Dr. C. O. Vermillion, an associate director of Barnes Hospital since 1949, died Saturday, February 17, of a cerebral hemorrhage.

Barnes Director Robert E. Frank said “It is with deep sorrow that we mark the passing of Dr. Vermillion, a man who served the hospital faithfully and well for more than a quarter of a century. His death came as a shock to his many friends and colleagues, both at Barnes and at other institutions, and to his family as well. I am sure that I speak for everyone at Barnes in extending our sympathy to his wife and children.”

A native of Anderson, Indiana, Dr. Vermillion was 54. He received his A. B. degree in chemistry from DePauw University in 1939 and entered Washington University Medical School in that same year. Dr. Vermillion also worked as a research technician for the medical school while studying for his MD, which he was granted in 1947.

Dr. Vermillion joined the Barnes staff as an executive assistant in January, 1948, a position he held until June of that year. Concurrently he was also a voluntary assistant physician for the medical school. In July, 1948, he became the hospital’s junior assistant director. In January, 1949, he was promoted to assistant director. Six months later, in July, he was named an associate director of the hospital, the position he held at the time of his death.

As associate director Dr. Vermillion was responsible for several essential hospital services, including anesthesiology, inhalation therapy, social services, and medical records. He was also coordinator of the laboratories and the pharmacy, as well as the hospital’s operating room and infection control committees.

In addition to his responsibilities here, Dr. Vermillion was a lecturer in hospital administration at the Washington University School of Medicine from 1948 to July, 1971, when he became assistant professor of health care administration.

During his long career he was an active member of many organizations including: Delta Sigma Rho, national forensic honorary; Phi Beta Kappa; American Medical Association; Missouri State Medical Association; St. Louis Medical Society (chairman of the peer review committee in 1971); Tuberculosis and Respiratory Disease Society (member of the board of directors); and the Hospital Association of Metropolitan St. Louis (vice-president 1960-61 and 1961-62).

Dr. Vermillion also contributed articles to many publications, including The Modern Hospital, Hospital Management, Optimist International, Office Management, Journal of the American Association of Medical Records Librarians, Military Medicine, and Hospitals.

Contributions in Dr. Vermillion’s memory should be made to the Barnes Hospital Tribute Fund.
Dr. Eugene Bricker Presented Award Of Merit
At St. Louis Medical Society Annual Meeting

Dr. Eugene M. Bricker, Barnes associate surgeon, was presented the Award of Merit of the St. Louis Medical Society at the group's annual meeting, held on January 13.

Dr. Bricker joins a long list of distinguished Barnes staff members, beginning in 1927 with Dr. Evarts A. Graham, who have received the Award of Merit through the years.

Recipients of the award—selected by unanimous vote of the society's council—receive a special gold medal and an award certificate, "In recognition of meritorious effort by a physician when such efforts promise results of great benefit to humanity and the progress of scientific medicine."

Dr. Bricker was cited for his major accomplishments in the areas of gastrointestinal surgery, plastic and reconstructive surgery, urologic surgery, and as well for his help in maintaining the quality of medicine and surgery in the community.

Another member of the Barnes medical staff, Dr. Richard Bradley, assistant surgeon, was also installed during the society's ceremonies. Dr. Bradley was named president elect for the current year, which means he will serve as president in 1974.

Dr. William H. Danforth, associate physician and Washington University chancellor, was made an honor member in the association for his many contributions to medicine and to the community.

New 427-Car Parking Garage Opened;
Some Hospital Parking Rules Revised

Recent changes in traffic patterns in the Barnes vicinity have necessitated some modifications in parking rules to insure ready access to the hospital for patients, employees, and physicians. Presented here are the new policies, plus pertinent older ones.

1. Parking on the lot between Wohl and Renard bridges will be limited to medical staff use between 6:30 a.m. and 2 p.m. After 2 p.m. evening shift personnel with a hospital parking sticker may use the lot if space is available, although five spaces will be held for physicians.

2. Renard bridge parking will generally be limited to physician use. After 2 p.m. night shift personnel and clergy will be permitted to park there if space is available beyond that needed by physicians. Full-time faculty medical staff with red line stickers may park on the bridge between 3 p.m. and 7 a.m. Monday through Friday, after 1 p.m. Saturday and all day on Sunday and holidays if their presence here is of an emergent nature.

3. Persons being admitted or discharged may use the East Pavilion annex lot for short-term parking any time of the day or night. A minimum of five spaces on the lot will be reserved for emergency parking by obstetrical and other medical staff members.

4. Night shift personnel may park in Queeny Tower garage free after 10:30 p.m., but must leave the garage by 7:30 a.m.

5. Barnes' shuttle bus service between the hospital and the Clayton-Newstead and Duncan-Taylor parking lots will continue to operate from 5:30 a.m. to 9:20 a.m. and from 2:30 p.m. to 7 p.m. on weekdays. The Washington University shuttle bus also operates between the Clayton-Newstead lot and McMillan every half-hour from 9:20 a.m. to 2:30 p.m., weekdays.

6. Safety and Security will continue to transport employees from Renard bridge to the Clayton-Newstead and Duncan-Taylor lots between 10:30 p.m. and midnight, Monday through Friday.
Dr. Johann Heinrich Joist has joined Barnes as the new director of the hemostasis and thrombosis laboratory. Before the year is out, he expects the lab to offer two to three times the number of tests that were available here previously. Before the year is out, he expects the lab to offer two to three times the number of tests that were available here previously.

Dr. Joist received his MD from the University of Cologne, Germany, in 1962, where he wrote his MD thesis on mild hemophilia. After completing his internship in Germany, he came to the Washington University Medical School where he was a research fellow in enzymology in 1964, and a clinical hematology fellow in 1965-1966. From October, 1966, to March, 1970, he was a resident and research assistant in the department of medicine, University of Cologne School of Medicine, Germany.

From April, 1970, to last November, Dr. Joist worked toward his PhD in experimental pathology at McMaster University, Hamilton, Canada. He is currently completing his thesis on plasma-platelet membrane phospholipid exchange and platelet function to be submitted to that institution. This work, which he will continue here, is directed towards the elucidation of the mechanism by which platelet function is increased in hyperlipidemia, a possible link between hyperlipidemia and atherosclerosis and its thrombotic complications such as myocardial infarction and cerebrovascular accidents.

Dr. Joist has already begun a process of reorganization and expansion of the test program available in the laboratory, whose purpose is to provide physicians with the means to diagnose the many different types of bleeding disorders and thrombo-embolic diseases, as well as to supply the necessary guidelines for the treatment of such problems. Before the year is out, he expects the lab to offer two to three times the number of tests that were available here previously.

“Now almost all the tests we perform are screening tests. We are in the process of setting up tests for the quantitative assessment of specific clotting factors and specific products of coagulation or fibrinolysis. These tests are useful in the detection of intravascular thrombosis, which in its severe and disseminated form represents one of the major life-threatening complications of a large number of obstetric, gynecological, medical and surgical diseases,” Dr. Joist says.

Lab facilities are also being set up to investigate patients with congenital and acquired platelet function disorders, an area in which Dr. Joist has a prime interest.

Blood platelet counting will soon be done by a new automated machine, which will free technician time required for the introduction and development of the newer tests, Dr. Joist says. There are also plans to make the services of the hemostasis and thrombosis laboratory available around-the-clock in the very near future.

“I am happy to fill this position, which I think plays an important role in the laboratory services of this medical center,” Dr. Joist says.

Dr. Joist, 38, lives in Clayton with his wife and three daughters.

Barnes & Allied Holds January Meeting Here

Dr. Joseph Kopla, Barnes Rehabilitationist-in-Chief, is shown giving a talk at the January meeting of the Barnes and Allied Hospitals Society held in Scarpellino Auditorium.

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Have you ever decided to buy something only to find yourself confronted with a choice of literally dozens of brands, sizes, and prices for essentially the same item? If so, you can probably sympathize with the employees of Barnes’ purchasing department who must make thousands of buying decisions every month.

Last year they were responsible for purchasing seven million dollars ($7,000,000) worth of goods and services essential to the operation of the hospital—and much like the typical shopper, they must seek the best value for the hospital’s dollar, particularly in these days of rising costs. But unlike most shoppers they must have a wealth of facts concerning every item purchased, says Don Telthorst, purchasing director.

In fact, says Mr. Telthorst, the purchasing department is a “halfway house” for information between the user and the supplier whose work begins when a user here communicates the need for an item. Purchasing must work with the user to define supply requirements specifically, including the quantity, delivery, cost and exact type of item. The latter consideration is often the most complex. Users may not be aware of the many variations of a product that are available, and do not realize that their purchasing requests must be unambiguous.

Next, purchasing must reconcile these requirements with the realities of the marketplace. For example, buyers must know the specific materials available, plus quantity, quality, cost and delivery information. This data does not come out of the blue; acquiring it is one of the buyers’ biggest jobs, and it is done in a number of ways.

Salesmen are one of the most important sources. “We try to see everyone that comes in. It is good business for us because it helps us keep abreast of the marketplace,” says Mr. Telthorst. For example, a salesman for a particular line of goods who is unable to supply a specific item may know of a competitor who has just what the hospital is looking for. In the interest of establishing a good relationship here, he may tell our buyers.

Also, salesmen supply technical information about products that makes the selection process easier. If the salesman doesn’t have the information himself, he can usually get it from his company’s experts, in some cases having the expert discuss the problem with Barnes’ users and buyers.

Buyers may, in some instances, have to visit the vendor’s laboratory or manufacturing facility, although due to an increasing work load in recent years such visits have been reduced. Purchasing journals and professional organizations are another source of market information.

But experience is the greatest teacher. “We try to give our buyers consistent experience with the same line of products or the products used by the same departments. And we have been fortunate in that personnel turnover in our department has been low, so we have many years of accumulated experience,” Mr. Telthorst emphasizes.

Once the buyer has acquired the necessary information about the products, each must be evaluated against the requirements. One 

Purchasing agent Walter Schatz’s desk is frequently covered with ledgers, computer print-outs and lengths of adding machine tape. All are essential to keep track of where the hospital’s purchasing dollars are going.

Food, and lots of it, is a major item in the purchasing department’s annual outlay of some $7,000,000. Because many food items are highly perishable buyers must put particular emphasis on timely delivery.

Barnes Bulletin
Barnes’ Careful Shoppers

Money is the most important factor, naturally, when purchasing. While the actual price of an item is considered, the really important figure is the total cost. Cost includes not only the price of an item, but also all the expenses associated with it, such as storage, use, disposal, and upkeep.

Plastic syringes are a good example of the cost versus price situation. Not only does the disposable syringe offer medical advantages, but it is cheaper for Barnes to buy and use than glass syringes, even though more are required.

Mr. Telthorst goes over blueprints for the East Pavilion. In addition to other functions, the department has coordinated purchases for both the East Pavilion and Queeny Tower.

"The user knows the need, while we know the market. It would be presumptuous for us to tell them what to use. At the same time, if purchasing is to be a viable service we must make the decision as to which supplier to use once the requirements have been agreed upon. Purchasing is a service to the hospital, and we try hard to assure that the user has the right material, at the right time and place—and at the right price—to fill their needs," Mr. Telthorst says.

Mr. Telthorst (right) shown discussing a delivery schedule with buyer Dorothy Lampe. Purchasing department employes work as a team, says Mr. Telthorst. Buyer Dorothy Lampe and store clerk Rich Wiedmann are shown.

In addition to large-scale buying practices, the hospital frequently gets good price offers because of Barnes’ excellent reputation. Vendors are interested in having their products associated with a major institution. "Free samples" are offered as a sales gimmick, but are seldom accepted here. "We don't necessarily jump at offers of free samples or sales incentives. We would rather pay for trial products if we think they may be worthwhile. Then, if and when we decide to buy regularly, we are in a better position to get the lowest price," Mr. Telthorst says.

This is where Barnes' large size becomes a factor. The hospital supply industry generally is not accustomed to doing business on this scale with a private hospital. "That is why vendor development is one of the important jobs of the purchasing department. Our users often require much technical information before the purchase of an item. And, if it is something that requires in-service training, the vendor must be able to supply that on a large scale and a timely basis," Mr. Telthorst says. Vendors must also be more exacting about delivery schedules when dealing with Barnes than with smaller hospitals.

But our size is also often an advantage. Because our needs are so much greater than those of an ordinary institution we can and do approach vendors on a somewhat different basis than small hospitals. "For example, we customarily attempt to quantify our volume on an annual basis and make them known to vendors on this basis," Mr. Telthorst says.

In addition to the ongoing buying of supplies, the purchasing department has also served as coordinator between the users, designers, builders and suppliers of Queeny Tower and the new East Pavilion to develop specifications for furnishings and equipment and to insure purchase and delivery as scheduled.

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Barnes May Be Designated Trauma Care Center

Barnes hospital will soon be named a regional center for Illinois' emergency trauma care system, according to Dr. David R. Boyd, head of the system. Under the proposed plan Barnes would provide care for emergency cases from seven nearby Illinois counties—St. Clair, Madison, Monroe, Randolph, Bond, Washington and Clinton.

The Illinois trauma system consists of several hospitals located in various parts of the state that are specially-equipped to handle accident victims. Special ambulances and helicopters are used to transport such persons to the nearest trauma system hospital.

Presently, the major Illinois trauma center located nearest the seven county area is in Springfield. Since Barnes is nearer than the Springfield facility, there would be less delay in bringing patients here.

Discussion between the hospital and the Illinois trauma network have been underway for several months. Barnes Director Robert E. Frank said “We are glad to be able to offer the services of a major university-affiliated teaching hospital to this region of Illinois.”

Mr. Frank Addresses

Barnes Hospital Director Robert E. Frank, who is currently president of the Hospital Association of Metropolitan St. Louis, discussed some of the ways in which the association served the community during the group’s annual dinner meeting, held January 19.

Mr. Frank said that the major thrusts of the Association’s work are in the areas of shared services, education, cooperation with other health organizations, research, policy formation and the improvement of health care.

During 1972 cost savings of over half-a-million dollars were made possible through the shared services program. In addition to saving money, the program allows smaller institutions to provide services that would otherwise be unfeasible for them.

Hospital Association

“The Association also produces a forum for unified action,” Mr. Frank pointed out.

“During the past year, Association representatives testified before the United States Congress, . . . a legislative committee on the total health care program of the State of Missouri” and other groups, Mr. Frank said.

“The Association’s commitment to improve the health care of the people of the community evidenced itself in 1972 by cooperating in the operation of the traveling drug abuse clinics located at four strategic areas, the emergency categorization service, the emergency radio network, and other programs such as those combating lead poisoning,” he said.

Volunteers’ 1972 Annual Report Issued

Last year Barnes' volunteers provided 78,233 hours of service to the hospital, according to the office's annual report. This was an increase of 4,606 hours over the total for 1971, and was accomplished with 81 fewer workers.

Volunteers began serving more areas of the hospital last year, too, with adult volunteers helping out in the gynecology operating rooms and surgery clinic for the first time. Both adult and junior volunteers also began working in the screening clinic in 1972.

Late last year a field study program was begun here in cooperation with Washington University in which freshman and sophomore students serve as hospital volunteers one day a week in order to learn more about the health care field. The students receive three hours of credit for participating in the program for one year.

Much of the present mechanical switching equipment now located in the basement of Barnes Hospital will be eliminated when the new electronic switching system is installed in a few months.

New Phone System To Be Ready In Dec.

The new Centrex telephone system, intended to improve the quality of phone service to the entire Barnes Hospital complex, now is scheduled to become operational in early December of this year, according to Jay Purvis, assistant director of hospital services.

Centrex is an all-electronic switching system, as opposed to the present mechanical system. The initial complement of Centrex equipment here will have a capacity of 2100 stations, 700 of those for patients and the remainder for administrative use. As demand grows in the future, up to a total of 10,000 lines can be made available with the addition of more equipment.

Once the system is installed, the present Forest 7-6400 number no longer will be used. It will be replaced by two new numbers, one to reach patients and one to reach hospital and medical school offices. Calls misdirected to one number can also be transferred to the correct number by the operators. Calls to patients will be handled in much the same way they are under the present system.

However, callers who wish to reach a specific number will be able to dial it directly without going through the operator. Most present four digit extension numbers will still be used, but three digit extensions will be changed to four digit numbers to accommodate the Centrex systems requirements. Mr. Purvis said it was hoped that a common digit (for example, 2) could be added to most existing three digit numbers to reduce confusion when the changeover is made.

When the system is functioning it will be much easier for callers to reach the hospital, even during peak calling hours. And, it should reduce the number of busy signals callers here sometimes get when they try to reach an outside line.
New Diabetes Classes Begun Here

Diabetes, says Taber's Cyclopedic Medical Dictionary, is perhaps the only disease in which it is absolutely essential that the sufferer be taught all of the factors involved in the management and treatment of his problem. The patient must understand that he will have to continue treatment all his life and that he must abide by everything taught him in the hospital.

With this in mind, Barnes' nursing service, with the help of the dietetics department and the pharmacy, recently initiated a series of diabetic teaching classes intended to insure that every diabetic patient that leaves the hospital will have an opportunity to gain a complete understanding of the disease and its consequences.

Even patients who have had the disease for years are often surprisingly uninformed about it, says Anne Hall, R.N., nursing care advisor, who is the coordinator of the program. In many instances when they first were told they had diabetes, they received little or no explanation of the disease, how it affects them or what would result if they failed to follow the necessary medical procedures. All these topics are covered in detail in the classes here, Mrs. Hall emphasizes.

Classes meet every Tuesday, Wednesday and Thursday afternoon, for one hour, beginning at 2:30. Each daily session is devoted to a different aspect of diabetes, although patients may ask questions about any facet of the disease at any time.

At Tuesday sessions, held in classroom 1200, Mrs. Hall and Janice Ingersoll, Barnes registered pharmacist, discuss the various types of insulins and other diabetes-fighting drugs. The nature of the disease and its medical complications are also fully discussed to impress upon patients—and their families—that they may pay a serious price in impaired health if they fail to recognize the seriousness of diabetes and care for themselves properly.

On Wednesdays Mrs. Hall discusses the various urine testing methods that diabetics must use, and the reasons that the tests are important. Skin and foot care procedures are also discussed. (Wednesday and Thursday classes are held in room 6400, East Pavilion.)

Registered diettian Patricia Perotti is in charge on Thursdays when the topic is "Diabetic Diets and You—A Modern Approach."

Patients are given a special handbook that contains essential information about the dietary factors that diabetics must take into consideration. The various food groups and their place in the diet are also discussed by Mrs. Perotti.

The class concept, which is used at many large hospitals, offers several advantages over individual instruction. For example, it is less time-consuming. It normally requires from 4 to 10 hours to give individual instructions to a patient. Using the classroom method, several dozen patients can be accommodated in a similar period of time.

But the classroom concept offers other advantages. Patients interact in such a situation, with individuals raising questions about points that are not clear to them—and that may not be clear to others. That is why questions are encouraged at each session. Then, too, information presented by several persons over a three-day period is more likely to get the full attention of the patients, as opposed to a lengthy session with one person.

In addition to the patients, their relatives, particularly spouses, are encouraged to attend the classes. Nursing and dietetics students may also attend to learn more about the disease and caring for it. Hospital volunteers too, attend the classes. They take roll, pass out printed materials and help in many other ways. (Volunteers also telephone nursing divisions on class day mornings to remind everyone that classes are being held and to suggest that transportation be arranged in advance for those who wish to attend.)

"We feel that our classes offer an important service to diabetic patients and their families," says Mrs. Hall. "Of course, we need the cooperation of many people to help insure that those who will benefit from the classes are able to attend," she emphasizes.

3 Employees Retire

Two employes of the maintenance department and one laboratory employe retired here during the first two months of 1973. Clarence Sanders, Maintenance Man "A," retired on January 31. He began working at Barnes in 1945. He was presented with a certificate of appreciation by Barnes Director Robert E. Frank at a retirement ceremony also attended by Kurt Bemberg, chief engineer, and Thomas Winston, Barnes associate director.

Mr. Clarence Sanders

Laboratory technician Joe Powell, who joined Barnes in February, 1959, retired on February 2. Mr. Powell was honored with a retirement tea attended by his friends and co-workers, including Dr. William H. Daughaday, Barnes associate physician and Dr. Leonard Jarett, laboratory director.

Maintenance Man "A" Julius Chanitz retired on February 23. He was employed by the hospital on November 16, 1947. Mr. Chanitz was presented with his certificate of appreciation by Barnes deputy director John Warmbrodt. Chief engineer Kurt Bemberg and associate director Thomas Winston were also on hand for the presentation.

Mr. Julius Chanitz

Mr. Joe Powell
January Gifts To The Barnes Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund during January, 1973.

In Memory of:

Hermann Fishman
Robert R. Hermann
Charles G. Houghton Jr.
Charles J. McCarthy

Mr. Richard Bull
Mr. and Mrs. F. A. Hermann
Joyce Sloan
Purchasing Dept., Cardinal Glennon Hospital Medigroup, Inc.

In Honor of:

Mr. Francis H. Disbrow
Mr. and Mrs. William Moore Jr.
Mr. and Mrs. M. R. Chambers
Harriette M. Moore
Mr. and Mrs. Rembert W. LaBeaume
C. P. Whitehead
Harold T. Jolley
Manchester Bank, Mr. W. M. Harian Jr.

With Best Wishes for:

The Recovery of Mr. Robert E. Frank
Angus T. Lockhead Jr.
Mr. and Mrs. Francis J. Wetta

Louis Liebson
Mr. and Mrs. Francis J. Wetta

Eric Brilliant
Dr. and Mrs. T. W. Staple

In the Name of:

Mrs. Alice Johnson
Surdex Corp., Earl R. Hoffmann

Mrs. Naomi Lloyd
Purchasing Dept., St. Joseph's Hospital, Kirkwood

Mr. Robert R. Hermann
Mr. and Mrs. T. W. Staple

Mr. and Mrs. Parker Wheatley

Anonymous

Medical School Receives Two Grants

The psychiatry department of Washington University's medical school has received a $1,200,000 federal grant to establish a drug abuse research facility here. The National Institute of Mental Health will provide $250,650 in the first year of the five-year program.

An award of $41,770 to be used to promote undergraduate training in lung diseases has been received by Washington University's medical school from the NIH's National Heart and Lung Institute. The grant is scheduled to be renewed for four additional years.