In a reorganization recently completed, Barnes Hospital became a not-for-profit corporation. Having been established as a trusteeship in 1892 under the will of Robert A. Barnes, a decree from the Circuit Court of the State of Missouri was required to effect the action.

Trustees of the hospital now become directors, with Raymond E. Rowland as chairman of the board. Mr. Rowland formerly held the title of chairman of the board of trustees. Edwin M. Clark and Maurice R. Chambers will continue as vice chairmen and Irving Edison will continue as treasurer. Robert E. Frank, formerly director, was named president of the corporation and John Warmbrodt, vice president and secretary. Robert McAuliffe was appointed controller.

The legal name for the corporation is Barnes Hospital.

In the revised bylaws, directors will be elected to serve five-year terms. At the first election, to be held in April, 1973, directors will be selected to serve one, two, three, four or five year terms, so that in each succeeding election one group’s term will expire and an equal number of directors will be elected for five year terms. Previously, a member of the Barnes board of trustees was appointed for life.

"Under today's laws, the corporation is a better means of organization for Barnes Hospital," said Mr. Frank. "However, this in no way changes the intent of the trust." (Which was created in 1892 by the will of Robert A. Barnes, whose stated purpose was "to erect and maintain a hospital for the sick and injured persons without distinction of creed.")

Appointments to the Barnes board are made by the Bishop of the Missouri area of the United Methodist Church. This is the successor to the Methodist Episcopal Church South of the United States, the denomination chosen to the Methodist Episcopal Church South of the United States, the denomination chosen by Robert A. Barnes to work with the first group of Barnes trustees appointed under terms of his will in 1892.

Robert Barnes, who came to St. Louis as a $25 a week grocery clerk in 1830 from Washington, D. C, prospered here in the wholesale grocery business. He later invested the profits in a bank and streetcar line.

In 1892, three years after the death of his wife, Louise DeMun Barnes (a great-granddaughter of Madame Chouteau), Robert Barnes died, leaving a will which provided a bequest of $850,000 for the establishment of a hospital. The will named the first three trustees, Richard M. Scraggs, Samuel M. Kennard and Smith P. Galt, and stipulated that the bishop of the Methodist Church appoint future trustees.

The trustees decided to postpone construction of the hospital until the returns on investment of Mr. Barnes' bequest would allow them to build a thoroughly modern, fireproof facility. In 1905, the Kingshighway site was acquired. During the next seven years the hospital was planned and an operating agreement reached with Washington University's School of Medicine.

Robert S. Brookings, then president of Washington University, and the Barnes Trustees met and agreed that the school's medical center would move from its site at Eighteenth and Locust to the Kingshighway property. This contract was signed in 1911, and on October 12, 1912, the cornerstone for the hospital was laid.

200 Attend Seminar
On Critically Injured

Nearly two dozen members of the Barnes Hospital medical staff, led by Surgeon-in-Chief Dr. Walter F. Ballinger, conducted a four-day seminar on "Life-Saving Measures for the Critically Injured" March 26-29 at the Chase-Park Plaza Hotel. The seminar was attended by some 200 physicians from throughout the midwest.

Barnes Hospital, the Washington University Medical School's department of surgery and the Committee on Trauma of the American College of Surgeons sponsored the conference. It is the first in a series of 16 such programs to be held throughout the United States, all funded in part by a Public Health Service grant.

The St. Louis program, as well as the other 15, was designed particularly with rural and general practitioners in mind. Such physicians are often the first to treat seriously injured persons. (Although intended for non-specialists, internists and surgical specialists also find such seminars useful.)

Dr. Ballinger opened the conference Monday, March 26, with an address on "An Assessment of the Critically Injured Patient," followed by questions and discussions of the problem.

(Continued on page 7)
### Employe Anniversaries

**January 1, 1973 to March 31, 1973**

#### 30 Years
- **Ella Wright**
  - Central Service
- **Leva McCollum**
  - Nursing Service
- **Cora Glauser**
  - Admitting
- **Erria Visor**
  - Central Service
- **Henry Potts**
  - Optical Shop

#### 25 Years
- **Ruth Snyder**
  - Nursing Education
- **Beuna McKinney**
  - Laundry
- **Carrie Bradley**
  - Nursing Service
- **Samantha Russell**
  - Pharmacy
- **Lois Schmidt**
  - Data Processing
- **Johnetta Hopkins**
  - Dietary

#### 20 Years
- **Ester Yates**
  - Nursing Service
- **Wilma Fischer**
  - Nursing Service
- **Lillian Mayer**
  - Nursing Education
- **Cecil Hale**
  - Laboratories

#### 15 Years
- **Henry Cannon**
  - Housekeeping
- **Elsa Winter**
  - Nursing Service
- **Emma Smith**
  - Nursing Service
- **Ruth Berendt**
  - Dietary
- **Colleen Anderson**
  - Nursing Service
- **Cecil Hale**
  - Nursing Service

#### 10 Years
- **Henry Cannon**
  - Housekeeping
- **Elsa Winter**
  - Nursing Service
- **Emma Smith**
  - Nursing Service
- **Ruth Berendt**
  - Dietary
- **Colleen Anderson**
  - Nursing Service
- **Service Clerk**
  - Director's Office

### Anesthesia School’s Spring Graduates

The nine spring graduates of Barnes’ anesthesia school gathered in the classroom last month for one final session with the school’s director Dean Hayden (seated, left) and educational director Louise Grove (seated, right). The students (from left) are: Janet Rutherford, Glenn Schwerdtfeger, Margaret Deckard, Sheryl Liebel, Leslie Alikhan, Philip Graul (rear), William Larareo, Paula Pepper and Linda Brennan.

### Red Cross Collects 58 Units of Blood

The Red Cross collected 58 units of blood from Barnes Hospital employees during the March 2 visit of the bloodmobile here. The blood donation day had been scheduled for February 20, but was postponed because of a conflict with a visit by an inspection team from the Joint Commission for Accreditation of Hospitals.

In addition to the 58 persons who donated blood, another 10 persons volunteered, but were deferred until a later date. Their contributions will also be included in the total number of units donated to Barnes’ group blood program. Among the 68 persons who were on hand to give blood were 16 “first time” donors.

Whether you’ve given blood before or not, you are encouraged to participate in the blood donor program. There is still a shortage of blood in the United States and your contribution will help.

The next bloodmobile visit to Barnes will be on Wednesday, May 30. However, if you wish to give blood before that time you may make arrangements to do so by contacting the Red Cross. Just ask that the blood be credited to Barnes’ group blood program.

### 6 More Pupils Studying In Chaplaincy Class

Barnes chaplain Robert L. Davis reads a report on a patient visit prepared by a member of this spring’s hospital chaplaincy class. The students (clockwise, from rear) are: Steve Hitchcock, Phil Streufert, Mel Schoeder, Ron Heimsoth, Sister Mary Martin and Dave Oesch. The chaplaincy program here has been quite successful thus far, Chaplain Davis says, with many more applicants than can be accommodated.
Hospital Happenings

The Forest-Park Spring Jubilee, a neighborhood festival in the central section of St. Louis, will be held Saturday, April 28, from 11:00 a.m. to 7:30 p.m. The area involved in the jubilee will be bounded by Barnes Hospital Plaza, Lindell Blvd., Kingshighway Blvd., and Boyle Ave.

Primary purpose of the affair is to demonstrate to other residents of the community that this area is still a vital, safe, useful and interesting part of Greater St. Louis. It is also designed to achieve total involvement of all the businesses and residents in the area.

A new telephone number has been installed for reporting fires. In the event of a fire dial 500 immediately, not 0 as was the former practice. The new 500 number will be answered on a priority basis by Barnes' telephone operators.

Brenda Lee Wilson is Dispatch's Messenger of the Month for April. Miss Wilson, 20, has been employed at Barnes for five months. She is an escort messenger on the day shift. She was selected on the basis of her reliability, courtesy and productivity.

Barnes' associate director of dietetic education, Kathy McClusky, discussed "Nutrition as Preventative Medicine" during a March 29 health care forum sponsored by Washington University's department of health care administration. The forum, one of five presented in March, was held in the old Shriner's Hospital building.

Mr. Jay Purvis has been named acting associate director for the hospital. He has assumed responsibilities for the management of the medical records, social service, inhalation therapy and anesthesia departments in addition to the ones he already held as an assistant director.

Miss Betty Murray, an LPN on 2418, died on March 7. She was 27 years old. Miss Murray was also a student at State Community College in East St. Louis, Illinois, where she was studying to become a teacher. Miss Murray had been a Barnes employe since June, 1965.

Auxiliary's Luncheon Scheduled On April 26

The Barnes Auxiliary's annual spring luncheon will be held at 11:30 a.m., Thursday, April 26, at Stan Musial and Biggie's restaurant, 5130 Oakland Ave. The program will include the installation of a new president, vice president and recording secretary. Entertainment will be provided by songstress Mrs. Oliver Diggin, who will present "Something Old, Something New, Something Borrowed, Something Blue," a collection of nostalgic and contemporary selections.

New Computer Monitors Many East Pavilion Support Systems

Computers seem to be doing just about everything these days. At Barnes they perform such varied tasks as analyzing blood samples, monitoring the condition of intensive care unit patients and tabulating bills. Now a new computer has been added that performs a more mundane, but nonetheless vital, function.

Located in the basement of the East Pavilion, it watches over the building's essential support equipment, including boilers, hot water heaters, air conditioner condensers, vacuum, oxygen, nitrogen and nitrous oxide pumps, air mixing dampers, fuel oil and sewage pumps and ventilation fan motors.

The unit, a Minneapolis-Honeywell maintenance computer, monitors equipment on every floor of the structure, automatically scanning dozens of electronic sensors hundreds of times a day. If it spots something wrong, the computer quickly flashes a warning to alert maintenance personnel, who can then correct the problem before it becomes more serious.

Once they have been alerted, maintenance personnel may press a special button on the computer's control panel that projects a diagram on the particular system that is involved onto a small screen. Using the diagram they can locate the proper sensor as well as see its relationship to other components. Other buttons activate special intercoms near equipment areas, making it easier to communicate with men on the scene.

"For example, if we have some problem with the boiler in the basement and it affects the air handler on the 12th floor, we can communicate with men near both units simultaneously, saving valuable time. With the computer's alarm circuits, plus the intercom system and the diagram displays, we can spot and correct most problems in a hurry," says maintenance man Russ Pfeifle.

In addition to providing instantaneous warnings, the computer can generate a print-out on the status of certain key equipment or of every individual sensor in the system. Such all-sensor print-outs are generated every morning so workers can determine what equipment will require maintenance during the day.

"In a building of this type, with its operating rooms and intensive care units, there are certain types of equipment that you don't want to shut down, which is why preventive maintenance is essential," Mr. Pfeifle says.

If the alarm and print-outs are the computer's "voice," its "eyes and ears" are the special electronic sensors which are located at critical points throughout the building. Because the system was designed into the East Pavilion, the normal operating parameters for each sensor are known by the computer, which issues an alarm if the parameters are exceeded. (Should changes be made in the equipment, the computer can be programmed to take them into consideration. And, because not all of the computer's capacity is currently being used, more equipment and sensors may be connected in the future, if necessary.)

The plethora of sensors aside, maintenance employees regularly inspect all equipment themselves, and also compare gauge and indicator readings with the information supplied by the computer. "The computer won't tell us everything, for example, if there is two feet of water on the floor. That is what people are for," Mr. Pfeifle says.

"But the computer is a versatile, useful tool for us, even though we are still learning what it can do. As time goes by, I definitely think it will save us money and headaches," he adds.
Entering a hospital can be a confusing, frightening experience. The patient may feel he is putting his health or his very life in the hands of hospital personnel. Consequently, he may also fear, at least subconsciously, offending anyone who has anything to do with his treatment. Even though medical and clerical personnel are available and happy to give the patient information he wants, he may have questions that remain unasked because he is unsure of his right to ask them.

Recognizing this dilemma, the American Hospital Association's Board of Trustees have approved a 12-point "Patient Bill of Rights" which defines an individual's rights in a hospital. Its aim is to "contribute to more effective patient care and greater satisfaction for the patient, his physician and the hospital organization."

John A. McMahon, AHA president points out, "The 12 points are subject areas that have always needed to be spelled out to the patient so that he will know what his rights are in the hospital setting."

Although these rights are certainly not new, the idea of assuring the patient that the hospital acknowledges them and encourages the patient to take advantage of them, is. Emotional support is often as important as medical or surgical treatment for a patient with a serious illness. By alleviating the anxiety a patient or his family feels concerning some aspects of management, hospital personnel can contribute to his recovery.

The AHA Bill of Rights includes guidelines Barnes has always subscribed to. Putting them in writing can be a reinforcement for hospital personnel, of course, but more importantly, it can make the patient more comfortable about his relationship with the hospital. Everyone recognizes that the patient has these rights—except, perhaps, the patient.

Mrs. Alice B. Smith receives her copy of the "Information for Patients" handbook from an admitting interviewer. Every patient is given a copy of the booklet.

Safeguarding the patient's right to privacy is another important point in the American Hospital Association's bill of rights. Personnel like Angela Barbour, secretary to the attending staff, help insure the sanctity of each patient's medical records.

Medical intern Dr. Andrew J. Drexler explains the results of a series of laboratory tests to Rand-Johnson patient Mr. Willie Harris. Patients are entitled to explanations of medical procedures in terms they can understand, the bill of rights emphasizes.

Patient accounts clerk Esther Scheer explains a charge to a patient who is about to be sent home. Every health care consumer has the right to such explanations.
Greater Satisfaction

PATIENT BILL OF RIGHTS

The patient has the right to:

1. Considerate and respectful care.
2. Obtain complete current information concerning his diagnosis and treatment from his physician in terms the patient can understand.
3. Receive necessary information from his physician to give informed consent prior to the start of any procedure or treatment.
4. Refuse treatment permitted by law and still be informed of the medical consequences of his decision.
5. Every consideration of his privacy concerning his own medical care program.
6. Expect that all communications and records pertaining to his care will be treated as confidential.
7. Expect that within its capacity a hospital will make reasonable response to a patient’s service requests.
8. Obtain information on the relationship between his hospital and other health care or educational institutions concerning his care.
9. Be advised when the hospital proposes to engage or perform any human experimentation affecting his care or treatment.
10. Expect reasonable continuity of care.
11. Examine and receive an explanation of his bill regardless of the sources of payment.
12. Know what hospital rules and regulations apply to his conduct as a patient.
Spring: A Joyful Season, But Not For Everyone

It's a spring day at Barnes Hospital and groups of nurses lunch in picnic style on the grassy areas in the park just across from the East Pavilion. There are bouquets of daffodils and pussy willows in offices, patient rooms and at the reception desk in Renard. In the late afternoon a physician lowers the top of his convertible just before leaving the doctor's parking lot. His face, often knitted in a frown of concern, is relaxed as he enjoys a large ice cream cone.

If spring seems more welcome than usual this year, there is a good reason. Last winter was one of the coldest in St. Louis history. Charles Casewell, weather bureau meteorologist, says November 16-30 and December 1-15 had temperatures 9.6 degrees below normal; the coldest spell for that time of year in a century. Early December also brought one of the worst ice storms on record.

January weather was a little better than normal—by seven-tenths of a degree. But February was even more miserable than usual, with temperatures averaging two-tenths of a degree below the month’s normal. Not only did winter begin earlier this year, it was colder, too. Does a colder winter mean a warmer summer is in store? Mr. Casewell doesn’t think so. “We really can’t expect a correlation either way,” he said.

So heat bills soared, and fuel supplies dipped from November through February. But now it’s spring. Robins, cardinals and other birds vie for attention in the park, their songs seeming more cheerful than usual. Everyone’s spirit seems to lift in springtime. Well, almost everyone.

Dr. George E. Murphy, Barnes associate psychiatrist, says that data from several studies show that suicides, and peptic ulcers increase in the spring and fall. “I wouldn’t speculate on why this occurs,” said Dr. Murphy. "People have theories, but no facts. Some investigators have tried to tie it to high or low barometric pressure, or the mean temperature, or lunar influence. But they have been unable to correlate the statistics with any of these weather factors.”

Dr. Murphy says suicides are even more frequent in the spring than in the fall. He also says asthma has a high incidence at that time. However, Dr. Lawrence Kahn of health care research commented that asthma could be caused by the tree pollen in the spring.

Dr. Paula Clayton, Barnes psychiatrist, said she thinks her patients seem to feel slightly better in springtime. “However, a patient under treatment for depression is more sensitive to environment; he has more mood changes. But they seem to feel better as the days lengthen and it is light longer.”

A group of Barnes employees interviewed felt they noticed the “spring fever” syndrome of sleepiness late in the day. “I feel sort of sleepy in the afternoon during early spring,” said Mrs. Vallie Moore, operating room technician. “But I still am happier in the spring. When I wake up in the morning and can hear the birds singing, it’s a different feeling, and I enjoy getting up.”
Interns Fix Special Plates For Dieters

Two dietician interns, Helen Chua (left) and Anne Roat, prepare diet plates for sale in the employee cafeteria. A typical plate contains lean meat, such as poultry or roast beef, fresh or water-packed fruit, raw vegetables, diet jello and/or cottage cheese and one-half a serving of bread. The plate is actually a well-balanced meal with a high protein content, says associate director of dietetic education Kathy McClusky. Preparing the plates is a part of an ongoing project for the 15 dietetic interns here.

Life-Saving Seminar
(Continued from page 1)

The Monday afternoon session was moderated by Dr. Allen P. Klippe, Barnes assistant surgeon and director of emergency medical services for the City of St. Louis. Dr. David R. Boyd, head of the State of Illinois' division of emergency medical services, and the only speaker not on the Barnes staff, discussed "Regionalization and Categorization of Trauma: The Illinois Approach." He was followed by Dr. Klippel who spoke on "Emergency Room Care and Its Organization." Monday's last topic was "Genito-Urinary Injuries Including the Complications of Pelvic Fractures," presented by assistant surgeon Dr. Bruce A. Lucas.

On Tuesday, March 27, Dr. Carl E. Lischer, assistant surgeon, moderated a discussion of central nervous system trauma. Dr. Henry G. Schwartz, associate surgeon, discussed cranio-cerebral trauma and Dr. William S. Cox, assistant surgeon, discussed spinal trauma. Assistant surgeon Dr. George L. Tucker discussed "Wound Management and Tetanus Prophylaxis" at the 11 a.m. session.

On Tuesday afternoon Dr. C. Alan McAfee, assistant surgeon, moderated a session concerned with thoracic and abdominal injuries, discussed respectively by Dr. Clarence S. Weldon, associate surgeon, and Dr. Charles B. Anderson, assistant surgeon.

Dr. Arthur E. Baue, assistant surgeon, led Wednesday's early session which included a discussion of "Shock and General Problems Caused by Trauma" by assistant surgeon Dr. John A. Collins. At 11 a.m. Dr. C. Ronald Stephen, Barnes Anesthesiologist-in-Chief, spoke on initial resuscitation.

On the final day of the program Dr. Arthur H. Stein Jr., associate surgeon, served as moderator for a symposium on orthopedics which included Drs. James C. Ellhasser, H. Belton McCarrol Jr. and Ronald E. Rosenthal, assistant surgeons. Fracture-related vascular injuries, knee injuries, and fractures of the upper and lower extremities requiring open reduction were discussed.

Dr. Ballinger was assisted in his work as director of the four-day course by Drs. Carl E. Lischer and John A. Collins, assistant surgeons.
Dr. Paul M. Weeks, Barnes Plastic Surgeon-in-Chief, was one of three hand specialists who took part in a recent symposium on hand surgery at the Kansas University medical center. The Kansas center recently opened a hand rehabilitation clinic much like the one at Barnes.

Dr. Paul E. Lacy, Barnes Pathologist-in-Chief, discussed the body’s production of insulin and its relationship to diabetes when he delivered the 77th Hanna Lecture at Case-Western Reserve University, Cleveland, Ohio, on February 6.

Dr. Malcolm Foster, Barnes assistant physician, was the featured speaker at a seminar on venereal disease sponsored by Dr. Paul M. Weeks, Barnes Plastic Surgeon and Dr. Charles P. Hughes, assistant of the department of surgery at Emory Hospital. Dr. W. Dean Warren, a former Barnes Surgeon-in-Chief, was one of three hand surgery at the Kansas University School of Medicine. The Kansas center recently opened a hand rehabilitation clinic much like the one at Barnes.

Dr. Jack Hartstein, Barnes assistant ophthalmologist, has been appointed co-chairman of a federal Food and Drug Administration committee responsible for defining parameters for standard contact lenses.

Dr. Hartstein also addressed the 10th annual meeting of the Association for Children with Learning Disorders, held March 15 in Detroit.

Dr. W. Dean Warren, a former Barnes resident and currently professor and chairman of the department of surgery at Emory University, has been named the first Dr. Paul D. Abramson Visiting Professor of the Louisiana State University School of Medicine and Confederate Memorial Medical Center in Shreveport, Louisiana.

The Director’s Office reports the following persons on staff: Dr. George Hill, assistant surgeon and Dr. Charles P. Hughes, assistant neurologist.

The Joint Committee on Accreditation of Hospitals (JCAH) made its semi-annual inspection of Barnes’ facilities on February 20, 21 and 22. The team, which included a physician, a nurse and an administrator, delved into virtually every aspect of the hospital’s operation. On the last day of the JCAH team’s visit administrative inspector Philip J. Hall addressed a special meeting of Barnes department heads on the history and purpose of the JCAH.

Speaking in the East Pavilion auditorium, Mr. Hall traced the origins of the present commission to 1918 when the American College of Surgeons began surveying those hospitals that requested it. The surveys were free of charge then, and not particularly thorough, Mr. Hall said. With minor changes, they continued for some 30 years.

Then, in the early 1950s, the surgeons’ group asked the American Medical Association, the American College of Physicians and the Canadian Medical Association to help create a commission to carry out more comprehensive hospital reviews. The joint commission was created in 1952 in response to this request, although the Canadian group was to drop out six years later, leaving it a strictly American group.

The new organization was armed with a code of standards intended to insure that “average” or “acceptable” conditions were maintained by the institutions they surveyed. Of the hospitals that volunteered to be surveyed in 1961, 95 per cent met or exceeded the “average” standards then in force, Mr. Hall said.

In 1966, realizing that patients were no longer content with “average” hospital treatment, the JCAH decided a completely new, more stringent code was needed. With the help of dozens of experts work was begun on a new code of “optimum achievable standards.” Four-and-one-half years later the final draft of the new code was approved by the commission. The code contained 16 separate sections dealing with various aspects of hospital operations. Today the basic form of the code remains the same. But because of the rapid changes taking place in the medical care field, its sections are reviewed and revised every six months, Mr. Hall said.

Currently some 5,200 hospitals are surveyed by teams from the JCAH. The surveys provide hospitals with an informed, unbiased look at themselves in light of the commission’s optimum achievable standards, Mr. Hall said. JCAH inspection and accreditation is also necessary for AMA approval of a hospital’s internship and residency programs, without which many institutions could not function.

Mr. Hall emphasized that today’s inspection teams are concerned with the hospital in its entirety, not just physicians or medical records keeping. Everything with a bearing on patient care quality, including physical plant, management, equipment maintenance and the working relationships among departments, are of interest. Quality patient care is everyone’s responsibility and it is up to everyone to do his or her best to see that it is provided, Mr. Hall said.