room No. 1. Maintenance department employees and not surgeons, are the "doctors" this time. The patient is the operating room itself. Performing the work are Joe Berger, left, and Ray Armstrong, standing on the ladder. Both are dressed in surgical gowns. Watching the "operation" is Richard Beauchamp, extra-corpooreal technician in the cardiovascular division.
Cuts in Medicaid Mean Revenue Loss

Cuts in Missouri Medicaid payments will result in losses of revenue of approximately $280,000 to $300,000 a year at Barnes, Robert E. McAuliffe, controller, has estimated. Announcement of the cuts was made June 29, with effective date of the new payment plan July 1. The reductions were the result of a three million dollar cut in appropriations for the fiscal year, by the Missouri Senate Appropriations Committee.

The loss of the $3.1 million in state money means an additional loss of about $3.4 million in federal matching Medicaid funds, according to Proctor N. Carter, Missouri Welfare director. The state funds are matched by federal monies according to a formula taking into account the population, income levels, and other factors in each state.

Medicaid is the program for welfare recipients, which provides federal funds to match state payments for medical expenses for indigent, elderly, physically disabled and children.

Cuts which affect hospitals are as follows:

1. Medicaid payments may be made only for the first 14 days of a hospital stay.
2. Outpatient visits, including both clinic and emergency room visits, will be paid for at a flat fee of only $5 per day, regardless of the number of clinics visited or the required use of ancillary services such as laboratory and x-ray.

(According to Mr. Carter, average costs for these visits has been between $.50 and $9.)

3. Dentures, partial or full, will no longer be covered by Medicaid.

"Since approximately 20 per cent of Medicaid patients stay longer than 14 days, we can project that the cut will result in a loss of about $160,000 to $180,000 yearly," said Mr. McAuliffe. "Previously, in a case where a patient is seriously ill, such as a person with a bad burn, or other prolonged illness, we could get permission from the Medicaid people to extend their coverage."

The $5 maximum charge on clinic or emergency room visits will cost Barnes about $120,000 a year, Mr. McAuliffe estimated.

"We'll have to evaluate carefully to see if patients can be sent to municipal hospitals for their outpatient or emergency room care," he said. "Naturally, we can't and won't turn all of them away, but we already carry a considerable load of medically indigent patients the state never helped."

"Since 1968, our United fund allocation has been cut $30,000," he pointed out. We formerly received $173,000 from the UF, but since the Medicaid and Medicare programs went into effect, we have received less from this source. Blue Cross reimburses us only for actual costs of their subscriber's care, without taking into consideration our "overhead" which includes the cost of charity.

"Although the estimated loss of $300,000 is only a little under one per cent of total annual Barnes' expenses of nearly $36 million," Mr. McAuliffe said, "When you try to break even at the end of the year, it's a lot of money."

Tower Patio Luncheon Offers Inexpensive Meals

Several employees from Barnes' admitting office are shown taking a break from the daily routine by enjoying lunch at the Queeny Tower patio. The employees are: Miss Sandy Gravier, administrative secretary; Mrs. Jackie O'Rourke, admitting interviewer; Mrs. Virginia Nelson, appointment scheduler (with back to camera); Miss Mildred White, executive assistant; and Miss Leslie Vander Meulen, admitting officer. Lunch is served in buffet fashion at pool-side from 11 a.m. to 2 p.m., and anyone, patients, visitors and physicians, is welcome to eat there, according to Joseph Bono, manager of the Queeny Tower dining facilities. A lunch consisting of a sandwich, pre-packaged dessert and coffee or beverage may be purchased for $1. Coffee breaks for the employees are also held at the patio, from 9:30 to 10 a.m. For 25 cents employees can purchase a roll or doughnuts and coffee.

"Although we have made considerable effort to publicize the new services, I am sure that there are many employees who are not aware of them," Bono said.

Barnes Turnover Rate Has Dropped Steadily Each Year Since '63

What makes an employee stay with his job? What keeps him happy?

Answers to these questions have been sought by persons who hire since the first boss put together a payroll. While no one at Barnes claims to have found the perfect formula, something right has been happening.

At the hospital, the employee turnover rate has dropped steadily each year since 1963.

Last year the turnover rate of the Barnes' work force was 45 per cent. Hanses defined the "workforce" as full and part-time employees, excluding members of the house staff, students, temporary and undergraduate nurses on the Barnes payroll.

"There are also many variables" why the turnover rate has dropped since 1963 at Barnes. Salaries and wages have been improved as part of an overall competitive and progressive personnel program. Efforts have been made to upgrade the benefits and insurance programs. Progressive supervisory personnel policies have been instituted. We also feel that our supervisors are doing a better job of counseling employees.

In recent months, the slow-down of the economy is also responsible for lowering the turnover rate, he said. "The employee turnover is one of the biggest problems that Barnes and other institutions must cope with almost daily. For each employee who terminates employment at Barnes, replacement must be hired and trained which costs the hospital considerable time and money," Hanses said.

Office Moves Told

The purchasing office's six staff members have moved to the first floor of Wohl Washington University Clinics (station 3535). Thomas C. Winston, associate director, and Jay Purvis, evening administrator, are now in the former purchasing office on the mezzanine of Queeny Tower (station 3303 and 3304). The moves are temporary until the offices are permanently re-located in the East Pavilion addition, upon its completion.

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Hospita1 Happenings

George Dickerson, a dispatch messenger on the evening shift, has been named "Messenger of The Month" for his outstanding work.

Mrs. Louise Howard, 75, a former staff nurse at Barnes during 1956-57, died recently at Alton Memorial Hospital where she had been a patient for five weeks. She had been in ill health for about 18 months.

Murray Adams, a maintenance storekeeper, retired recently after 35 years of service.

Dr. William H. Danforth, vice chancellor for medical affairs and professor of internal medicine at Washington University, was recently elected to the board of trustees of Princeton University. Trustees of Princeton serve four-year terms.

Mrs. Edna Mae Comfort retired recently after serving 29 years as chief technician in the laboratory heart station.
Barnes Hospital and several other medical institutions in the metropolitan area are participating in a co-operative program for sharing and securing cadaver kidneys by a means of computerizing technical data on donors and recipients. When a kidney becomes available through the death of an accident victim, for example, the organ must be removed within a few minutes.

A kidney recovery team, led by Barnes’ surgeon, Dr. William Newton, and Dr. Reilly McGinn, representing St. Louis University Hospital, is prepared to rush to the hospital where the victim has been taken and to stand by to remove the organs at death.

Both men are also staff members at the Veterans Administration Hospital and co-chairmen of the Medical Advisory Board of the Metropolitan Kidney Foundation. The other participating hospitals, Veterans Administration and Saint Louis University Hospitals, have been involved in only a few transplants since the program’s inception.

The Kidney Foundation of Metropolitan St. Louis, Inc., under the direction of the National Kidney Foundation, is distributing thousands of Uniform Donor cards in the St. Louis area. As more of these cards are distributed, the chances are enhanced that additional kidney transplants and other vital organs transplants will be performed at Barnes and the participating hospitals.

Carried on the person of an individual, the Uniform Donor cards are written documents that comply with the Uniform Anatomical Gift Act. The cards are legal documents for a person to will his organs as an anatomical gift.

A spokesman for the Kidney Foundation of Metropolitan St. Louis, Inc., said that so far, about 7,000 persons have mailed their requests to us for the cards with self-addressed envelopes. However, we need to distribute about 1.5 million cards to effectively cover the metropolitan area.

Dr. Newton said that 46 states, including Missouri, have passed laws making the Uniform Donor Card an acceptable legal instrument that complies with the Uniform Anatomical Gift Act.

Prior to the enactment of the Uniform Anatomical Gift Act in Missouri, many physicians were reluctant to perform kidney transplants because laws governing donation of organs were vague. Formerly the body of a dead person belonged to the next of kin, who could overrule wishes of the deceased. The new law permits an adult to leave all or part of his body to a hospital or doctor, and his written statement witnessed by two other persons may not be disregarded by relatives.

Dr. Newton said, “Since so many states have approved the program, it makes possible a number of nationwide sharing programs of vital organs. Barnes is a member of the North American Network for kidney sharing. Potential kidney recipients are screened and typed at Veterans Administration Hospital. This data is sent to UCLA where it is stored in a computer for instant recall.

Our designated staffs are on 24-hour call to recover kidneys. Area hospitals have been instructed to call us if someone is dying and a Uniform Donor card is found in their possession.

“Formally, if a person is involved in a fatal automobile accident at a small town, such as Troy, Mo., upon notification, we would go to Troy and remove the kidney and the blood samples for tissue typing. Returning with it to St. Louis, we would complete the tissue typing and survey our list of prospective recipients in local hospitals. At the same time, a call is made to the UCLA data center and the computer is queried to determine if the typing of the cadaver kidney matches the typing of a possible kidney recipient somewhere across the country.

“The decision to proceed with the transplant with a prospective recipient or send the kidney by airplane to an awaiting recipient elsewhere is made by one of the co-chairmen of kidney transplant recovery committee or his designated staff member. “One problem with kidney transplantation is the cost. A transplant costs from $5,000 to $25,000.”

Dr. Newton noted that kidneys are not the only organs that can be donated through the use of the Uniform Donor card. “A person may specify in advance which tissues he wants to donate. In general, it is best to check the line on the card donating ‘any needed organs or parts.’ This gives the hospital the greatest flexibility,” he said.

Social Group Welcomes New Interns, Residents

The Barnes Wives Club, an organization composed of wives of interns, residents and fellows at Barnes and Barnes affiliated hospitals, had a welcoming poolside coffee for old and newcomers July 10 at the home of Dr. Donald B. Strominger, 701 Yale.

Guests were treated to coffee and dessert and given a preview of next year’s activities. More than 100 attended.

One of the events, a get-acquainted dance on the Huck Finn, was scheduled for August 16.

Barnes’ Physician Elected Blue Shield President

Dr. James Sisk, assistant dermatologist at Barnes, was recently elected president of the St. Louis Blue Shield Plan at the group’s 29th annual meeting.

He is a past president of the Missouri Dermatology Association and has served as a Blue Shield vice president and trustee. Other physicians at Barnes were named to positions in the Blue Shield organization.

Dr. Herbert C. Wiegand, assistant physician, was elected first vice president.

Dr. Joseph C. Edwards, assistant physician, and Dr. Wilbur H. Gearhart, assistant psychiatrist, were named to the organization’s voting board. All officers and board members serve Blue Shield without pay.
Acid-rock music from a hippie festival cuts the usual stillness of a summer morning in the suburbs. This is one way young adults can spend a hot languid summer. Happily, there are still St. Louis teenagers who prefer to spend their summer helping others, such as by participating in Barnes’ summer youth volunteer program as Candy-stripeders. The work of the Candy-stripeders helps cool the long hot summer for patients and employees alike.

Somewhere inside Barnes, an elderly patient paces slowly in her self-care room, occasionally stopping to gaze out her window at the pictorial scene far below. In Forest Park, a woman wearing a wide-brim straw fedora, sits in a lawn chair beside a placid pool. Periodically, the woman in the park lifts her fishing pole to see if an Ole’ Cat has nipped her worm. In her nearby bait can, night crawlers wriggle deeper to avoid the sweltering 90-degree temperature. Patches of grass have turned to rust and dust covers silent automobiles in a constant flow that causes the patient to recall long-forgotten memories of Kansas, the dust-bowl of the 1930s. Suddenly, tapping on the door interrupts the patient’s
d‘touch of peppermi

[A] Candy Crossen, a Candystriper, right, escorts an incoming patient and friend to a patient room from the McMillan admitting office. Miss Crossen explains the services of the hospital and the services of the volunteers. She will introduce the patient to the head nurse on the floor. The Candy-stripeders act as hostesses for the hospital.

[B] Miss Ellen Immer, who assists in rehabilitation areas by running errands and delivering messages, recently helped a youngster to scribble on a blackboard as part of his rehabilitation program. “Just seeing the little fellow carry out my directions and accomplish the task, gave me a good feeling,” Miss Immer said.

[C] Candy-stripeders Laurie Kreft, center, and Marty Parker, right, assist a hospital visitor in the selection of an item from the courtesy cart which the girls push around the medical center. Miss Kreft said that being a volunteer makes her feel important and that she is needed. “My friends are sitting home this summer—doing nothing,” she said. Miss Parker is contemplating a nursing career.
unavoidable melancholy thoughts. A Candystriper, wearing a striped peppermint pinafore and pushing a courtesy cart filled with candy and personal items, enters the room. More often than not, the teenager's youth and enthusiasm causes the patient's doldrums to disappear.

Candystripers at Barnes are given the opportunity to perform many interesting and varied tasks.

Some of the routines are: escorting patients to their rooms from the admitting office; folding and sorting linens, towels and surgical masks in central supply; reading menus to patients who are unable to see; visiting patients as part of the hospitality functions; helping file patient records; assisting nurses by feeding patients, combing hair, making beds; and serving as dispatch messengers. In addition, Candystripers also serve in occupational and physical therapy areas. Two-hundred eight Candystripers served at Barnes this summer, without pay, just to make life a little more pleasant for everyone.

unt' cools the summer

[D] A patient on 1200, center, listens attentively as Candystriper Paul Cavin, right, and Mike Verbeke, left, read a patient menu during a chat session. Cavin, who hopes to become a surgeon in the U.S. Air Force, is learning hospital procedures and routines while helping the secretary and ward clerk on 1200 with minor tasks. Verbeke, who serves in dispatch as a messenger, said, "I came to Barnes with the impression that the Candystripers did only a few insignificant things. To my surprise, I am finding the work is quite rewarding."

[E] Candystriper Annette Veech, a nurse volunteer on 1200, left, browses in the Wishing Well Gift Shop. As a nurse volunteer, she distributes water to thirsty patients, makes beds, helps make charts, runs errands and does other routines. "My work frees the nurses for other duties. I also take flowers and mail to the patients which brightens their day," she said. Assisting Miss Veech is Candystriper Priscilla Gunn who does volunteer work in the gift shop.

[F] Rhonda Nitschke, left, is a Candystriper who assists in occupational therapy in McMillan by teaching crafts to patients. She would like to become a nurse someday. "My most thrilling experience was teaching a 77-year-old woman patient how to make a yarn pom-pom bunny. She was really thrilled, mainly because someone was interested in her. When patients are bored or worried, it's my job to take their minds off their worries."
Employes Fulfill Civic Duty, Serve in Court

Serving jury duty is "old hat" to Glen Noser, a painter in maintenance. Twelve times in 16 years he has served as a jury member while employed at Barnes. However, two other Barnes employees, Miss Sharon Herrmann, clerk typist in the Wohl Clinic credit office, and Mrs. Nadine Abernathy, secretary in the medical records department, were recently introduced to the hospital's jury-duty program, while serving their first session as jury members at St. Louis Municipal Court.

Miss Herrmann said that when she was first informed that she was to serve on a jury, she notified her department supervisor who told her how the program works. "It really proved educational. Most people would not know what it was like unless they had served on a jury. I could have been excused from serving because in some cases, women are not obliged to serve. However, unless someone has a valid reason, I think it is their duty to serve."

Mrs. Abernathy said she was "surprised at the extensive effort made to make sure a defendant has a fair trial. Jury panels are selected by a lottery system and lengthy interrogation sessions with lawyers. More than 700 prospective jury candidates are assembled in a large room before the field is narrowed."

Noser said that serving jury duty has given him greater knowledge of courtroom procedure. "I consider it 'valuable experience' because an individual never knows when he may be called to testify as a defendant in a damage suit or as a witness," he said.

According to Walter Hanes, director of personnel, full-time Barnes employees are eligible to participate in the jury duty program. "Employees must notify their department heads as soon as they are notified. Upon completion of the jury duty, employees should bring the amount they were paid for jury service to their department head. If payment is on check, the employee should endorse it over to the hospital and the employee will receive his regular payroll earnings check for the period.

Some St. Louis courts issue non-negotiable vouchers that can only be cashed by the juror at specified locations. A Barnes employee who receives one of these vouchers should take it to the specified location, endorse it and receive payment for the amount of jury service.

The employe then must present this receipt and the cash received to the Barnes Cashier. The employe will receive compensation in his next regular pay check," Mr. Hanses said.

School of Nursing Receives HEW Monies For Student Loans

The Barnes Hospital School of Nursing has been notified by the U.S. Dept. of Health, Education and Welfare that the school's pending loan request for federal monies for student loans and scholarships has been approved, and the school will receive $35,000 from the government to dispense to students who qualify on the basis of financial need.

The announcement was made by Miss Joan Hrubetz, director of the Barnes School of Nursing, who said it was the first time the school has received federal monies for loaning purposes. According to Miss Hrubetz, $13,000 has been allocated for scholarships, based on financial need. A student who qualifies for a scholarship may receive up to $1,500 a year.

According to Miss Hrubetz, all students are eligible to receive the federal loans at a rate of 3 per cent. Nursing students can either pay out the loans or participate in a program in which the student is permitted to "work off" up to 50 per cent of the amount of loan received, plus interest, by working in a full-time public or other non-profit institution or agency. Loan applications will soon be accepted, she said.

In addition to the new federal assistance program, the school has its own financial assistance program, in which students may borrow up to $1,200 for three years for tuition and up to $40 a month for personal expenses. Students can pay the loans off in full or work at the medical center and receive credit toward payment of the loan.

According to Miss Hrubetz, it costs the hospital about $4,000 a year to educate a nursing student. It takes three years to complete the school's curriculum requirements for a nursing diploma. The cost to a student for tuition and room for three years is $1,782. In addition, the cost of a meal ticket for a student each month is $40. There is also a $125 fee for uniforms.

New Duties

(continued from page 1)

nursing personnel. In 1965 she was promoted to associate director for nursing service and in 1967 became director of nursing.

Another change brought about by this reorganization will be that the School of Nursing, under the direction of Miss Joan Hrubetz, director of nursing education, will report directly to Mr. Frank.

In another change, Thomas C. Winston has been appointed associate director, according to Robert E. Frank, director of the hospital. Mr. Winston has served as assistant director for about two years. He received his master's degree in hospital administration from the Washington University School of Medicine in June, 1967, after completing a year as administrative resident at Birmingham Baptist Hospitals, Birmingham, Ala.

Mr. Winston holds a bachelor of arts degree from Memphis State University and also did graduate work there.

Leslie Darner, formerly a property-control clerk in the cost accounting department, has been promoted to the position of communication coordinator in the telephone department.

Hired recently as assistants to the director of the medical records section are Edwin Brown, formerly director of medical records at John Cochran Veterans Hospital and also at Jefferson Barracks Hospital, and Mrs. Mary Ann Mertens, formerly a medical records librarian at Faith Hospital. He is employed in the Barnes in-patient medical records department, while Mrs. Mertens is located in the Wohl Clinic out-patient section.
**Doctor's Notes**

- Dr. Eli Robins, psychiatrist-in-chief, has been named to the editorial board of *Medical World News*, a monthly medical publication. Dr. Robins is the author and co-author of 80 medical papers. He is currently engaged in a study of the neuro-chemistry of manic depressive disorders.

- Dr. Brent Parker, assistant physician at Barnes, was recently elected president of the Missouri Heart Association.

- Dr. Thomas B. Ferguson, assistant surgeon, recently addressed a group of medical people at the Jefferson County Memorial Hospital at Festus. Many of those in attendance were members of the Jefferson County division of the Missouri Heart Association.

- Three Barnes' physicians have been named recipients of grants totaling $24,975 for research studies, from the Missouri Heart Assn. Dr. Saulo Klahr will receive $9,475 to isolate and identify a substance which may control the regulation and transportation of sodium in the blood. Dr. Herbert Lubowitz will receive $6,000 to study the movement of sodium and potassium across red blood cell membranes. Dr. G. Charles Oliver will receive $9,400 to study techniques for measuring dosages of digitalis, a drug used to treat heart disease. He will attempt to develop a method for measuring secretion of the hormone, aldosterone, which is produced by the adrenal glands.

- Dr. Ernst R. Friedrich, assistant obstetrician, displayed two scientific exhibits at the Tenth International Cancer Congress held recently at Houston, Texas. The displays were entitled: "The Pill's Effect on the Endocervix" and "Morphologic and Ultrastructural Changes in Adenocarcinoma of the Endometrium Treated with Hydroxyprogesterone Caproate."

- Dr. Leonard Jarett, director of laboratories, was recently elected to the executive council of the Academic Clinical Laboratory Physicians and Scientists organization. One objective of this executive council is to improve the type of training and teaching that occurs in academic institutions involved in laboratory medicine.

- Dr. John M. Kissane, professor of pathology, and Dr. John D. Vavra, associate professor of medicine, have been named Alumni Teaching Scholars by Washington University School of Medicine following their selection as "Teachers of the Year" by the graduating class of 1970.

- Dr. Robert M. Feldaker, assistant dermatologist, died July 6 at Barnes Hospital of cancer. He was 44.

- Dr. Louis V. Avioli, assistant physician, has been named chairman and principal scientific advisor of a committee which will consider applications for federal grants for research into arthritis and metabolic diseases. The committee advises officials of the National Institute of Arthritis and Metabolic Diseases, part of the Department of Health, Education and Welfare.

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**Blue Cross Increases Group Hospital Services Rate to Barnes Employees**

Blue Cross increased its monthly dues for hospital services on August 2 to Barnes' employees who are members of Barnes' group hospitalization plan. The increase is based on the usage of benefits during last year by members of the Barnes' group insurance plan as compared to all other groups that have the same benefit schedule.

Barnes pays the difference between the total cost and the dues charged to the employee. The employee's portion of the new Blue Cross dues schedule is as follows:

- Individual employees under age 65—a raise from $2.25 to $3.27 a month which is an increase of $1.02; and employees and dependents all under age 65—an increase from $5.95 to $9.02 a month which is an increase of $3.07 a month.

For an individual employee over age 65, or an employee and spouse both over the age 65, there will be no change in Blue Cross dues because the higher costs will be paid by Medicare.

Also, for Barnes employees who carry Blue Shield, no increases in dues are expected, said Walter Hanses, personnel director.

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**Construction Necessitates Relocating 2 Entrances**

The Barnes Hospital Plaza entrance steps to Maternity and McMillan Hospitals will be shut for 14 weeks because of the East Pavilion construction. During this alteration period, temporary access to Maternity Hospital will be through the old Maternity emergency entrance located in the area-way between Maternity and McMillan. The temporary Maternity entrance will be marked with signs for patients' guidance and the driveway will continue to be available for emergency parking for obstetricians as it is now. The access to McMillan will be from Euclid Avenue.

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**Candystriper Tops 1,000 Hour Mark**

Anita Northcutt, a Candystriper in the Barnes Hospital volunteer program, was among those to be honored August 19 at the Candystripes awards ceremony for compiling more than 1,000 hours of service. She is one of the first Candystripers to top the 1,000-hour mark. Anita began as a Candystriper on Saturdays from 9 a.m. to 3:30 p.m. During the summer, she attended summer school and served as a Candystriper on Saturdays. When summer school ended, Anita served weekdays and Saturdays at Barnes. Anita has worked primarily as a nurse volunteer and as Saturday day chairman. She attends Normandy Senior High School and will graduate in June, 1971. Upon graduation from high school she plans to continue her volunteer work by becoming a pink lady.
Barnes' Physician Reviews Progress Made in Cancer Chemotherapy

"During the 1960s, cancer chemotherapy — the treating of cancer by drugs, used alone or in combination with surgery or irradiation — became an essential part of the practice of medicine. Drugs have produced long-term remissions, perhaps cures, in some patients with widespread, rapidly progressive cancers," said Dr. Virgil Loeb, Jr., assistant physician at Barnes.

Dr. Loeb recently completed a four year appointment as chairman of the Cancer Clinical Investigation Review Committee for the National Cancer Institute. Advances in effective chemotherapy have come about since the National Cancer Institute expanded its program in 1954 to develop new drugs and techniques to combat cancer. Today, the program involves almost 1,000 physicians, investigators and trainees in hospitals and medical centers over the entire U.S. and foreign countries. They are conducting comparative clinical trials involving many thousands of patients each year.

Task forces of clinical investigators have helped to develop drug treatment combinations that have increased survival or, in cases of far-advanced disease, provided relief of symptoms.

Dr. Loeb participates in the cancer chemotherapy research program in conjunction with his medical practice and teaching responsibilities. He was formerly Director of Laboratories of Barnes Hospital and President of the Barnes & Allied Hospitals Society in 1967. The experimental protocol studies, which Dr. Loeb conducts along with other participating physicians in the Southeastern Cancer Study Group, are based on randomized treatment programs involving new experimental drugs or new ways of using established agents.

Most of the drugs that the physicians use are chemicals that have never been on the market. "Patients who participate in the studies clearly have serious disease and have given consent for us to proceed with the studies in hopes of reaching a cure or affording greater palliation. A major problem posed in administering new agents is the degree of risk to the patient. A stage usually is reached when conventional methods of treatment can no longer be used. At such time, clinical trials with a selected new drug or combination of drugs according to a well-designed experimental plan and utilizing all modern means of ancillary supportive therapy, is usually acceptable both to the physician and patient.

Mosquitos Prefer Dark Skin, Researchers Say

Scientists have recently discovered that mosquitos definitely do prefer dark skin to light — when looking for a bite. The little rascals go for humans with relatively high skin temperatures who are in fine health and perspire moderately. So far, however, researchers have been unable to pin down the particular factors in human perspiration which are involved.

Individuals who are highly active, wear perfumes or after-shaving lotions and wear dark clothing complete the picture of the insect's delight.

Actually there is no poison in a mosquito bite. The female's saliva, which is injected beneath a person's skin to help her digest the drop of blood, contains a protein which is foreign to the human body. As a result, the human body produces an antibody. When these substances unite, histamine is liberated. So it is the histamine from a person's own body that raises the bump and causes his skin to itch.

Nevertheless, the philosophy that the individual patient's best interests are paramount must be the guiding principle in the clinical investigation of cancer drugs. In considering new methods of treatment, the physician must weigh the risks against the benefits that may attend their use," he said.

Dr. Loeb said he averages 15 current patients on experimental studies. "Clinical data are carefully documented and sent to a central biostatistical office in Atlanta. The National Cancer Institute furnishes the experimental agents for clinical investigation.

DR. VIRGIL LOEB

"We can be proud of the advancements made in cancer chemotherapy. Recent analysis of studies initiated only a few years ago substantiates this. At major treatment centers today it is possible to restore 90 per cent of patients with acute lymphocytic leukemia — the most common form of leukemia in children — to complete, though temporary, good health; and most of these patients may be expected to live at least three years. As recently as five years ago, the complete remission rate was 50 per cent and the median length of survival only 12 to 19 months.

"Another encouraging development is the increasing number of persons surviving more than five years after the diagnosis of acute leukemia. The Acute Leukemia Task Force has compiled a registry of more than 150 long-term survivors and the evidence strongly suggests that, in some cases, leukemia can be considered "cured."

Dr. Loeb said that a number of developments in the past few years offer promising testimony to the need for continuing clinical investigation of new therapeutic techniques:

1. The curability of such types of disseminated cancer as choriocarcinoma and Wilms' tumor, a type of kidney tumor in children;
2. The evidence that man may develop a resistance or immunity to such tumors as Burkitt lymphoma and localized melanomas;
3. Suggestive evidence of the possible value of so-called immunotherapy in acute leukemia, hopefully making the patient "reject" his disease;
4. The significant, though small, five-year survival rate in leukemia and Burkitt tumor, a type of cancer seen most frequently in African children;
5. The evidence of a much higher rate of long-term remissions following intensive treatment with a combination of drugs in several types of cancer.

"Chemotherapy has produced encouraging results against wide-spread Hodgkin's Disease; particularly in those cases not cured by radiotherapy. There is much current interest in combining drugs and irradiation in order to improve the already significant cure rate in this disease.

"Although most of the so-called 'solid tumors' are relatively resistant to drug treatment, certain types of cancer, particularly those arising in the breast, ovary, and colon may be exquisitely sensitive, at least for a while," Dr. Loeb said.

"Until recently, the primary therapeutic responsibility had fallen to the surgeon and the radiotherapist, but the internist has now taken a more active supervisory role," he said. Dr. Loeb said that the concept of clinical oncology (study of tumors) as a team effort is becoming accepted in the medical profession.

"Among the many factors contributing to the progress in cancer chemotherapy already achieved is the recognition that the exact dose of medication and the time at which the medication is given influences greatly the effectiveness of treatment. In certain tumors which appear to be 'drug sensitive' better responses are often seen with a combination of chemical agents; on the other hand, the best responses may be observed where long-term administration of a single agent is used.

"For many years there has been dedicated interest on the part of the basic scientist in studying just what makes the cancer cell different from the normal cell; now that there is more reason to be encouraged from the standpoint of actually treating the disease in man, it is likely that a true control of cancer may be achieved in the next decade," Dr. Loeb said.