Dr. Leonard Jarett Chosen First Full-time Barnes Lab Director

Dr. Leonard Jarett has been appointed the first full-time director of the Barnes laboratories as of January 1, 1969. He succeeds Dr. Virgil Loeb, Jr., director for the past 15 years. Prior to his Barnes appointment, Dr. Jarett was an assistant professor of pathology and instructor in medicine at Washington University. He is 32 years old. Due to his extreme commitments and heavy private practice, Dr. Loeb has suggested for some time that the hospital look for a laboratory director who would be able to devote his entire time to the administration of the Barnes labs. An extensive search for such a man has been conducted for several years by a committee headed by Dr. James O'Leary. Other committee members are Paul Lacy, Carl Moore, Virgil Loeb, William Daughaday, and Crofford Vermillion (representing administration). Committee members visited hospitals and medical centers throughout the country in search of a qualified candidate. They also reviewed facilities for size, layout, training programs and computer applications.

"I am terribly enthusiastic over Dr. Jarett's appointment," Dr. Loeb said. "All of us that are involved in the laboratory recognize the need for full-time administrative personnel. Through the evolution into a department of laboratory medicine, we can take advantage of the progress in the laboratory and better carry out the research and development in the medical center."

The purpose of the laboratory director is to coordinate the different divisions of the laboratory facilities and to help plan for their expansion, relocation and organization. Laboratory renovation and expansion is about to get underway. When remodeling of the patients accounts area is completed early this year, lab administrative offices, serology and clinical microscopy will be moved to the old chest service area currently being used by accounting personnel. Upon completion of the East Pavilion, wards 1418 and 2418 will be converted into diagnostic laboratories, providing further space for department expansion. Tentative plans for the West Pavilion also include one or two lab floors.

The trend toward automation is becoming more evident in the laboratory and will be further applied in clinical microscopy as well as other areas. Another future project is the incorporation of hematology results with the daily chemistry service area currently being used by accounting personnel. Upon completion of the East Pavilion, wards 1418 and 2418 will be converted into diagnostic laboratories, providing further space for department expansion. Tentative plans for the West Pavilion also include one or two lab floors.

The three-bed respiratory intensive care area, which opened October 28, has been about 70 percent full thus far. Nearly all of these patients are from the St. Louis area, with 20 percent from other locales in Illinois and Missouri. There are four beds in the unit.

New Intensive Care Units Record High Occupancy

The occupancy rate of the two intensive care units opened this fall has been consistently high, according to hospital statistics. Barnes' stroke unit, which began operation in mid-September as an intensive care area for persons in the "crisis" stage of stroke, operated at 88 percent occupancy during October. Figures for the rest of the year are not yet computed, however the occupancy rate continued at a high level. Most of the patients are from the St. Louis area, with 20 percent from other locales in Illinois and Missouri. There are four beds in the unit.

"Change — this is the rhythm of living" is the rationale behind our updated format and type introduced in this issue of the BULLETIN.

"There is constant concern over staffing the intensive care areas," said hospital director Robert E. Frank, "because after each nurse is hired, she must undergo a training period of several weeks before she can care for these patients."

We hope you like our new look and welcome your reactions, as we strive to stay abreast of the changes and innovations continually apparent throughout the medical center.
Obstetrics in 1920's Described by Doctor Who Delivered First Baby in Maternity

In 1927 Dr. G. D. Royston, now living in Hope, Arkansas, delivered the first baby in Maternity Hospital. Upon request, the 83-year old retired physician describes the situation at Barnes during his early years in obstetrics.

"Before the present Maternity was built, obstetrics and gynecology were handled in Barnes on the third floor ward and side rooms in the east wing and third floor pavilion for private patients. The space was very limited and occasionally no bed could be found for a woman in labor, in which case she was taken to one of the few county hospitals.

"Since our department had no endowment or renumeration for the services of part-time men, we were compensated with plenty of work in the dispensary wards. I handled the OB-GYN dispensary for ten years between deliveries from noon and at night. (Dr. Royston later served as chief of the OB-GYN clinics.)"

"On August 15, the opening night of the new building for maternity patients, I had three patients in labor. I delivered the first baby, and a patient of Dr. Henry Schwarz, head of obstetrics, was delivered second. Dr. Schwarz joked that I had sneaked my patient a drop or two of pituitary extract to accelerate matters, however I wouldn't have tried any 'tricks' with him. He could be a bed," as the adapted hospital bed was called, was used as a nursery for all newborns. Dr. Royston pointed out that another bed was used for mothers in labor.

Dr. G. D. Royston, the obstetrician who delivered the first baby in Maternity Hospital, shown above in the Washington University Lying-In Hospital in 1908 prior the building of Maternity. The "delivery An Associate Director

Miss Ann B. Vose, director of nursing service, has been appointed an associate director of the hospital. In announcing her promotion Robert E. Frank, Barnes' director, said Miss Vose's duties will remain the same.

Director of nursing at Barnes since 1965, Miss Vose earned her bachelor of science degree from Washington University. She then served as a staff nurse and head nurse at Passavant Hospital in Chicago before coming to St. Louis in 1951. Beginning as a staff nurse at Barnes she later was head nurse and nursing supervisor before her appointment as nursing director four years ago.

From 1962-64 Miss Vose was in Cleveland, Ohio, where she received her master's degree in nursing service administration from Western Reserve University. She returned to Barnes in 1968 as assistant director of nursing service.

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Methods of Outside Hospital Control Discussed Here by Anne Somers

With the increase in government and private funds to hospitals the subject of control has been under discussion. Mrs. Anne R. Somers, research associate from Princeton University's industrial relations section, spoke at Barnes last fall on the subject of hospital control sponsored by the Washington University Graduate Program in Hospital Administration. Some of her views are reported here.

"There are two schools of thought on hospital control—one advocates more public regulation, and the other promotes a 'free enterprise' system with competition bringing about control," Mrs. Somers began.

Explaining the stand of proponents of the plan to monitor hospitals with more public regulation, Mrs. Somers said these people believe competition cannot be relied upon to protect the public's interest. They say hospitals actually operate as monopolies in terms of convenience and patient accessibility.

Mrs. Somers believes this rationale is fallacious as there is no single pattern of regulation in publicly operated utilities. For example, methods of control for railroads are entirely different from those for television: "These people want to substitute what they think is the standard form for operating a public utility for the creative hard work in devising their own policy," she said.

Another theory the Princeton researcher explained gives the federal government total power, removing all licensing and planning from the jurisdiction of state and voluntary agencies. These theories support their case by pointing out how well the Social Security Administration has handled Medicare, legislation, showing greater concern than other agencies for such factors as the rate of reimbursement for capital improvements.

Mrs. Somers' own recommendation, which she is incorporating in a book to be published soon, is a combination of both the federal and state theories.

She suggests three major points of regulation: quality controls, planning and regulation of construction of new facilities, and financial monitoring.

Expanding on these points, Mrs. Somers said there should be a close liaison between federal and state regulations, and between regional medical planning, comprehensive health planning and local planning groups.

A single federal bureau should handle administration of this program, according to Mrs. Somers. She recommends it be under the auspices of Health, Education and Welfare. "I would not recommend it be under Social Security as they are the largest purchaser of health services," she advised.

"The choice of which way to turn is a hard one, but it is inescapable," Anne Somers concluded.
Copher Award Presented In San Francisco

The Marjorie Hulsizer Copher Award, given annually by Dr. Glover H. Copher in memory of his wife formerly director of dietetics at Barnes, was presented recently at the annual banquet of the American Dietetic Association in San Francisco.

Mrs. Martha Nelson Lewis, director of the division of medical dietetics at Ohio State University, was the recipient of the Association's highest honor. The award carried with it a plaque citation, as well as the income from a fund totaling $30,000. Presentation of the award was made by Mrs. Doris Canada, Barnes director of dietetics. A 2½-page story in the Journal of the American Dietetic Association included the text of Mrs. Canada's presentation and Mrs. Lewis' acceptance speech.

Honorary membership in the American Dietetic Association was presented at the convention to Dr. Robert E. Shank, associate physician at Barnes for his work involving nutrition. Mary C. Zahasky, national president, made the presentation.

Hanses Promoted to Personnel Director

Walter J. Hanses has been promoted to personnel director of Barnes Hospital, Robert E. Frank, hospital director, recently announced. Mr. Hanses formerly was wage and salary analyst in the personnel department. He replaces John Boyer, who resigned to become assistant director in charge of personnel at Western Pennsylvania Hospital, Pittsburgh, Pa.

A native St. Louisan, Mr. Hanses has been employed at Barnes since 1966. He is a graduate of St. Louis University with a degree in commerce, and presently is taking additional courses at Washington University. His former position was with a franchise firm in West Palm Beach, Florida, and Phoenix, Arizona.

Mr. Hanses is a member of the Industrial Relations Club of St. Louis. He and his wife, Virginia, and their daughter and son live at 810 S. McKnight.

William Davis, formerly employment manager, will assume Mr. Hanses' duties as wage and salary analyst. Employment will be handled by John J. Tighe, Jr., who was recently discharged from the Army.

A Transplant, Dialysis or Death Are the Available Alternatives To a Person Experiencing Complete Renal Failure

On December 3 a kidney transplant took place at Barnes. It was not the first but it was important because of the facility with which the 26-year-old patient responded to the surgery. Normally, transplantation necessitates long arduous recuperation, but the young wife responded quickly and was able to go home in three weeks. The kidney was transplanted from her brother, a point in her favor as their chemical make-up is somewhat similar.

Another young girl, this one only 16, is currently waiting for a kidney transplant. Members of her family are being checked for acceptability as a donor.

When a person's kidneys fail (if only one fails he can live normally with the remaining kidney) he faces three choices: kidney transplant, an immediate dialysis program, or death. As the kidney functions are vital to the body, until some secondary source can perform their duties the patient will die within one week after the kidney failure.

A $40,000 grant for chronic kidney patient care is a part of the home dialysis program awarded by the Missouri Regional Medical Program last fall to the renal division of the Washington University Medical School.

Before the funds can be used for chronic patient care they must be supplemented by an estimated $210,000 to be solicited from the public to reserve space set aside for the center, according to Dr. Neal Bricker, head of the renal division. He said the $210,000 is the architect's estimate for renovation and new equipment. The chronic center will be adjacent to the present Barnes renal division, where four artificial kidneys handle acute cases who need only temporary care.

In spite of lack of funds there are now six chronic patients on home dialysis and two more are being trained for future home treatment. Dr. Edward Slatopolsky, assistant physician, supervises the chronic dialysis program.

A $1,000,000 bill is before the Illinois legislature which would provide the medical school renal division at Barnes with $20,000 more to aid Illinois residents who are outpatients here.

Dr. Bricker outlined the plan for five new artificial kidneys, which would allow the chronic center to care for 20 more home dialysis patients the first year, plus four to eight a year who are not suitable for home dialysis and must come to the center twice a week for treatment.

Renal dialysis is a procedure that can take over the function of human kidneys when they cease to remove body wastes. The procedure takes six to eight hours two or three times a week, during which time the patient lies on a bed adjacent a tub-like unit. Two tubes from the machine are attached to the patient's arm by permanent cannulas, tiny plastic tubes permanently inserted in an artery and vein. The cannulas are connected by a shunt which lets blood flow from one cannula to the other during treatment. When the patient is ready for dialysis, his shunt is opened and the cannulas are connected to tubes leading to the artificial kidney.

In dialyzing the kidneys a patient's blood is pumped out of his arm through a tube divided by a cellophane sheet. On one side of the sheet flows the blood, on the other side, a cleansing fluid called dialysate. Dissolved waste particles are small enough to flow out of the blood through the cellophane to the dialysate solution from an area of maximum to minimum concentration. In like manner, certain essential chemical substances deficient in the blood may be incorporated into it by diffusion from the dialysate to the blood. Thus the blood is cleansed and nourished as it moves through the coils of the dialyzer before it is pumped back into the patient's body.

Diet is an important factor in successful kidney treatment. While the patient is on the artificial kidney machine he can eat anything he chooses as it is immediately dialyzed through his body. However, when not on the machine he must carefully watch his diet and water intake. While taking a treatment, the patient loses from 2 to 10 pounds of body waste.

Initially, dialysis is a hospital process; however, the patient's goal is to be able to take the treatments on a machine in his own home to let him return to as normal a life as possible. Often a member of the family assists the medical team during dialysis procedures at the hospital so he or she can learn the routine.

Kidney failure can either be acute or chronic. Acute failure can result from shock or trauma, such as in an automobile accident. It may also result from drug overdose. Many harmful drugs or chemicals are normally removed from the body by the kidney and liver, however an overdose can cause permanent damage to the brain and other vital organs. In these instances dialysis is particularly helpful by removing the poisons before permanent damage takes place. Chronic kidney failure results from a long-term kidney disintegration from illness, such as glomerulonephritis.

Treatment for dialysis patients is expensive, ranging from $5,000 to $10,000 a year at home depending on the number of times per week the artificial kidney is used. This is in addition to the cost of the $3000 machine. Treatment at the hospital averages $200 per visit.

Kidney dialysis is a six to eight hour process that cleanses the patient's blood of body wastes. Here, Michael Donovan is connected to the artificial kidney machine by tubes through which the blood flows out of his body into the machine and back again.
In many ways 1968 was the year of the facelift at Barnes. The contractor's workmen became as familiar as hospital employes, while progress in the form of change pervaded the medical center.

Plans for the East Pavilion were announced in April. The Pavilion initially will be a 12-story building on the front of Barnes that will later be raised to 19 stories and duplicated by another facility to be built adjacent on the west. In 1968 Barnes employes pledged over $100,000 toward construction of the East building estimated to cost $18,600,000.

In planning for the new facility an elevator addition was completed on the front of Rand Johnson and the admitting office has been relocated temporarily on the ground floor. The pharmacy in Queeny Tower was remodeled and expanded this past year. The additive or "clean" room is used by pharmacists to relieve the nurses of the responsibility for mixing fluids by preparing solutions under nearly sterile conditions.

Other changes included the revamping of the fifth floor of Rand Johnson from an open ward to semi-private rooms, and the beginning of a $2 million dietary renovation to provide facilities to feed several hundred more patients. Two additional intensive care facilities, one for stroke and the other for acute respiratory patients, were completed in 1968, increasing the number of intensive care units to eight. All of these facilities were badly needed as the patient census continues to rise closer to the 1,000 mark.

A tragic event of the past year was the July 7 death of Edgar M. Queeny, chairman of the board of trustees of Barnes. For seven years Mr. Queeny piloted Barnes through such complex problems as the working arrangement between Barnes and the Washington University School of Medicine, and the conception, planning, and construction of the building which later bore his name, Queeny Tower.

Employe benefits were expanded in 1968 as

1968: Year of the Facelift
Salaries were increased and a current listing of job opportunities was made available through a job posting system on a bulletin board in the cafeteria.

Volunteers played a large part in the hospital's busy-day activities amassing a projected 63,749 hours of service. In addition, they donated an additional $30,000 to their $100,000 five-year building commitment. The 1968 gift brings the total to $85,000 in only three years.

Barnes School of Nursing regained full accreditation by the National League for Nursing after organizing its course of instruction around a problem-centered approach to concur with the League's requirements. The School previously centered its instruction around a systems approach. In the nursing department a 12-week intern program was initiated for newly graduated registered nurses prior to assuming their staff positions in the hospital. Nursing seminars were initiated this past year between staff members and graduate students. Some of the subjects discussed were: education, personnel, budgeting, clinics, and recruitment.

Clarence S. Weidon was appointed cardiac surgeon-in-chief, and John E. Hoopes was named plastic surgeon-in-chief in 1968. Ann B. Vose was appointed an associate director of the hospital. Thomas C. Winston moved up to assistant director from his previous position of administrative assistant to Mr. Frank. Walter J. Hanses was promoted from wage and salary analyst to personnel director.

In addition to periodic scheduled and surprise disaster drills, Barnes' established a VIP medical alert to go into effect when dignitaries or heads of state come to St. Louis. The procedure was implemented upon request during the summer visits of the Shah of Iran and Vice President Hubert M. Humphrey.

Maternity Hospital initiated an orientation and education course in May for expectant parents. The course was established on a regular basis for women delivering at Maternity and handled in a seven-week series of lectures and demonstrations.

May 1, 1968, the Barnes Hospital Auxiliary assumed complete responsibility of the Wishing Well Gift Shop.
The Year in Retrospect
by Chaplain George Bowles

A new year has come our way and we find the need to review the one that has just closed. Review is not always comfortable but it is a proven teacher as we learned in grade school as we went over past mistakes and discovered correct procedures.

Big business operates on the theory that the past has a way of teaching some good lessons that will be helpful in the future, so they go to great expense to review it. Why not adopt the same process in our personal lives? There is no greater business than this. Review can be painful, because we quickly see our shortcomings and lack of accomplishment. But it is imperative if we expect to improve and succeed. It's a personal process that must be undertaken alone, with complete self-honesty and candor.

It is easy to generate interest in our plans for the future, but it may be even more beneficial to first evaluate our plans from past and draw our blueprint with the experience of our proven performance.

Have a good and great new year!
Christmas is another DO-![1] of candied fruit. [2]
Aunt AsJnw in California.

The Holiday Spirit

Christmas is particularly festive at Barnes as employees make a special effort to decorate the hospital and especially the patient areas in holiday attire. Providing a colorful setting for those unable to experience the joys of being at home is an important facet in the psychology of healing.

(A & B) "Christmas is . . ." is the theme used throughout the second floor chest service division of Rand Johnson. A cartoon picture and Charlie Brown truism adorn every patient’s door, and Snoopy does his happiness dance near the decorated Christmas tree.

(C) A corner for Christmas gifts and decorations is stocked in the Wishing Well for holiday shoppers and patient visitors. Volunteer Mrs. Melba Bender hangs an ornate velvet ball on the holiday display.

(D) George Rode, safety and security chief, acts in his capacity as Barnes’ Santa Claus. Above, Mr. Rode tells a Christmas story to McMillan patient Bill Noble.

(E) A reindeer made of ribbon adorns the switchboard in the fifth floor of Wohl Clinic. A Della Robia wreath and candle-lit tree are in the background.

(F) A holiday wreath adorns the glass door of the employment office as Christmas pervades every area in the medical center.
Infections Decrease Due to Surveillance by Tissue Committee and Coordinator

Infection is a feared word in any hospital complex. It spreads quickly and sick patients whose resistance is down can be particularly susceptible.

A 22-month old program at Barnes has helped reduce the incidence of infection by daily chart checks and the introduction of stricter isolation procedures in existing infection cases.

Under the auspices of the Joint Medical Advisory Committee, an 11-person team under the chairmanship of Dr. Harvey Butcher works to reduce the incidence of hospital infection. Mrs. Mary Shannon, formerly a Barnes nursing supervisor, acts as the infection surveillance officer.

Mrs. Shannon makes daily rounds to all patient floors in Barnes, Rand Johnson, Queeny, Wohl and Barnard to read the charts for symptoms of the presence of infection. (An elevated temperature or open draining wound are often clues.) She then checks on cultures sent to the bacteriology laboratory and reports to the infection committee any findings that might suggest isolation. Her job is to supplement the doctors in finding and controlling infection, and establishing whether the infection was contracted pre- or post-admission.

The majority of infections found at Barnes were contracted prior to the patient’s admission to the hospital. It is important to locate these patients quickly to protect the rest of the hospital community.

Mrs. Shannon tabulates infections according to types for each nursing division. Weekly reports and monthly charts of the results are distributed to hospital administrators and infection officers. When recurrent evidence of post-admission infection is found, the entire division is cleared of patients, and scrubbed down with antiseptics.

When a patient is isolated due to an infection, a color coded card is put on the door to his room instructing hospital personnel on the type of infection and method in which it should be handled. This is an additional safety precaution initiated by the Joint Medical Advisory Committee at Mrs. Shannon’s suggestion.

Beginning this month, an infection surveillance officer will also cover Maternity and McMillan Hospitals. She is Miss Josephine Davis, currently head nurse on the ninth floors of Rand Johnson and Queeny Tower. With the addition in staff, special in-service educational programs will be expanded to further educate all medical center nursing personnel in proper techniques of handling cases of infection in the hospital complex.

Laundry Buys Equipment To Dry New Uniforms

A “hot box” has recently been installed in the laundry to dry the polyester blend uniforms being introduced into the hospital wardrobe. A tunnel-like chamber, the “hot box” blows steam and hot air through clean uniforms in a 17-minute drying process that eliminates wrinkles.

In those areas where the hospital handles the laundering, synthetic blends are being phased in on a replacement basis as the old uniforms wear out. Clyde Caldwell, laundry manager, estimates that in three years the transition from cotton uniforms to the synthetics will be complete. (Nurses have worn drip-dry synthetics for some time, but their uniforms are not laundered by the hospital.)

The 65 percent polyester and 35 percent cotton blends have been chosen over the cotton for various reasons, one of the most obvious being the fresh appearance polyester retains even after a day’s wear. The polyester blends are also cooler than cotton and reportedly last twice as long.

Although initially slightly more expensive than cotton, the polyester is easier to maintain and takes fewer laundry personnel to handle. Floor space needed for drying equipment is less than for the large pressing machines used to iron cotton uniforms. It is estimated that by the time the conversion to polyester blends is complete, the savings in labor will more than offset the cost of the equipment.

Polyester blends are currently being worn by freshmen student nurses. Laundry personnel and dietary employees in the main cafeteria, assembly line and food cart delivery areas are being fitted for the new outfits.

A sheet folder in the laundry, Miss Ruth Helen Hall, operates the new “hot box” which dries and irons the permanent press uniforms being introduced into the hospital wardrobe. Miss Hall is modeling the new dietary uniform which is a blue/green with white trim.

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