

**See one,  
do one,  
teach one**



*50 Years of Pediatric Residency  
at Saint Louis University School of Medicine  
and SSM Cardinal Glennon Children's Medical Center*



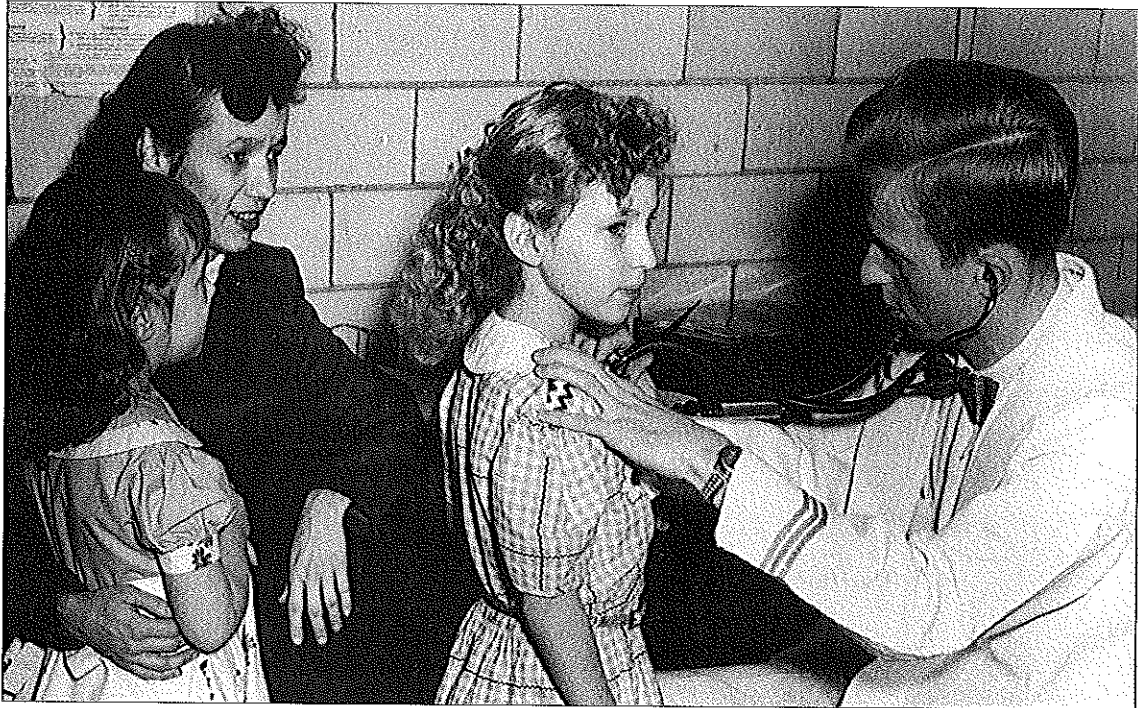
SAINT LOUIS  
UNIVERSITY



Cardinal Glennon  
SSM Cardinal Glennon Children's Medical Center

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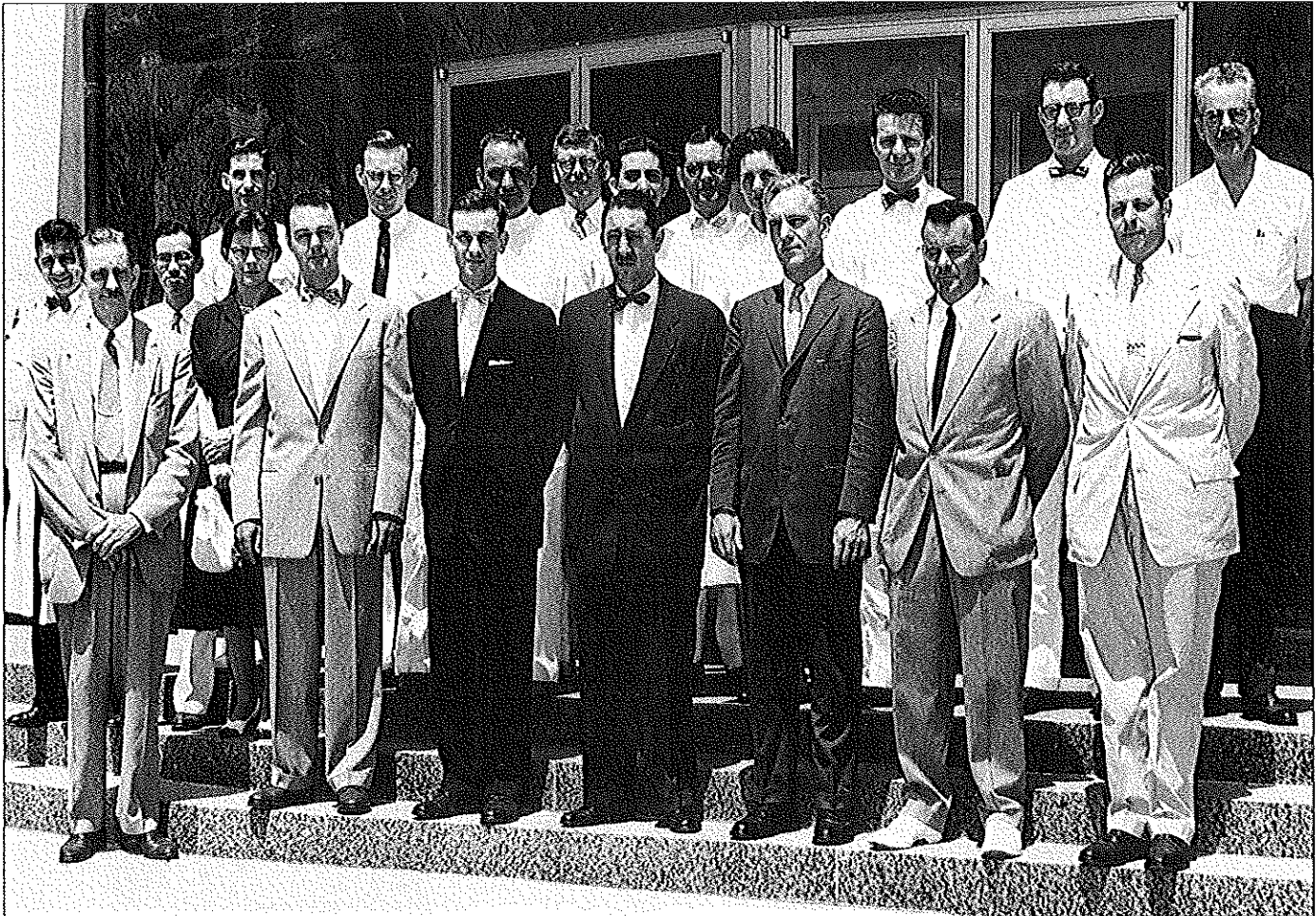
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*The first medical staff of Cardinal Glennon Memorial Hospital for Children,  
photographed in 1956.*

*Front row (left to right): Edwin G. Eigel, John F. Schweiss, James P. King, Peter G. Danis,  
J. Eugene Lewis, Armand Brodeur, D. Elliot O'Reilly*

*Middle row: Vallee L. Willman, Peter Choy, Virginia H. Peden*

*Back row: Henry Montfort, John Reddington, Lazarus Lazarou, Jack C. Tippett, Rafeen  
Acra, Roland A. Triska, Joyce E. Woolsey, Hugh M. Mestres, John Lynch, T.S. Zahorsky*

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# **Chairs of Pediatrics**

**Saint Louis University School of Medicine**

**SSM Cardinal Glennon  
Children's Medical Center**

<b>Peter G. Danis Sr., M.D.</b>	<b>1953-1956</b>
<b>James P. King, M.D.</b>	<b>1956-1962</b>
<b>Virginia Peden, M.D. (Interim)</b>	<b>1962</b>
<b>Roger Sharp, M.D. (Interim)</b>	<b>1963-1965</b>
<b>Arthur E. McElfresh, M.D.</b>	<b>1965-1977</b>
<b>Dennis O'Connor, M.D. (Interim)</b>	<b>1977-1980</b>
<b>Thomas Aceto, M.D.</b>	<b>1980-1991</b>
<b>Patricia Monteleone, M.D. (Interim)</b>	<b>1991-1993</b>
<b>George C. Ray, M.D.</b>	<b>1993-2000</b>
<b>Timothy Fete, M.D. (Interim)</b>	<b>2000-2001</b>
<b>Robert W. Wilmott, M.D.</b>	<b>2001-</b>

# Introduction

*The Pediatric Residency Program at Saint Louis University School of Medicine began in 1933, when residents began receiving clinical training at St. Mary's Hospital and pediatric units in other area hospitals. In 1956, SSM Cardinal Glennon Children's Medical Center was opened and became the primary site of the pediatric residency.*

Since that time, SSM Cardinal Glennon has continued to offer clinical and educational experience to house staff and medical students as a fully accredited program credentialed by the Accreditation Council for Graduate Medical Education (ACGME).

Since the inception of our program, hundreds of young men and women have successfully completed their training in pediatrics at Glennon. Our graduates are found not only in the St. Louis area but all over the United States and throughout the world.

Our program prides itself on providing the best educational and clinical experiences to meet the ever-growing, changing and complex needs of children and those who care for them. In the area of primary care, our graduates have contributed to maintaining good health care for the pediatric population and have actively participated in or organized programs to improve safety and health care accessibility for all children. Our graduates also have contributed to the subspecialty care of children. Pediatricians who received their residency training at SSM Cardinal Glennon Children's Medical Center represent every major pediatric subspecialty in the United States. Many of our graduates have received prestigious awards for their contributions to pediatric research.

The primary goal of the program's directors is offering the best curriculum to prepare residents for continuing their careers in general or subspecialty areas of pediatrics. It is readily recognized and accepted that the assignment of the responsibility to trainees for the initial patient assessment, plan development and management is the cornerstone of good clinical education and experience.

Our mission is providing excellence in clinical care, a first-class medical education for fellows, residents and medical students and improving children's health through research into new therapies, applications of therapies to childhood disease and basic research into understanding the biochemical and molecular mechanisms of disease.

Our residents receive a full range of training experiences. They move from medical students with an interest in pediatrics to pediatricians who are ready for further training or to practice in the community.



Robert W. Wilmott, M.D.  
Chairman and Professor of Pediatrics  
Saint Louis University  
SSM Cardinal Glennon Children's Medical Center



# The Beginning

*“The St. Louis University medical school must now give its students pediatric training in a number of scattered pediatric departments of general hospitals. The Cardinal Glennon Memorial Hospital for Children will provide a much larger and better organized amount of clinical material. One of the greatest protections that we can give our children is to see that the young doctors, who will be called upon to care for them in the future . . . are given an opportunity to be well grounded in this very important field of medical practice.”*

*-- Neergard, Agnew and Craig, 1949*

Neergard, Agnew and Craig, one of the leading hospital consulting firms of the era, was retained to study the state of pediatric health, medicine and surgery in the St. Louis area during the baby-boom years following World War II. The firm's recommendations led to a \$6-million fund-raising campaign that produced a new children's hospital named in honor of John Joseph Glennon, who had died in 1946 after leading the Archdiocese of St. Louis for 43 years.

The doors opened on July 5, 1956. Saint Louis University's pediatric residency program had a place to call home.

## *The first class*

“I worked like a dog, but I enjoyed it so much.”

Hugh Mestres, M.D., grew up, coincidentally, in the Dogtown area of St. Louis, a few dozen blocks west of Saint Louis University School of Medicine. As he finished his medical studies there, two factors guided him toward pediatrics.

“I liked children and I liked the people in pediatrics at that time. I was thrilled to work with young people because of their recuperative power. Even if they are sick they are not depressed, usually,” he said. “I remember one kid at Glennon who had open heart surgery. The next day he was jumping and running all over the place.

“I knew Dr. Virginia Peden, and she was an excellent teacher,” Mestres said. “She was an endocrinologist I had known at City Hospital. There were a lot of other very capable people, too.”

Mestres began his pediatric residency at St. Mary's Hospital and St. Mary's Infirmary, which the Sisters of St. Mary then operated for African-American patients. Then arrived the new Cardinal Glennon Memorial Hospital for Children. There the university consolidated the training of pediatric residents. The pediatric units at St. Mary's Hospital and the Infirmary were closed. Children of all races henceforth would be treated under one roof.

And Mestres became a member of the first class of pediatric residents who would complete their training at Glennon the following year – 1957.

“I had worked at other hospitals. As a senior medical student I had worked at St. Mary's. Glennon was so much better. It was big, it was new, it was nice,” he said.

“The level of care at Glennon was very high. They had good professors in most of the departments, and the people stayed there. In academic medicine, people usually shift around.”

There were but a handful of residents in Mestres' class. They made up for their small numbers with hours and hours of coverage. “It was a different era. We worked every day and every other night. We would work all day, all night, work the next day and get home about seven in the evening. We'd be home until seven the next morning. It was intense,” he said. “It was hard, but I wasn't the only one doing it.



Dr. Mestres



## See one, do one, teach one

"People were more accustomed to working long hours back in those days. Most of the people didn't complain about it. You didn't mind working because you felt that you were really doing your learning."

Glennon employed some ancillary staff professionals who were not available at St. Louis City Hospital, one of Mestres' work places, so residents did not have to handle such chores as blood typing. "When I got to Glennon, they had all these lab people around the clock. There were a lot of advantages to working there."

Most of the early faculty members were community pediatricians who volunteered for service at Glennon, but they enabled medical students and residents to obtain excellent educations and deliver excellent patient care, Mestres said.

"That was because of these people here," he said, pointing to his photograph of Glennon's first medical staff. "They were really good role models. We had good back-up, even in the early days when they didn't have a lot of professors.

"And you don't get many people to model who are quite like this man here – Jim King."

James P. King, M.D., succeeded hospital founder Peter G. Danis Sr., M.D., as chairman of pediatrics in 1956.

In Glennon's first full year of operation – 1957 -- it admitted 4,554 patients. There were 31,289 visits to out-patient clinics and 6,057 cases seen in the emergency department.

The time demands of patient care left Mestres concerned about his level of book learning as residency ended. "When you work that long, you can't keep up on your didactic work. As soon as I finished training, I spent hours getting caught up. When I started working in private practice, I used to stop by Glennon for two hours a night and study in the library – mostly physical chemistry and so forth. I had a family, too, so I don't know how I ever did it," he said. "When we took the boards, we didn't have any trouble. We were prepared."

Mestres practiced pediatrics until retiring from full-time work in 1998. "I hospitalized many kids, mainly at Glennon, for about 41 years. It got bigger and a lot more complex. A lot of real good specialists came, and they were able to handle more complex cases. There have been so many people through the years who have added a lot to the level of care for children in the community."

### *Here we are*

Two factors placed SSM Cardinal Glennon Children's Medical Center at its current location – physicians-in-training and street cars.

The seeds of a new St. Louis pediatric hospital had been planted shortly after World War II, which brought home hundreds of thousands of young men to resume



Archbishop Glennon visits with a young friend outside the New Cathedral in the 1930s.

their lives and start families. The resulting baby boom overwhelmed medical facilities that, due to the war and the preceding Great Depression, had not been expanded in decades.

Peter G. Danis Sr., M.D., was one of St. Louis' best-known pediatricians and a Saint Louis University Medical School faculty member. Before the war he undertook the mission of increasing the area's access to care and education in the emerging field of pediatrics.

Danis was aware that St. Louis Archbishop John Ritter was considering a tribute to Cardinal John Joseph Glennon, who led the Archdiocese from 1903 to 1946. Danis approached Ritter with a proposal to build a memorial hospital that would make medical and surgical care available to greater numbers of young people and enhance the education of Saint Louis University's medical students and residents.

Ritter and a committee of civic leaders retained a highly-respected hospital consulting firm from New York City, Neergard, Agnew and Craig, to study St. Louis' needs and resources in pediatric care, education and research. A report delivered to Ritter on December 12, 1949, laid the foundation for the new hospital.

The report stated that only 75 pediatricians were practicing in Missouri. Just 13 percent of the medical care delivered to the state's children came from pediatric specialists.

## The Glennon Residency at 50

“Evidence which we have gathered goes to show that there has been no substantial increase in the number of special hospital beds for children in the metropolitan area since 1930. A review of the pediatric facilities in St. Louis indicates that, in almost all cases, they are over-taxed. It can be said with certainty that the care of children in a specialized hospital, completely equipped, designed and staffed for them, presents an unparalleled opportunity for the most modern, effective methods of diagnosis and treatment.

“Our conclusions point emphatically to a definite need for the services which could be furnished by the Cardinal Glennon Memorial Hospital for Children.”

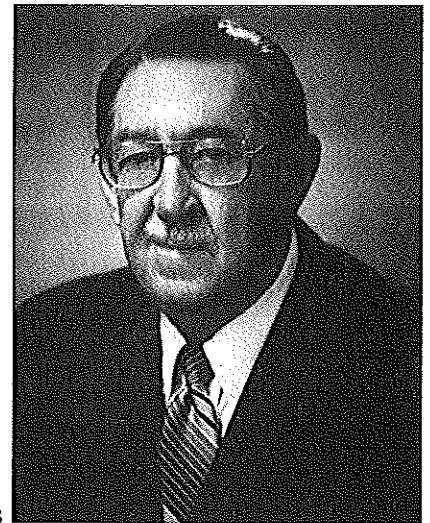
The consultants also found a great need for the expanded educational opportunities sought by Danis.

“There is no branch of medical work which requires such keen observation and such highly trained interpretation of objective symptoms as the practice of pediatrics. Young children cannot tell us of their complaints and symptoms. These must be determined by other methods.”

The report cited Washington University and Saint Louis University as “centers of medical education (that) are making contributions to the present and future health of the nation which cannot be overestimated. St. Louis is fortunate in having two great medical schools.

“The University of St. Louis, however, is handicapped in one important phase of its teaching. Unlike Washington University, it has no children’s hospital wherein its students, undergraduate and graduate, can be given the opportunity in a concentrated unit to study the diseases of children. This does not imply, of course, that their training in these conditions is inadequate: far from it, for the university utilizes the pediatric departments of several St. Louis hospitals and the outpatient clinics of Firmin Desloge Hospital.

“Nevertheless the teaching facilities would be greatly improved and the teaching could be more effective if the



Dr. Danis

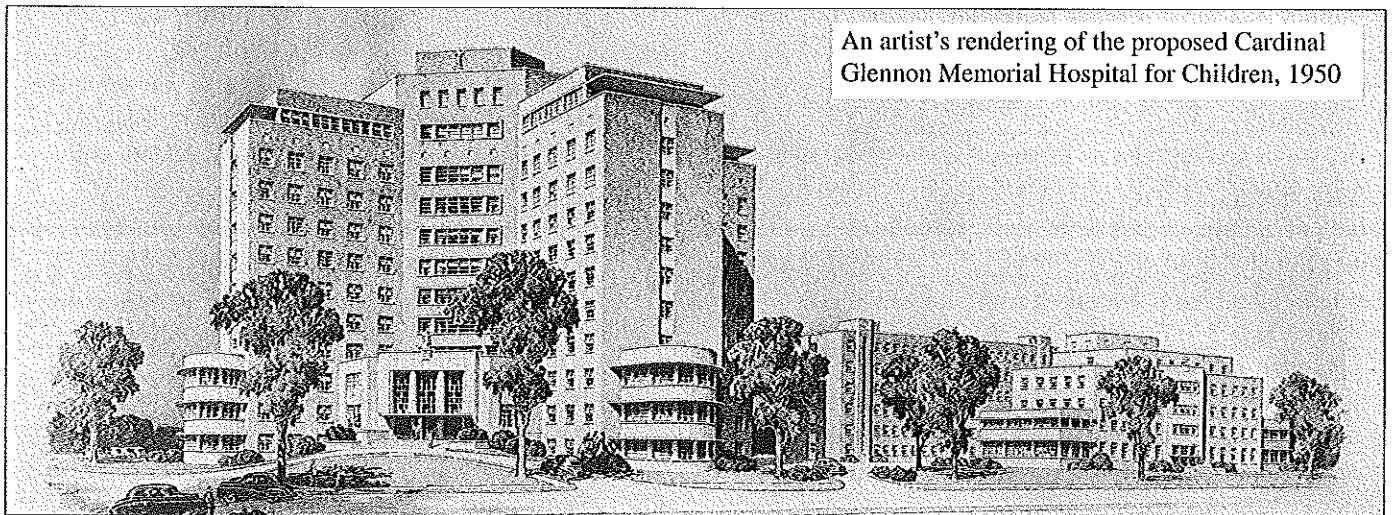
pediatric facilities available to the students were centralized in one institution designed and staffed for the diagnosis and treatment of children’s diseases. This would coordinate the teaching and provide more opportunity for the study of special conditions.”

At the time, the St. Louis region had 580 hospital beds devoted to pediatrics. Of these, 126 were located in St. Louis Children’s Hospital and 120 were in Shriner’s Hospital for Crippled Children, which handled only orthopedic cases. The remaining 334 beds were scattered among other hospitals. Much of the training of Saint Louis University’s pediatric residents was conducted in the 50-bed pediatric unit at St. Mary’s Hospital in Richmond Heights. The consultants estimated that the region needed an additional 140 to 428 pediatric beds.

A board of governors was formed by Archbishop Ritter to direct planning and fund-raising for the hospital. A capacity of 200 in-patient beds was the initial goal.

Where would the hospital be built?

The Saint Louis University medical faculty asked the Sisters of St. Mary to provide nursing services at the hospital. The order operated several hospitals in St. Louis.



An artist’s rendering of the proposed Cardinal Glennon Memorial Hospital for Children, 1950



Mother Mary Concordia breaks ground for the Cardinal Glennon Memorial Hospital for Children on July 26, 1953, under the eye of Archbishop Joseph Ritter. They used the same silver shovel with which a young Archbishop Glennon had broken ground for St. Louis' New Cathedral in 1907. On this exact spot now stands the altar in the hospital chapel.

On January 3, 1949, a delegation representing Ritter met with Reverend Mother Mary Concordia Puppenthal and her council. The sisters agreed to administer the hospital, and the parties began studying locations and building needs.

The Sisters of St. Mary had been delivering a health care ministry in St. Louis since 1872. Their story began in the Prussian region of Germany. Mother Mary Odilia Berger, a 49-year-old Bavarian nun who did not speak English, left Germany with four sisters and a candidate to escape religious persecution during the Franco-Prussian War. They traveled from New York to East St. Louis by train and crossed the Mississippi River by ferry on November 16. Eads Bridge would not be completed for four years.

Mother Odilia and her sisters, who had chosen medicine as their profession, selected St. Louis as their new home at the invitation of a family that they had known in Germany. The sisters arrived during an outbreak of smallpox that eventually killed 1,600 people.

The sisters stated a preference for placing the Glennon hospital adjacent to St. Mary's Hospital. This location would be near their Mother House and the training school for young sisters studying nursing. The building there had sufficient boiler and laundry capacity to service additional beds.

A small amount of vacant land also was available across Grand Boulevard from Saint Louis University Medical School and adjacent to the Firmin Desloge Hospital. This location was favored by medical school administrators due to its proximity to medical students and research labs.

Another determining factor -- Grand Boulevard carried the tracks of a major north-south street car line. The street car provided transportation for low- and middle-income families expected to account for a significant portion of the hospital's patients.

The consultants recommended that Glennon be built as a "functional concept" hospital with in-patient facilities in a new building near St. Mary's and out-patient clinics on Grand Boulevard. The main hospital, however, also would have required out-patient facilities, resulting in duplications and higher costs. The parties settled on a 4.5-acre site across the street from the medical school and along the Grand Boulevard street car line.

A \$5-million fund-raising campaign was launched in 1950. (By the hospital's opening, the drive and costs had risen to \$6.2 million.) School children were told they could provide one brick for the building for every dime they donated. The NBC television network sent comedian Morey Amsterdam and Metropolitan Opera singer Helen Jepson to St. Louis for a televised show that raised awareness of the drive. Former St. Louisan Spyros Skouras, president of the Twentieth Century Fox movie studio in Hollywood, arranged for Maureen O'Hara, one of the day's biggest movie stars, to visit the city on the following weekend. It was said that 100,000 St. Louisans contributed to the hospital's construction.

A booklet was published for the campaign on expensive paper stock donated by a local printing company. "In the field of child health care, opportunities for education in St. Louis have not kept pace with the advancement of the specialty of pediatrics itself," the booklet's stated. "Adequate education in the subject of infant and child welfare is, therefore, one of the most pressing health needs of the state . . . the future doctor, accompanying the specialist on his rounds through the hospital, learns by observation those facets of the healing art which cannot be obtained from the pages of a text book or in a class room."

The back of the booklet listed campaign officers and sponsors. It was a "who's who" of St. Louis society. The brewing business was represented with the names of Busch, Faust and Griesedieck. From retailing came Baer,

## The Glennon Residency at 50

Edison and May, and from aviation McDonnell and Parks. E. Lansing Ray, publisher of the St. Louis Globe-Democrat, had backed Charles A. Lindbergh's flight across the Atlantic in 1927. Fred M. Saigh owned the St. Louis Cardinals baseball team. Sidney Salomon Jr. later established the St. Louis Blues hockey team.

### *"God had something to do with it"*

Ground was broken for the hospital on July 26, 1953, with a silver-plated shovel that had been used by Archbishop Glennon in 1907 to turn the first earth broken for the New Cathedral on Lindell Boulevard. The first earth for the hospital was turned by Archbishop Ritter, who later would be named a cardinal.

The hospital's opening fulfilled the dream of Dr. Danis.

"There are many dreams but they only become a reality when somebody does something about it," said Leo Wieck, chairman of the fund-raising campaign.

Speaking at the hospital's 20th anniversary in 1976, Wieck said he doubted that the "early organizers of the hospital had any idea that Cardinal Glennon Children's Hospital would become what it is today. That's the way with dreams usually. They knew they were building a hospital to serve a great number of children, but it was only a dream that might have remained a dream without the push and interest of Dr. Danis."

A number of circumstances, often unfortunate, had brought Peter Danis to St. Louis. He was born in Ottawa, Canada, where his father had interests in real estate and hotels. His father died when he was four and his mother when he was seven. He then lived with a beloved grandmother who died while he was in high school.

Danis moved to Spokane, Wash., to live with an aunt. As a high school student he worked summers as a lumberjack and looked forward to attending medical school.

"There weren't any medical schools in the northwest at all," Danis said in a 1981 interview. Two distant cousins were attending Saint Louis University, so he came to St. Louis and received his medical degree in 1931.

Danis intended to return to the northwest for his internship, but his aunt and uncle in Spokane died during his last two years of medical school. He decided to undertake a surgical residency in St. Louis. Fate, however, intervened again. Danis found his services were needed in the 50-bed pediatric division at St. Mary's Hospital in Richmond Heights.

The chief surgeon "disliked any involvement with the kids down there. He was too busy," Danis said later. "I sort of became the unofficial resident in charge of surgery for pediatrics, and the other interns would call me down to stick the kids' veins because the kids wouldn't let them get near them, but they would let me."

The leaders of the Sisters of St. Mary, who administered the hospital, and Saint Louis University Medical School, which provided its doctors, took note of Danis' gifts with children. When a donor offered to fund a fellowship in pediatrics, it was offered to Danis.

He said he had yet to declare himself a specialist in pediatrics, "but I was being called more and more into it, you see."

Danis began to believe he was being guided toward a predestined future, "That God had something to do with it . . . so much so I woke up in the night and got down on my knees because I didn't know what I was supposed to be."

Dr. Peter Danis, seated at the head of the table, surrounded by Glennon's early medical staff and house staff members.



What Danis would become was one of St. Louis' leading pediatricians. Parents from across the area brought their children to his practice. He remained a staff member at St. Mary's Hospital and a faculty member of the Saint Louis University School of Medicine, where he became chairman of pediatrics in 1947.

The pediatric division at St. Mary's was filled to the seams with patients late in the 1930s, so the sisters had been considering a building addition. "Just before World War II they contacted their architects on the question of expanding toward Bellevue Avenue with a separate entrance as a pediatric place, which would really be a part of St. Mary's," Danis said in 1981. The war ended consideration of that expansion.

During the war, fate drew Danis to a meeting with Archbishop Glennon. Some of Danis' relatives had been buried in a non-Catholic cemetery, and family members urged him to seek permission to have the graves blessed by a priest. His family assumed he knew the archbishop, but "I think I had shaken hands with him once in my life," Danis recalled.

Nonetheless, Danis rang the doorbell at Glennon's residence and was escorted to a parlor, where Glennon engaged him in a lengthy conversation about the Danis family roots in Ireland.

"He had the greatest technique of getting people to tell all about themselves rather than what they came for," Danis said. "Then he looked at me and said, 'God has some reason for you being here. Do you know what it is?' I said, 'Sir, I am going to build a children's hospital.'"

And he did, serving as the hospital's first medical director and chief of staff. Later in his career, Danis was lauded for pioneering work in childhood lead poisoning. In 1979, the hospital's 200-seat auditorium was named in his honor. At the dedication ceremony, the dean of Saint Louis University Medical School granted him the titles of Chairman Emeritus of the Department of Pediatrics and Clinical Professor Emeritus of Pediatrics.

When Danis died in 1985, at the age of 75, he had raised nine children, 40 grandchildren and four great-grandchildren. And he was the father of what had become one of the world's most significant pediatric hospitals.

### ***Cardinal Glennon "always loved the children"***

The hospital was built as the church's memorial to John Joseph Glennon, who arrived in St. Louis in 1903 when the Mississippi River still truly divided the United States. Paved roads ended just beyond the western city limits, and St. Louis was a literal gateway to the sparsely-settled frontier. As the last outpost of civilization with a significant Catholic presence, St. Louis was known as "The Rome of the West."

Glennon was born in Kinnegad, Ireland, in 1862. He began seminary studies in Dublin at All Hallow's College, which trained Irish men for work overseas among immigrants. During a visit to the college, Bishop John Hogan of Kansas City invited young Glennon to visit Missouri. Glennon came to Missouri to finish his education and was ordained in Kansas City in 1882. Seven years later, at age 41, Glennon became Coadjutor Bishop of St. Louis.

Glennon stood six feet and four inches tall, an extraordinary height for the times. A church history described him as "tall, impressive, boyishly handsome, eloquent and intelligent." He led the Archdiocese for a remarkable 43 years, through the 1904 World's Fair, World War I, the Great Depression and World War II. He became known as "The Great Orator" and preached across the country and occasionally abroad. For decades he spoke at most important church events in America. In 1932, as a beloved son of his homeland, he addressed the Eucharistic Congress that commemorated the coming of St. Patrick and the 1,500th anniversary of Irish Catholicism.

Glennon also became known as the "Great Builder" who oversaw construction of 100 churches, schools, seminaries and the new Cathedral of St. Louis. He personally ordained 4,700 priests and was known as a man of great humility and warmth. He had a special "love for the little ones," wrote a magazine author in 1946.

Christmas Eve of 1945 brought an unexpected announcement from the Vatican. Pope Pius XII announced a new class of cardinals that included Glennon, then 20 years senior to the next-oldest of the new cardinals. Only six American priests had preceded Glennon as princes of the church.

As Glennon attended ceremonies at the Vatican, St. Louis prepared to welcome the new cardinal home. But he contracted a cold while in Rome, and his illness advanced to pneumonia as he visited Dublin on the return journey. He died there on March 9, 1946.

Thousands of St. Louisans lined Lindell Boulevard as Glennon's body was borne to the new Cathedral. "An estimated 250,000 persons passed the bier of Cardinal Glennon between the time it was brought to the Cathedral late Thursday afternoon and the hour of the funeral on Saturday," reported the St. Louis Register.

Joseph Ritter left Indianapolis and arrived in St. Louis as its new archbishop in the fall of 1946. His leadership brought Cardinal Glennon Memorial Hospital to fruition. His coat of arms adorns a wall in the hospital lobby adjacent to a marble statue of Glennon.



# The Early Days

*Cardinal Glennon Memorial Hospital for Children opened its doors under the guidance of a small but remarkable faculty. In the early days, Glennon's medical and surgical staffs pioneered many important techniques in radiology, anesthesiology, surgery, neonatal medicine, infectious diseases and cancer treatments.*

## **J. Eugene Lewis, M.D.**

"We did things in those days that were kind of marveled at," said J. Eugene Lewis, M.D., the first chief of pediatric surgery at Cardinal Glennon.

Lewis grew up in Mountain Grove, Missouri, then a remote part of the state. As an eight-year-old he had suffered a ruptured appendix and was taken to a Springfield hospital in a railroad baggage car. "It took all day to drive the 70 miles from Mountain Grove to Springfield in 1925," he said.

Lewis graduated in 1940 from the University of Missouri, which then had a two-year medical program. He moved on to Harvard Medical School and received his medical degree there in 1942. While in Boston, Lewis trained with William E. Ladd, M.D., at Harvard and Boston Children's Hospital. Ladd was considered the pioneer of pediatric surgery and greatly impressed Lewis, who decided to specialize in pediatrics.

But first came World War II. Lewis served as a general surgeon in the U.S. Army and was assigned to the European Theater, 24th Evacuation Hospital. His unit accompanied the invasion of Normandy and went ashore six days after the first troops landed. He followed Army forces through Belgium, Holland and Germany, and continued to care for wounded soldiers after the war ended. The 24th Evacuation Hospital treated 19,000 troops. Many lives were saved by a new antibiotic called penicillin. Maj. Lewis came home with four combat stars, the Bronze Star and a nine-month assignment in Washington, D.C., to serve as assistant physician to President Harry S. Truman.

While attending a meeting of the American Surgical Association in Colorado Springs, at which he presented a paper on the repair of inguinal hernias in infants, Lewis met C. Rollins Hanlon, M.D., who was chief of surgery at Saint Louis University. Many months later, Hanlon called Lewis and offered a position.

"He was building a surgical department and needed an associate – and there were plans to build Glennon Hospital for children," Lewis said. "I flew out here and met Dr. Danis. I don't think he knew anything about pediatric surgery, but he wanted a children's hospital for Saint Louis University. I liked the setup."

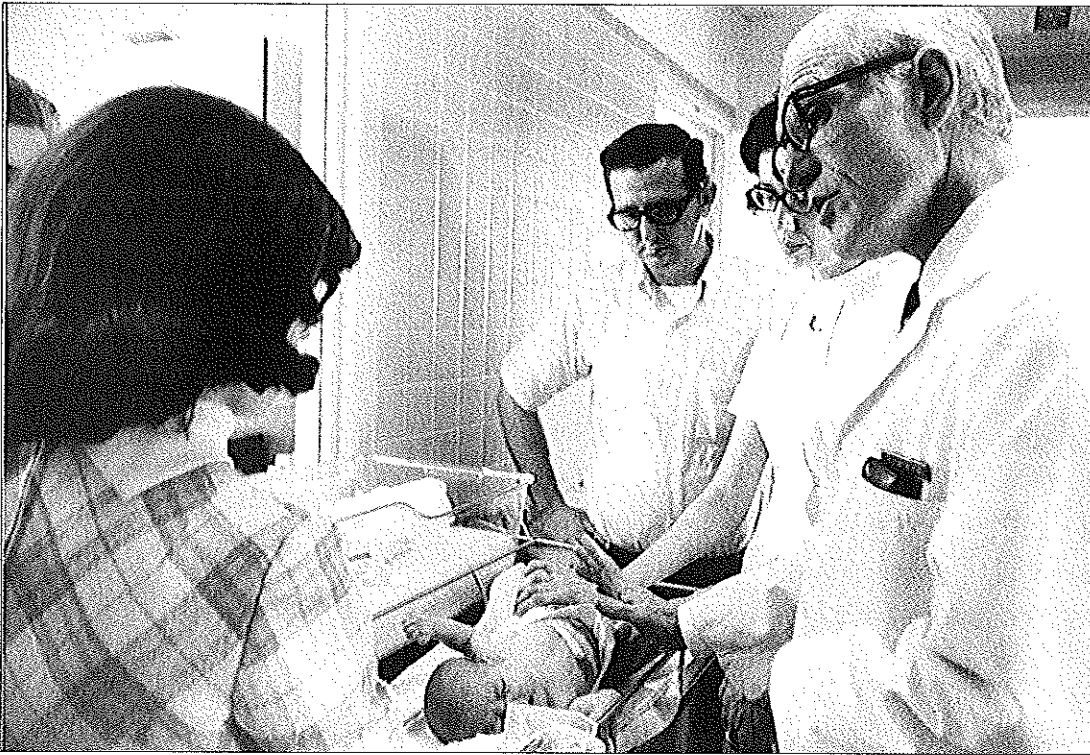
Lewis overcame the resistance of physicians across Missouri and Illinois to earn acceptance of new techniques in pediatric surgery, especially for correction of congenital malformations. "There were success stories in all areas of pediatric surgery. We did things in those days that were kind of marveled at," Lewis said. "Now they are routine."

## **Armand Brodeur, M.D.**

Lewis' work in the development of pediatric surgery at Glennon was aided by two other pioneers, Armand Brodeur, M.D., in radiology and John Schweiss, M.D., in anesthesiology.

"Armand was a well-trained radiologist who devoted himself entirely to pediatrics. I think there were only one or two other pediatric radiologists in the country," Lewis said. "John was a St. Louis boy who had excellent training in New York. When he took over anesthesia that made a big, big difference in our surgical product."

"I was waiting to get in when they opened the door that morning in July of 1956," said Brodeur, the first



Dr. Lewis explains a procedure to a family at Glennon during the 1960s.

chief of pediatric radiology at Cardinal Glennon. "I had been told by the chief of radiology at Saint Louis University that I was going to be in charge of radiology -- I had to create pediatric radiology at Glennon. There wasn't anything there, and there were only a few departments in the country."

Brodeur had grown up on a farm in New Hampshire. He once told a reporter his family was the last in its town to get electricity. He was a magician and, as a high school senior, won first prize in the humorous division of the state speaking contest. He attended St. Anselm College on a drama scholarship.

"As farm people, we had lots of kids around. My mother was one of 17 in her family. Every place I went there were kids, kids, kids, and I liked them."

When Brodeur graduated from St. Anselm, he applied to the medical school at Boston College and was accepted. A friend was rejected there but had been accepted at Saint Louis University, he said. "My friend prevailed upon me to apply to Saint Louis U., so I did. I was accepted."

During his training Brodeur was attracted to radiology, and his skill in handling children was recognized. "That was it. That was how I became a pediatric radiologist," he said.

Brodeur served as chief of radiology of the U.S. Public Health Service in Washington from 1952 to 1954, when he returned to St. Louis to help prepare the new Cardinal Glennon Memorial Hospital. He visited the few existing pediatric radiology centers in Boston, New York

and Los Angeles. "I had input into what we ordered for equipment. It was the best in the business at the time," he said.

Special efforts were being made to minimize the radiation exposure of children to avoid injury to growing tissues. Brodeur worked with major companies in the field, such as 3M, to develop techniques and products that reduced the x-ray exposure of children by 83 percent. He lectured on his techniques across the U.S. and Europe.

Brodeur's dramatic skills led to a secondary career as a media doctor. An interview at KMOX Radio sparked decades of radio and television work. He had his own radio medical show for many years and often was an expert source for television and newspaper stories. Brodeur was appointed the university's chairman of radiology in 1975. He retired in 1988, but continued to work as a part-time radiologist at Glennon while assisting in the hospital's fund-raising department. He ended his radiology career by working for two decades at the Shriner's Hospital in St. Louis.

#### ***John Schweiss, M.D.***

John Schweiss, M.D., arrived at Cardinal Glennon in June of 1956 as the first chief of anesthesiology. About a dozen anesthesiologists then specialized in pediatrics.

Schweiss grew up in south St. Louis, not far from the hospital, and entered Saint Louis University Medical School in 1944 after graduating from Saint Louis University High School. He intended to become an internist, but

## The Glennon Residency at 50

World War II altered his plans. By the time he graduated from medical school in 1948, residency and fellowship programs faced a backlog of young physicians whose training had been delayed by military service.

In the meantime, he needed work. He was invited to assist the anesthesiologist in the operating rooms at St. Mary's Hospital. "I was attracted to pediatric anesthesia when I was out at St. Mary's. Nobody wanted to do the children, frankly. The equipment wasn't as good as it is now. The mainstay of anesthesia for children was ether, which is an unpleasant procedure. It was a struggle. It ended up that every time they could dump something on the children's level, they found me. But I became attracted to it."

Schweiss was called away from St. Louis by the U.S. Navy. After his discharge he decided to seek additional training in anesthesiology. He spent two years doing patient care and research at Columbia Presbyterian Medical Center in New York City with Emanuel M. Papper, M.D., a pioneer of anesthesiology. "Dr. Papper was probably the most prominent anesthesiologist in the country. It was a top-notch opportunity," Schweiss said.

Schweiss left Glennon in 1975 and moved across the street to Desloge to become director of the university's anesthesiology residency program. He retired in 1996 and remains close to many of his peers from Glennon's early years.

"These were tremendous people, friends to this day. We were happy. How many opportunities were there to be a chief of anesthesia and develop a training program to put 150 people into anesthesia?"

### *Vallee Willman, M.D.*

Vallee Willman, M.D., joined the Saint Louis University surgical faculty in 1956, just in time for the opening of the new children's hospital across the street. Willman grew up in Colorado and Greenville, Ill., and attended Saint Louis University Medical School.

"It was very upbeat. Don't know why, but it just seemed like the nurses were younger than the nurses in the adult hospital," he said. "Everything was new and people were open to some criticism because when things needed to change, it was not like, 'We have done it this way for 50 years and some upstart is not going to tell us what to do.'"

Willman soon became Glennon's cardiac surgeon. He split his time between the Glennon and Desloge hospitals until 1970, when he became chairman of the medical school's surgery department. He retired in 1996.



Dr. Willman

### *Child Health in 1956*

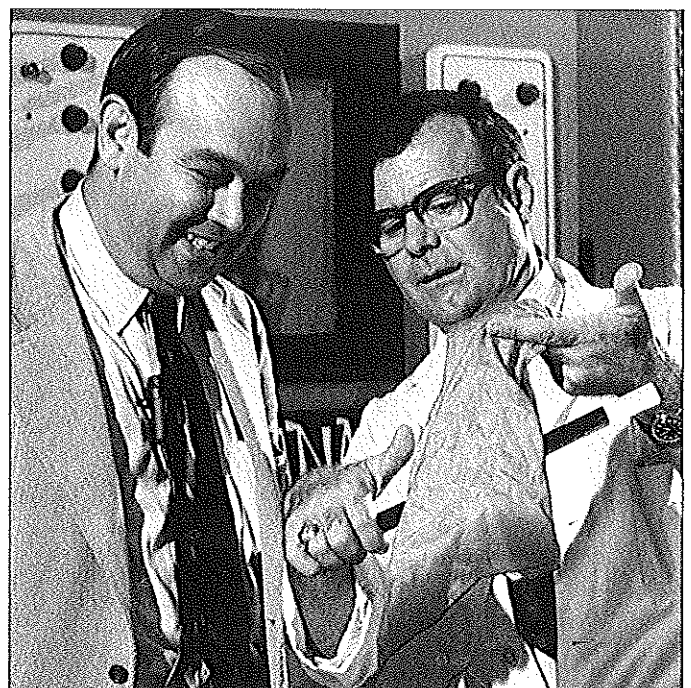
As architects began designing Cardinal Glennon Memorial Hospital for Children in 1950, the infant mortality rate in the United States was 3,299 for 100,000 births, 4.7 times the rate that would be reported by the U.S. Centers for Disease Control in 2004. Mortality rates were 139 for children of one to four years of age and 60 for children five to 14. Those were 4.4 and 3.5 times the 2004 rates.

In 1956 the very-low birthweight baby, below three pounds, generally, was not expected to survive," said William Keenan, M.D., now director of neonatal and perinatal medicine. "They succumbed to a variety of respiratory and infectious diseases and other illnesses. Even the inability to keep them warm was a cause of mortality."

Five of the ten leading causes of mortality in infancy and early childhood were infectious diseases. Hundreds of thousands of children and adults contracted infections that have since been eradicated or nearly so -- rubeola measles, 319,124 cases in 1956; pertussis, 120,718; poliomyelitis, 33,300; diphtheria, 5,796.

Life expectancy for American children born in 1950 had grown about two decades since the first year of the century, but remained about nine years shorter than today -- 65.5 years for boys and 71.0 years for girls.

"Fifty years ago was really the dawn of the modern era we are now in," said Robert W. Wilmott, M.D., who became the institution's sixth chairman of pediatrics in 2001.



Dr. Brodeur's magical skills for soothing and distracting young patients brought famed television personality Charles Kuralt to Glennon. Brodeur was featured on an episode of Kuralt's "On the Road" series.

## See one, do one, teach one



Dr. Schweiss displayed a new piece of anesthesia equipment, purchased with donated funds, in 1958.

“In the older pictures, you see that this was quite a bustling area with stores and streetcars and people on the sidewalk. The working environment would have been very different from today. Everything would have been pretty low-tech. We had wards of patients. The physicians would have spent a lot of time rounding and discussing with the nurses. They wouldn’t have had any really effective treatments back then, but a lot of effort was put into keeping patients comfortable,” he said.

“Medicine had not had antibiotics for long. They did blood transfusions – with hindsight, probably more than was best. Most of the medicines we use today weren’t invented. We didn’t have effective treatment for asthma. We didn’t have good treatment for high blood pressure. We didn’t have treatment for common malignancies like leukemia, which is curable today. What we had then was good, basic medical care, but not a lot of effective treatments.

“When Glennon was started, pediatrics was not very specialized. Now we have 17 subspecialty divisions in pediatrics. It seems rather quaint or folksy now, but doctors were held in very high esteem then. The private doctors would come in to make their rounds, and they were met at the front door by the chief resident and senior nurse, who would accompany them on their rounds. The numbers of house staff would have been few, and there were not many attending physicians.

“Since that time we have been on a very steep path and learning curve. There has been so much in the way of technology and of understanding the basic metabolism, biochemistry and pathology of disease. We are able to intervene in very direct and specific ways. In another fifty years what we do today probably will seem primitive, too.”

# Child Health Indicators, 1956

## Causes of Child Mortality

### Under 1 Year of Age (per 100,000)\*

All causes	2,748.7
Birth injuries, postnatal asphyxia	772.2
Congenital malformations	409.1
Influenza, pneumonia	225.3
Infections of newborn	120.4
Gastritis, duodenitis, enteritis, colitis	73.2
Hernia, intestinal obstruction	28.1
Bronchitis	20.4
Meningitis	19.5
Cardiovascular renal disease	15.0
Cardiovascular disease	14.2
Septicemia	8.6
Heart disease	8.1
Malignant neoplasms	7.9
Meningococcal infections	6.6
Dysentery	5.6
Cerebrovascular disease	4.6
Whooping cough	4.5
Measles	3.2
Tuberculosis	2.5
Leukemia, aleukemia	2.2
Nephritis and nephrosis	2.1
Asthma	1.6
Infections of kidney	1.4
Lymphosarcoma, other lymphatic and Hematopoietic neoplasms	1.2
Acute poliomyelitis	0.8
Scarlet fever, streptococcal sore throat	0.7
Syphilis and sequelae	0.7

## Causes of Child Mortality

### 1-4 Years of Age (per 100,000)\*

All causes	106.9
Influenza, pneumonia	15.3
Congenital malformations	13.1
Malignant neoplasms	11.1
Leukemia, aleukemia	5.6
Gastritis, duodenitis, enteritis, colitis	3.8
Cardiovascular renal disease	3.1
Cardiovascular disease	2.7
Meningitis	2.4
Bronchitis	2.1
Meningococcal infections	1.7
Measles	1.6
Tuberculosis	1.5
Heart disease	1.5
Cerebrovascular disease	1.1
Septicemia	1.0
Nephritis and nephrosis	1.0
Lymphosarcoma, other lymphatic and hematopoietic neoplasms	0.7
Acute poliomyelitis	0.7
Hernia, intestinal obstruction	0.6
Asthma	0.6
Whooping cough	0.5
Rheumatic fever, rheumatic heart disease	0.3
Dysentery	0.3
Diphtheria	0.3
Scarlet fever, streptococcal sore throat	0.2

\* Source: U.S. Centers for Disease Control/National Center for Health Statistics, National Vital Statistics System



## Causes of Child Mortality

### 5-14 Years of Age (per 100,000)\*

All causes	47.7
Malignant neoplasms	7.2
Cardiovascular renal disease	3.2
Leukemia, aleukemia	3.1
Congenital malformations	2.8
Cardiovascular disease	2.5
Influenza, pneumonia	2.3
Heart disease	1.6
Nephritis and nephrosis	1.1
Rheumatic fever, rheumatic heart disease	1.1
Lymphosarcoma, other lymphatic and hematopoietic neoplasms	0.9
Cerebrovascular disease	0.7
Meningitis	0.5
Measles	0.4
Acute poliomyelitis	0.4
Gastritis, duodenitis, enteritis, colitis	0.3
Bronchitis	0.3
Meningococcal infections	0.3
Hernia, intestinal obstruction	0.2
Tuberculosis	0.2
Septicemia	0.1
Dysentery	0.1
Asthma	0.1
Infections of kidney	0.1
Scarlet fever, streptococcal sore throat	0.1
Diphtheria	0.1

\* Source: U.S. Centers for Disease Control/National Center for Health Statistics, National Vital Statistics System

# “Really an Excellent Program”

*In 1956, Danis was succeeded as chairman of pediatrics by James P. King, M.D., a St. Louis native who graduated from Saint Louis University Medical School and trained at Boston Children’s Hospital.*

## *The second chairman*

Dr. King “was from Harvard. He was well-trained and really committed to teaching pediatrics,” Mestres said.

Warren Wimmer, M.D., who graduated from the residency program in 1961, recalled King as “a brilliant guy. He got involved in hematology at Boston Children’s and was highly respected all over the country. He took on all the kids with malignancies and chronic illnesses. He gave his heart and soul to them. At that time life expectancy for a new leukemic was 18 months at best. It was difficult.”

King seemed to be in the hospital at all times, including unusual hours.

“Dr. King was a night person. He would come round at two in the morning when we were dragging,” Wimmer said. “He was an excellent teacher. He had one of those photographic memories. He was always at work, and he was always available for any kind of question. He was a great guy.”

## *“Equal to the care I saw in Boston”*

There were no women in the first class of pediatric residents who trained at Glennon, but there was one in the class of 1958 – and she assisted in moving the first patients from St. Mary’s Hospital on opening day.

“There were a lot of sisters then at Glennon, and they had everything extremely well organized,” said Joyce Devine Woolsey, M.D. “We would bring the children down and they knew exactly where they were going to put them.”

Woolsey was a Massachusetts native who had moved to St. Louis in 1937 when her father, an electrical engineer, got a job here. She graduated from Saint Louis Uni-

versity Medical School in 1955 and did a year of mixed internship at University Hospitals. “The end of my internship consisted of pediatrics, so then I took a pediatric residency. I liked surgery, too, but that was a very difficult field for a woman to be in. I really liked very much taking care of the children. That swayed me to go into pediatrics.”

During Woolsey’s two years at Glennon, its patients were visited by cowboy star Gene Autrey and Clayton Moore, in costume as The Lone Ranger. But foremost in her memories of those years are the long hours and the quality of the faculty.

“There weren’t too many residents then, five or six, I guess. We worked every other night, all night, and on the off nights I wouldn’t go home until eight o’clock. We were usually up most of the nights we worked. For two years that went on,” she said. “It wasn’t easy. But you did it. You were really committed.”

The reward was an excellent education. “It was really very comprehensive. We did rotations on the various divisions, plus the clinics and emergency unit. We had excellent pediatricians, many of whom were practicing in the community. They were not paid, but they would come and donate time to instruct the house staff. We certainly had adequate supervision. We gained the competence to take care of the patients we had – some of them had minor problems and some had very difficult problems. It really was an excellent program.”



Dr. King

After completing her training at Glennon, Woolsey ventured to Boston Children's Hospital to train in pediatric pathology and neuropathology. "I had been interested in children with neurological illnesses, and Dr. Danis encouraged me."



Dr. Woolsey

That year of training led to a National Institutes of Health grant "which they were giving in those days to encourage people going into the field of neurology."

Woolsey was awarded a grant and spent three additional years in Boston at New England Medical Center/Tufts University and Boston City Hospital/Harvard University.

"I would point out that the care of the children at Glennon at the time I went up was equally as good as the care at Boston Children's," Woolsey said. "The difference was, up there at Boston's Children's the departments were very specialized at that time. Although they had excellent pathology at Glennon, and eventually pediatric pathology, Glennon had only been open two years."

Woolsey returned to St. Louis in 1962 and joined the Saint Louis University faculty. She practiced neurology at Glennon until 1973, when she entered private practice so she could work part-time and spend more time with her daughter. She continued to admit patients to Glennon until she retired in 1989.

"I was very pleased with the education that I received at Glennon and the opportunities I was given," she said. "The care children were given was very, very good, and the teaching by the voluntary faculty as well as those who were full-time was excellent. Everybody worked well together. I don't remember any conflict at all.

"And the nuns were very good nurses. They ran a tight ship and kept everything very orderly. They didn't have the finances they have today, but they did a very good job."

***"I can look back now and say it was fun"***

Warren Wimmer had yet to become a medical doctor when he assisted in moving pediatric patients from St. Mary's Hospital to the new Cardinal Glennon Hospital.

"It was between my junior and senior years (of medical school) that Glennon opened, so we moved all the patients from the old pediatric ward at St. Mary's. I was there from day one, except for the year I went to St. John's."

Wimmer set his sights on a career in pediatrics from an early age. "My grandmother was a midwife who trained in Vienna and I used to trail along with her when I was a kid," he said. "I just always liked children. When I did my internship at St. John's and I would get in with these geriatric patients . . . I thought, 'This is one thing I don't want to do.'

"I'm a gardener and I like to see things grow. I like to see things develop. We've got eight kids. Kids are honest. You don't have to monkey around with them to find out what they are thinking, what they are covering up."

He undertook the internship year at the old St. John's Hospital "because back in those days there were very few places in the country that had a straight pediatric internship. Everybody did what we called rotating internships. I started at Glennon in 1958. At that time, we had a two-year residency."

Wimmer eventually determined that his training was excellent, but there were times when "the learning was sketchy. A lot of the teaching was catch as catch-can."

The faculty was still very small, and the program had yet to recruit some of the subspecialists who would provide a better-rounded program in just a few years.

"There were four first-year residents. The second-year residents seemed to be up in their rooms all the time developing their hi-fi equipment. That left the four of us to run the hospital. When I say run the hospital, we taught the students, the nurses . . . There was a lot to do. The juniors were acting as seniors, the seniors were acting as interns, the interns were acting as residents. Little did we know that there was probably an easier way to do this, but we learned a lot!"

There was plenty of experience in patient care.

"Dr King said he wanted us to work every other night because kids come in sick at night, not just during the



## The Glennon Residency at 50

day. So we had a full dose of night hours and being on call," Wimmer said. "Everybody had a load, a real load. If you wanted to complain you had plenty to complain about, but it didn't do you a whole lot of good."

In the late 1950s, Glennon's emergency room usually was dark overnight. "At nine o'clock we'd turn out the lights and close the door. If somebody needed us, there was a bell to ring above the door. There was only one pharmacy in the city that was open all night, and it was downtown at 10th and Pine," he said.

"We had just a handful of full-time people, but they were excellent people," Wimmer said. "We learned at their coat tails. We saw a lot, asked a lot of questions, had direct contact with people. We had a morning conference with all the students and residents. Somebody had to present what came in during the night. You got chewed out for what you didn't do, and then you met again in the afternoon at four o'clock. You had your finger on the pulse all the time."

Wimmer trained without the benefit of exposure to subspecialties that now are considered central to pediatrics.

"I wanted to get more in behavioral problems and developmental disorders. There was zero training as far as mental problems and psychiatric problems. We didn't have any pediatric allergists. We didn't have a pediatric neurologist until Joyce Woolsey came back," he said.

Nonetheless, "It has always been a place that you were proud of. The kids all got good care. It was evolving. I thought I was well-trained. I later got to know a guy at DePaul Hospital who finished his training at (St. Louis) Children's. He said, 'Warren, you guys from St. Louis U. have got it hands down on us from Washington U. We might do all the research, but when it comes to patient contact and knowing what you are doing, we can't beat you. We saw it.'"

After working in a couple of older hospital buildings, moving to Glennon was a breath of fresh air.

"Glennon was brand new. Everybody knew everybody," Wimmer said. "It was family. It was fun. I can look back now and say it was fun."

Just recently Wimmer was driving down a street and saw the name of a local business that prompted memories of a patient he had at Glennon. The boy was a member of the family that owned the business.

"We saw a lot of chronic illness here. We had leukemics, people with chronic lung disease, chronic renal disease. Joey died of an immune problem that wasn't described at that point. We didn't know what was going on. I kept getting pictures from his father, and his family always sent a Christmas card. It choked you up that you couldn't do anything. Those kids were with you 24 hours a day. You can't help but get to know them."

### *A new decade*

Buffalo Bob and Howdy Doody of television fame performed for patients in the hospital lobby in 1960. That year the hospital admitted 5,217 patients and handled 34,960 outpatient visits, 2,843 surgical procedures and 8,604 emergency visits.

Glennon's greatest source of donated funds was an annual exhibition football game pitting the Chicago (and later St. Louis) Cardinals against a visiting team. In 1961, Green Bay Packers Coach Vince Lombardi brought Paul Hornung and Bart Starr to town for the Glennon charity game. The 1963 game featured the Minnesota Vikings and young Fran Tarkenton, then touted as an "exceptionally promising quarterback."

The hospital had become a busy place, so days began early and sometimes lasted well into the night for the Sisters of St. Mary who served as the core staff. They lived next door in St. Clare's Convent and never were far from their work.

"There were about 20 sisters working at Glennon. There was a sister in every department," said Sr. Thelma Marie Mitchell, a nurse at Glennon from 1961 through 1968, 1972 through 1974 and 1985 through 1990. "We worked like one big family, the doctors and nurses and everybody in that hospital. It was a wonderful time to be doing nursing. We thought we were doing miraculous things. I guess we were, in a way.

"We got up at five to meditate. We were at work at seven. After supper we had evening prayers. Usually you worked until nine at night, when the 'night sister' came on. If you were a nurse you may have been on duty until midnight. Then they could call you in the middle of the night if there was some reason.

"In those days we did everything. We were there, and when something needed to be done, we did it. We worked seven days a week. After Vatican II we started getting half a day off."

Sr. Jane Rombach watched Glennon's construction and lived in St. Clare's Convent during the hospital's early years, when a tavern and pool hall occupied the southern edge of the campus. "I remember all the motorcycles parked there. It was kind of a rough neighborhood. The tavern was open all night.

"One time a child got his arm caught in a pool table. Somebody from the emergency room had to go over there and get him out."

A formality often overlooked was official registration for patients who would not be able to pay for their care. "We had clinics on Saturday. It seems to me it was always busy, and we took any walk-ins," Sr. Jane said. "Sr. Anita was one of my favorites - when she got people who couldn't pay she would have them bypass registration and get their charts from me."

### The space age

A new decade brought the space age to America. The path to the moon ran through St. Louis and the McDonnell Aircraft Company, which built the Mercury and Gemini space capsules for NASA. Monitoring technology developed to study astronauts in space soon found its way to Cardinal Glennon, where it revolutionized critical care and put residents at the forward edge of medicine.

Technology was being invented on the spot. "A cardiac arrest emergency drug box has been placed on each nursing division, in the emergency room, radiology and the OR/recovery room. The new box has been cleverly devised from a fishing tackle box," reported the Glenn-O-Gram employee newsletter in 1968.

Paul Byrne, M.D., was a former resident and a community pediatrician who also directed Glennon's neonatal unit.

"He was always working on some little piece of equipment to modify for very small children," said Mary Ellen Judge, R.N., who came to Glennon in 1964 as a nurse's aide, became a staff nurse in 1966 and remained for 40 years. "He established the NICU here. He was a real pioneer in neonatal medicine. He would rig up things that are taken for granted now."

Byrne devised a gadget to measure the pressure of air entering infant lungs from a mechanical ventilator, Judge said. "We had a pressure tube down into a jug of water on the floor, and would measure the pressure by the movement of the water in the U-tube taped to the baby's bed. I'm not sure all the nurses quite understood. We did what we were told."

In 1967 local newspapers reported the wonders of the Oxygenaire Portable Incubator used to transport babies from community hospitals. Glennon had the midwest's first machine, which was built in England. The 40-pound Oxygenaire looked like a large plastic egg. It was powered through an automobile cigarette lighter plug.

Early in 1968 the Glennon nursery began using an infant monitor based on technology developed for the Apollo space program. Reported the Glenn-O-Gram, "The machine had only been used for adults when Dr. Paul A. Byrne, nursery director, wrote a letter to McDonnell-Douglas saying, 'It would seem to me that if the blood pressure of the astronauts can be monitored as they travel around the world, it might be possible to apply some of this technical knowledge to infants.'

"Two days later Conductron, a McDonnell subsidiary, notified Dr. Byrne that it was interested and work was begun on the new machine. The instrument is a pediatric monitoring device that measures respiration, heart rate, systolic and diastolic blood pressure and temperature. When a deviation is recorded a light flashes and a buzzer sounds to warn nurses and doctors. Prior to this there was

no way to accurately take the blood pressure of the newborn because the sounds are so slight."

### James Bowers, M.D.

James Bowers, M.D., was a Chicago native who graduated from Saint Louis University School of Medicine and entered the residency at Glennon in 1964. "The nursery only had a few beds in it. It was a very small service and we really didn't have any of the means of keeping preemies alive that they do now. It was basically a service that provided for kids who really had a pretty good chance of survival under tough circumstances. The ICU was practically non-existent.

"An explosion occurred when the space program started," he said. "If they wanted to send somebody like you or me into space and needed to know what our pulse and blood pressure were, they weren't going to put a cuff on your arm. They needed to figure out some way to miniaturize it. That translated into the care for the preemies. That was when the nursery service got rolling. I was fascinated by what went on here."

Bowers set his sights on a career in pediatrics while a junior medical student. "There are certain things you figured out you weren't too good for. I was allergic to rubber gloves, so that eliminated surgery for me. It came down to family practice medicine or pediatrics, and I just selected pediatrics. Glennon was a fairly new hospital — clean and bright. It had a real potential for growth. There was a new chairman coming on board, whose name was Arthur McElfresh, and he was incredibly dynamic. You wanted to study under him."

## MEDICAL · STAFF · NEWS

CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN

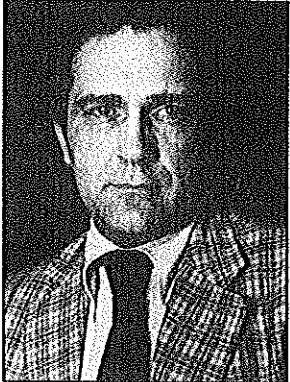
### Bowers elected Medical Staff president

James E. Bowers, M.D., was elected president of the medical staff at the General Medical Staff Meeting held November 10. He succeeds Patricia L. Monteleone, M.D., who served as president for the past two years.

In addition to an active private practice, Dr. Bowers has been very involved with the medical staff since joining Cardinal Glennon Hospital in 1969. He is chairman of the Credentials Committee, chairman of the Bylaws Committee and a member of the Utilization Review Committee.

Since January 1981, Dr. Bowers has held the office of president-elect of the medical staff and also serves as medical editor of Medical Staff News.

In accepting the presidency, Dr. Bowers stated, "My major goal will be to promote a spirit of understanding and unity of purpose of the various components of the medical staff for the benefit of the medical staff and the hospital as a whole."



James E. Bowers, M.D.

Other newly elected officers are: Anthony J. Rejent, M.D., president-elect; John D. Bouhaslin, M.D., secretary; Mohamed Amjad, M.D., treasurer; Micheal J. Chehval, M.D., Jerome L. L'Ecuyer, M.D., and Dennis M. O'Connor, M.D., members-at-large.



## The Glennon Residency at 50

Of course the hours were long, Bowers said, and the load was made heavier by the small number of residents in his class – just four or five. As in the first years of Glennon’s history, few faculty members were full-time.

“We were pretty short-staffed. We were never on less than every third night, sometimes every other night,” Bowers said. “On some of the services, it seemed like you went home, went to bed, got up and went back to work. And the pay was phenomenal. I think I got \$95 month before I got married, then it jumped to \$107.”

Nonetheless, he recalled, “Basically it was a good time. It was a full-time teaching thing. There was almost no period when you could just sit down and take it easy. Making rounds with members of the full-time staff and other people gave you a lot of real practical application on how things were done. People used to fight to make rounds with McElfresh. Even the nurses would tag along. He was very dynamic. They made it fun. It wasn’t like you were slaving along – it was enjoyable.”

And there was plenty of practical application of medicine. “We had a lot of sick kids. We had to sort out which ones were sicker, which ones were less sick, who needed what and how to do it,” said Bowers, who would later serve as president of Glennon’s medical staff. “The nurses were a lot of help to us, they really were. They could make your life very easy or very miserable.

“We got a lot of hands-on, practical pediatrics. Your font of knowledge of pediatrics went up exponentially after three years on peds. I didn’t have any trouble passing my boards,” he said.

After two years of military service, Bowers returned to private practice in St. Louis. “In the service I met another large group of pediatricians and I felt like I could match any of them.”

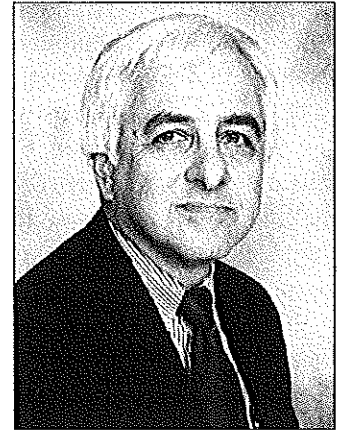
### **Anthony Rejent, M.D.**

Anthony Rejent, M.D., experienced similar reassurance when he ventured into military service after completing his Glennon residency in 1967. He was assigned to practice pediatrics on a U.S. Air Force Base in Mississippi.

“When I got down there with a number of other docs and flew to some of those big hospitals with pediatricians, I found that what I was doing was pretty much state of the art,” he recalled. “Bottom line – I was pretty well-trained.

“When you go out, you have a little bit of skepticism. ‘Am I ready for this?’ You get thrown into it, then you realize, ‘I’ve seen this, I’ve done this, it’s pretty good.’”

Rejent came from Toledo to attend Saint Louis University on a basketball scholarship. During his first season he found the coach also had recruited three other guards who were much taller than he was. “I realized you didn’t need to be 6’4” to go to medical school.”



Dr. Rejent

He graduated from Saint Louis University and attended medical school at Creighton University, then returned to Cardinal Glennon for residency.

“I really liked my time in St. Louis and knew a lot of people here, so I came back. It was a small program in every way, but it was a great residency – state of the art. Art McElfresh had just come from Philadelphia, and he was great. He was an editor of the *Journal of Pediatrics*. It was years before other people started talking about evidence-based medicine, but he was going through all the articles that were the foundation of evidence-based medicine,” Rejent said.

There were but a handful of residents. “There were about three of us that were pretty much holding the place up,” he said. “The income we had wasn’t very much money. We all qualified for low-income housing. Down in the Mill Creek area, we were the first residents in the Laclede Town apartments. All the residents from Saint Louis U., Glennon, Wash U., and Children’s lived there. It actually was pretty nice.”

The patient mix and faculty combined for a training experience that was unsurpassed, he said.

“The pathology and the children’s diseases that showed up at this hospital were just amazing. If you hang around here for three or four years, you will see just about everything in the textbook. You will think some things are really rare, but they wander into that emergency room. When we were residents there was a lot of meningitis due to *Hemophilus influenzae*. There would always be four or five of those in the house. One of the things *hemophilus* caused was epiglottitis. Kids died from that. The first time you see one, you don’t know what to do. Then you learn the routine and you learn procedures. We were doing lumbar punctures all the time.”

The faculty that had been recruited to Glennon “was just great,” Rejent said.

## See one, do one, teach one

“McElfresh was a really great teacher. Lewis, Schweiss and Brodeur were superstars. John Bouhassin taught us how to take care of the hemophilia patients. Virginia Peden was an endocrinologist who was very smart. I always thought she was full-time, but she was part-time,” Rejent said. “They were individuals who had a sense of professionalism. You look at those people, and you start to admire them. You try to incorporate some of the things they do as you go along. You admire the way they handle situations. You learn how to talk to parents about taking care of children.

“You learned to adjust your value system to think there is more value in the patient than me, that I am really interested to find out why you are here, and I am really intent on trying to help with your problem. You learned a lot of intangible stuff.”

Dr. McElfresh asked residents to prepare special presentations a few times a year. Toward the end of his training, Rejent was asked to give talk about adrenal gland syndromes.

“I spent a lot of time working on that and gave an hour presentation,” Rejent said. “When I took my oral boards, one of the examiners was an endocrinologist, a real tough guy, and he said, ‘Tell me all you know about adrenal insufficiency in young children and infants.’ I started going, and going and going. Finally, after about ten minutes he stopped me and said, ‘It sounds like you know something about this.’ I thought, thanks to Mac for making me do that! That is the best stress-reliever in the world, finding out you are prepared.”

Rejent remains a member of the Glennon faculty and its pulmonology division. “When I was a resident there was no such thing as a pulmonologist. About the time I was there, genetics was started by the current dean, Pat Monteleone. We didn’t have the specialization there is now. There was no such thing as a PICU or NICU. If a preemie was fairly healthy, he might make it on his own. We could support them. We would give them a lot of exchange transfusions, which we don’t do now, for jaundice. Our technology was fine for the times, but you couldn’t practice that way now.”

The hospital’s first building addition, Glennon Hall, was completed in 1965 and held residential and class rooms for 127 nursing students as well as call rooms for residents and medical staff. A 250-seat auditorium was opened and would later be named in honor of Dr. Danis.

### *Elliot Casey, M.D.*

Elliot Casey, M.D., recalled the Glennon program as under-rated but high in quality when he arrived in 1967. “We had just gotten a new department chair and the program became strong all of a sudden. We didn’t have the reputation of (St. Louis) Children’s, but the teaching program was stronger at Glennon.”

In his era, residents worked every day of the week. “If we had the weekend off, we went in on Saturday and Sunday and made rounds. It usually took a couple of hours, and then you were able to go home,” Casey said. “If you were on call but didn’t have to stay there, you would take your family with you. My wife and kids would go to Mass with me at Glennon, and then while I was making rounds they’d go into the cafeteria and have doughnuts and juice. Sometimes an old nun, Sister Carmella, would take them to where she made breakfast for the priest and give them a treat. It really was a family. If you had problems, you just knew you were related to Glennon.”

At one point Casey, the future chairman of pediatrics at St. John’s Mercy Medical Center near St. Louis, found himself without the money needed for the deposit on a rental truck. He was moving his family from the subsidized Laclede Town apartments to “this tiny little bungalow out in Brentwood.”

He approached one of the sisters, who was known to have money available for emergencies. “Sr. Marie said, ‘Come with me,’ and I went down to her office where she had this little stash of cash. It was money she used for families who needed it for clothes or transportation or whatever. She said, ‘Now you go rent the truck, and when you get the deposit back, give it back.’ So we rented the truck, didn’t damage it, gave the money back and it went in the drawer.”

The sisters would baby-sit for the residents’ children during the annual Christmas party, too. “They’d bring in a bunch of cribs and we’d drop our kids off while we were at the party in Glennon Hall.”

The faculty contributed to the nurturing environment.

“The strength of the program was that it was small enough that you had personal relationships. You really did,” Casey said. “You knew the attendings, and by and large you didn’t feel intimidated by them. You weren’t hesitant to pick up the phone and call and say, ‘I have a problem here – can you help me? I’m not sure what I’m seeing or what I am experiencing, but this kid is sick.’”

Dr. McElfresh built the foundation for a positive training experience.

“He was fun. He could take anything and make it interesting. He never put you down, never embarrassed you. You really felt comfortable learning around him because you felt you could learn a lot but he wouldn’t hurt you or insult you. If you did something really stupid in conference, he wouldn’t say anything. Then after conference he’d grab you and say, ‘That was really stupid! Don’t ever do that again!’”

Casey grew up in Massachusetts. He traveled to Saint Louis University because it was a Catholic school that would provide the experience of living away from home.

"I liked the pediatric rotation. If I had enough money and time, I probably would have been a pediatric surgeon, but that was a long time to train and I just couldn't see doing that," he said.

His years at Glennon provided plenty of hands-on training. "There was an old adage – 'See one, do one and teach one.' That was pretty much what you had to do. We were on our own a lot. We didn't have the depth of the subspecialists that Children's had. We had to do a lot on our own, go dig out the information and use it for patient care. I think it helped us be better doctors by not just sitting back and having somebody talk to you. I got a lot of experience in taking care of sick kids and keeping them alive through illnesses."

In his era, the residents were on duty every third night. Casey "thought that was a good mix of volume, acuity and a good teaching environment. If you don't see enough patients by the time you get done, you're hurting. But we were tired a lot. So was everybody. Nobody really complained, it was just something you got used to. You'd hope that when you were on you'd be able to get some sleep. We could sleep standing up, sitting down or on rounds. Obviously we fell asleep in lectures. It was just amazing."

Like all doctors of the Vietnam era, Casey's residency was followed by two years of military service. His obligation was fulfilled on an Air Force base in Phoenix. "I worked with another pediatrician who had trained in Dallas. We came from totally different programs. He came from a nationally-recognized program. I didn't. But our training was comparable. I felt like I hadn't missed anything."

After three years of private practice, Casey joined the staff at St. John's Medical Center and served as its chairman of pediatrics for more than two decades. He stepped down from that position at the end of 2006.

During most of his last year at Glennon, Casey and Dennis O'Connor, M.D., served as chief residents and worked on the hematology/oncology service with Dr. McElfresh.

It was a tough period to care for cancer patients. "A lot of people didn't want to do that because they didn't want to get close to a patient who they knew was going to die," Casey said.

During their year as chief residents, McElfresh sent Casey and O'Connor to St. Jude's Hospital in Memphis to learn a new protocol for administering medications to some children with cancer.

### Welcome to Our New House Staff Members



*Not all, but most of the new residents and interns managed to gather on the steps of the hospital recently to have their photograph taken and introduce themselves to everyone in the hospital family.*

*From left to right on the bottom row are: John E. Bobinski, M.D., pediatric intern; Michael S. Carroll, M.D., pediatric intern; Adrienne A. Hanson, M.D., first year resident; Estrella Avila, M.D., rotating intern from Lutheran; Melinda Espeleta, M.D., rotating intern from Lutheran; Judith E. Ho, M.D., rotating intern; Eliot C. Casey, M.D., pediatric intern; and Edward J. O'Brien, Jr., M.D., pediatric intern.*

*Left to right, top row are: Robert W. Musetti, M.D., first year resident; Gerald A. Dzurik, M.D., pediatric intern; Joseph A. Zammuto, M.D., pediatric intern; David M. Keeffe, M.D., second year resident; Don G. Livingston, M.D., first year resident; Stephen B. Berrien, M.D., pediatric intern; and Dennis M. O'Connor, M.D., pediatric intern.*

*"Minding the store" when the photograph was taken were Parvin Dardashti, M.D., and Charles P. Sheehan, M.D., second year residents; and James F. Quilty, M.D., first year resident.*

## See one, do one, teach one

“The St. Jude’s protocol had some medications given orally as opposed to intravenously. We came back and changed some of the protocols we had at Glennon. It was nicer because the kids were getting stuck for everything – spinal taps, IVs, bone marrow,” Casey said. “I still keep in touch with people like Dennis. I have no problem picking up the phone, even if we are in competing institutions, and asking them a question or having them call me. That is the kind of camaraderie we developed.”

During his Air Force service, Casey assumed responsibility for the care of a girl undergoing chemotherapy.

“The guy who had been taking care of her said she wouldn’t talk. I started kidding her and teasing her and doing all sorts of things,” he said. “She ended up being friendly and talkative and actually babysat our kids. Her family became close with ours. By spending that time with Mac and those cancer patients at Glennon, it allowed me to develop the relationship. I was not going to stand off because those kids didn’t need that. I adapted the protocol we had been using at Glennon from St. Jude’s. The last I heard she was a survivor and become a lawyer with a couple of kids.”

### “I just enjoyed working with children”

In 1964 a young man from the South Side of St. Louis walked into Cardinal Glennon for the first time. This Saint Louis University Medical School student would stay for more than 40 years.

“One of the things that stood out is how quickly children get well compared to adults,” said Dennis M. O’Connor, M.D. “One of my first assignments when I came here on pediatric surgery rotation was to take the stitches out of a little boy who had heart surgery. It was about five days afterwards. I went to his room to find him

and he was out playing someplace. Adults weren’t out playing five days after heart surgery!

“I’m not sure I really knew about the different specialties before I started medical school,” he said. “I just enjoyed working with children more than I did adults. It is the only specialty where you play with your patients.”

O’Connor graduated from medical school in 1967 and began a residency at Glennon, which ended in 1970 as chief resident. He left for two years to work in infectious diseases at the U.S. Centers for Disease Control in Houston. He returned to Glennon and began a fellowship in infectious diseases. Before that term was up, there was an opening for a staff doctor in the infectious disease division, and O’Connor filled it.

O’Connor also had an interest in hematology/oncology. “Back in those days, the training was different. Most of the problems you had with a tumor patient were infections. The director of pediatrics was a very dynamic person, Dr. McElfresh, who was a hematologist/oncologist. He was the associate editor of the *Journal of Pediatrics* and was extremely knowledgeable. He was very outgoing, almost boisterous. He made it fun to learn.”

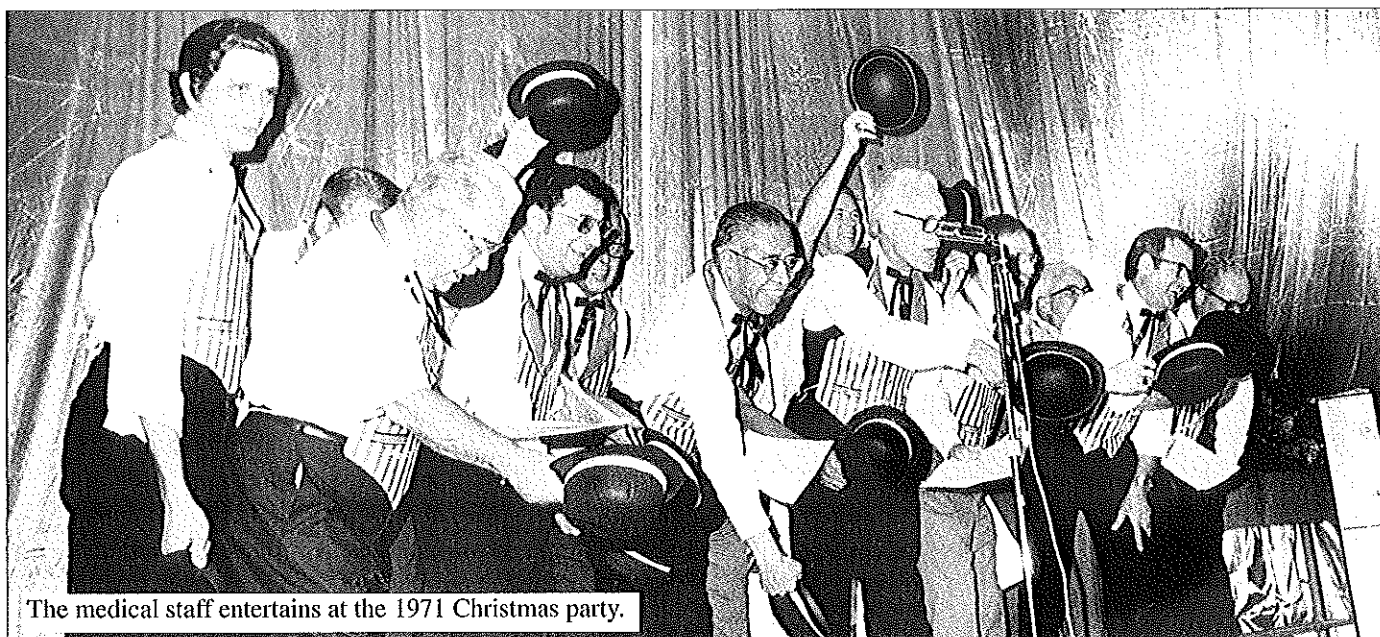
Successful treatments for childhood cancers were becoming available as O’Connor arrived.

“When I was helping Dr. McElfresh take care of children with oncology problems, with leukemia, there were no survivors. Chemotherapy was available, so you could get the children to feel great for some period of time. Then they would relapse and die. That was what we had to offer,” he said. “We could still do a lot for the kids and their families. In pediatrics, your patient is the family. If the child dies but you were really able to help them and the family, there was success there. I got in on the ground



Drawing blood, circa 1956

## The Glenmon Residency at 50



The medical staff entertains at the 1971 Christmas party.

floor of seeing children start to improve and get better, so I could constantly see improvement. Now the survival rate is 70 percent for children with leukemia.”

O’Connor joined the faculty just before sub-specialties began to develop and the medical staff grew.

“There may have been only 12 of us on the full-time faculty in 1973. There was a lot more presence of the community physicians at that time, teaching and working. We didn’t have all the surgical sub-specialists dedicated to pediatrics that we have now,” he said. “Some specialties didn’t exist then. There was no neonatal intensive care unit or pediatric intensive care unit. The wards were broken down by the age of the child. For a terribly ill child that you really wanted to watch closely, you just pushed the bed down to the nurses’ station and let it sit there so they could watch.”

Shortly after O’Connor joined the staff, the tavern across the street was purchased by the hospital. “The bar with the motorcycles parked out front was torn down and we had a gravel parking lot over there.”

O’Connor was present when the first generation of hospital staff established the culture that would survive well into the future.

“The roots of that were probably the nuns and the early employees who were working here when I was a medical student,” he said. “They were patient-oriented. I doubt they had any idea of the operational budget. Some of the nurses who taught me how to take care of babies are still here.”

### *Protecting Children*

By the end of the decade, Glenmon was leading the call for greater attention to the diagnosis and treatment of children who were victims of abuse.

Armand Brodeur, M.D., the hospital’s first director of radiology, was recognized as one of America’s first pediatricians to confront child abuse. He wrote and lectured on warning signs of abuse.

In 1962 a pediatric resident training at Glenmon, James A. Monteleone, M.D., was on duty when an injured child arrived. “A severely beaten patient – an eight-month-old child – came in. By coincidence it was about the time that the battered infant syndrome was introduced,” he said in a 1989 interview. “We were quite proud of making the diagnosis. It ended up in Life magazine. I’ve retained an interest in that as a result, and was often asked about that child as time passed.”



Dr. James Monteleone

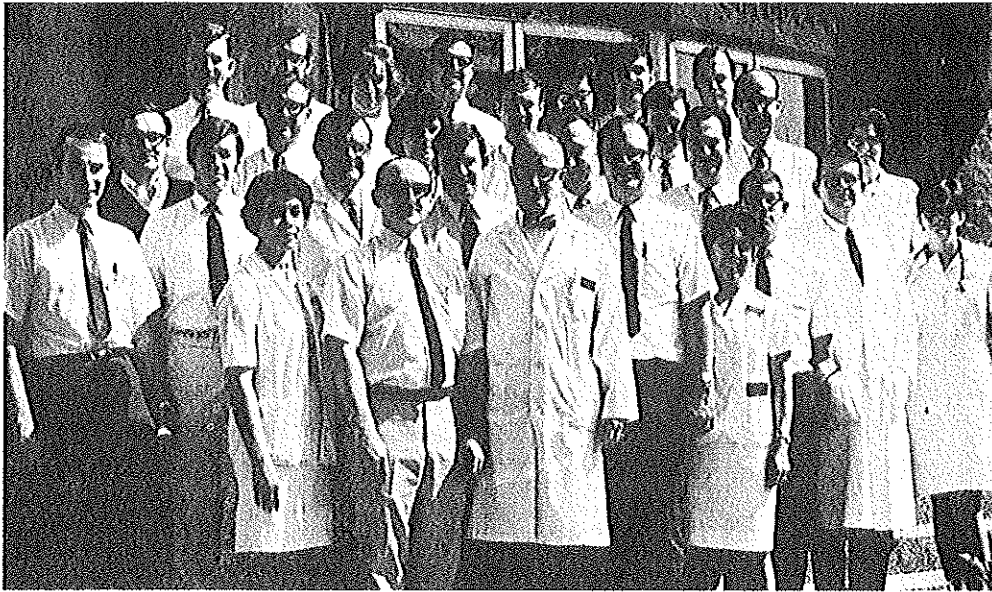
Monteleone trained as an endocrinologist but was asked to join the child abuse team in 1967. As years passed, he devoted more of his time to what would become known as “child protection.” He became recognized as an expert in the field and wrote a number of books, some with Brodeur as co-author, that became standards in the field.

Monteleone’s comprehensive textbook, “Child Maltreatment,” was published in a second edition in 1998. He also wrote “A Parent’s & Teacher’s Handbook on Identifying and Preventing Child Abuse.”

In 1977 Brodeur called for an increased focus on sexual abuse of children. In an article published in the medical journal “Emergency Medical Services,” he wrote, “Sexual abuse is grossly under-reported. Protecting children against sex crimes hasn’t received community sanction yet, because it is ‘too dirty.’”



## 1968-'69 House Staff



*"This is the way we all looked as the teaching year of 1968-69 drew to a close." House staff, residents and faculty pose for their official picture: left to right, front row: Thomas J. Sammon, M.D., Adrienne A. Hanson, M.D., Marvin A. Cook, M.D., Arthur E. McElfresh, M.D., Medical Director, Robert W. Musetti, M.D., Judith E. Ho, M.D., Charles L. Sexauer, M.D., C.L. Witzleben, M.D., and Mary M. Poncel, M.D.*

*Second row: Donald J. Hagler, M.D., Armand E. Brodeur, M.D., Michael S. Carroll, M.D., George D. Comerc, M.D., and Gerald A. Dzurik, M.D. Third row: Ronald Roy, M.D., Joseph V. Prusaczyk, M.D., Ursula T. Rolfe, M.D., John E. Bobinski, M.D., Eliot C. Casey, M.D., Leonard F. Fagan, M.D., and Patricia L. Monteleone, M.D.*

*Fourth row: Dennis M. O'Connor, M.D., James D. Cherry, M.D., Jean A. Van De Polder, M.D., James Monteleone, M.D., Frances L. Horvath, M.D., Garry H. Rupp, M.D., and H. Garry Gardner, M.D.*

*This Was Our Housetaff \* \* \* \**



*\* \* \* \* For Vintage Year of '69-'70*

# “Well-prepared”

*On his first night as a resident in 1971, Richard Barry, M.D., was left in charge of the emergency room at Cardinal Glennon.*

“It wasn’t terribly busy that night, but I didn’t sleep at all,” he said. “Supervision wasn’t as great back then. Now we have faculty in-house all the time.”

Barry attended a Jesuit prep school and college in Jersey City, New Jersey, and elected to attend Saint Louis University because of the Jesuits. When his mind takes him back to his residency years, the first words that form are “hard work.”

The hospital’s steady growth produced new records in most statistical indicators. In 1971 there were 8,521 admissions, 41,809 outpatient visits, 4,310 surgeries and 32,015 emergency visits.

“It was a smaller group, so we were on call every third night in our first year,” Barry said. “We worked hard, but we were very bonded. I think it is like anything else when you are working hard, you are going through some rough times, mentally and physically. It was a great group of people to work with here.”

Barry switched his intended career path from obstetrics to pediatrics during his medical school rotations. “Of all the rotations, this rotation seemed to treat you more like a human being. It got you involved. The teaching was great and the residents were great. It was kind of a community feeling,” he said.

Community support was a necessity as he advanced through increasing levels of responsibility in the hospital. “I was very scared in the beginning. It was like you were looking at your shadow. Thankfully, you were scared enough that you would always seek help. Then honestly, by the third year you are pretty confident.”

Barry, as did many other young pediatricians, occasionally called back to the Glennon nest for advice after

moving into practice. For him, that involved two years of military service and a brief period in private practice in New Jersey.

“I did alright, but I still remember calling here and talking to James King about a mother who was diagnosed with TB in the third trimester. Also my first diabetic, who was the worst diabetic I had ever seen. We always talked here about kids with blood sugars over a thousand, and this kid was close to 2,000,” he said. “But I was well-prepared. Even though I was nervous and called, I was doing all of the things right. Practice was a little bit of a let-down because so much of the stuff I saw was not terrible.”

He views his growth during his three years of training at Glennon as “amazing.”

“Your skills and abilities definitely change over the three years. You become skilled in manual skills, clinical skills and interactions. It is amazing how much more patient-friendly and parent-friendly you become. You are able to listen better and interact better so people feel better about things and let you know what they are really worried about.”

Barry served as chief resident during his third year at Glennon. After a few years of separation, he returned for a long career as the pediatric division director of emergency medicine and co-director of the pediatric residency.

## *Goodbye too soon*

Arthur E. McElfresh, M.D., mentor to many young physicians, was chairman of pediatrics at Glennon and the medical school from 1965 to 1977. His tenure ended unexpectedly of heart failure at the age of 54.

## McElfresh Memorial Lecture to be given on October 31



Arthur E. McElfresh, M.D.

The Arthur E. McElfresh Memorial Lecture will be held October 31, 8 a.m., in Danis Auditorium. A Continental Breakfast will be served at 7:30 a.m. outside the auditorium.

Frank A. Oski, M.D., Professor and Chairman of the Department of Pediatrics at State University of New York, Syracuse, will deliver the lecture. A well-known authority in pediatric hematology and medical education in pediatrics, Dr. Oski will speak on "Behavioral Alterations in Iron Deficiency Anemia in Children."

The Lecture was established in memory and recognition of the contributions of Dr. McElfresh in research, administration, education and the care of children and their families.

Dr. McElfresh was Medical Director of Cardinal Glennon Hospital and Chairman of the Department of Pediatrics at St. Louis University School of Medicine from 1965 until he died in 1977.

"His professional accomplishments were many," stated a memorial in the Glennon Magazine. "He was held in esteem by his peers. He was respected by those who disagreed with him. His young patients loved him, and parents were moved by his compassion. On the last day of his life, Dr. McElfresh spent the afternoon in the hematology clinic, amidst the laughter and tears of youngsters suffering from leukemia. Hematology was his specialty, and he worked long and hard at it, loving every moment . . . he cared. And he tried to make things better. This was his legacy."

McElfresh had been associate editor of the *Journal of Pediatrics* since 1959. After his death the editor wrote, "Mac has left his mark on many - students, interns, residents, professional and non-professional colleagues, his patients, and their parents - and through them a contribution toward the betterment of children everywhere."

### "Quite an evolution of the hospital"

From 1976 through 1978, Glennon undertook its second facility expansion. This phase enlarged the emergency, radiology, laboratory and regional poison control departments. Parts of Glennon Hall were converted to an ambulatory care center. A \$6-million fund-raising drive was chaired by retired St. Louis Cardinals slugger Stan Musial. A sculpture of "Stan the Man" in his unique batting stance occupied the hospital's front lobby. "I wish everybody in St. Louis could see for themselves what tremendous work is being done in this hospital," he said.

As the next decade opened, Glennon welcomed its fourth chairman of pediatrics.

"Dr. Aceto is a distinguished national leader in pediatrics," said David R. Challoner, M.D., dean of the Saint Louis University School of Medicine.

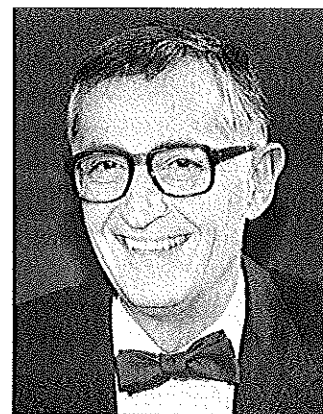
Added Lua Blankenship Jr., executive director of Cardinal Glennon, "Dr. Aceto is an enthusiastic, dedicated pediatric specialist who has had extensive medical and administrative experience. We are all excited about the opportunity of working with him to further enhance child care and awareness."

Thomas Aceto Jr., M.D., became chairman on April 1, 1980.

"He comes to us having been the founding chairman of the Department of Pediatrics at the University of South Dakota, in which position he built a department with a strong community base," Challoner said. "He has an outstanding record in research in the diseases of children, with a special interest in endocrinology. The University and Cardinal Glennon are fortunate to have recruited such an accomplished individual."

Pediatrics was becoming increasingly subspecialized at the time, and Aceto oversaw the first significant expansion of the department's full-time faculty.

"Dr. Aceto's chairmanship was important here," Wilmott said. "He took the faculty from 10 or 12 people to about 30. They started a number of specialties then. There was more specializa-



Dr. Aceto

## The Glennon Residency at 50

tion in pediatrics at that time and probably more payment for subspecialty services from third-party payers. The hospital was evolving from being a community-based children's hospital with private pediatricians rounding and a very small number of full-time staff. It was becoming a hospital with an academic faculty that were doing full-time teaching, clinical care and research. It was quite an evolution. Many other hospitals would have been further along in the process, but some were at least 100 years old then and our program was a relatively young one."

Aceto had been chairman of the department of pediatrics and adolescent medicine at the University of South Dakota in Sioux Falls for nearly five years. In previous appointments he had been professor and deputy chairman of pediatrics at the University of Virginia-Charlottesville and director of pediatric endocrinology and director of post-graduate education at Buffalo Children's Hospital.

After receiving a bachelor's degree from the University of Pennsylvania in 1950, Aceto graduated from Jefferson Medical College in Philadelphia in 1954. He was a fellow in pediatric endocrinology at Johns Hopkins Hospital and a research fellow investigating body fluid metabolism at Buffalo Children's Hospital.

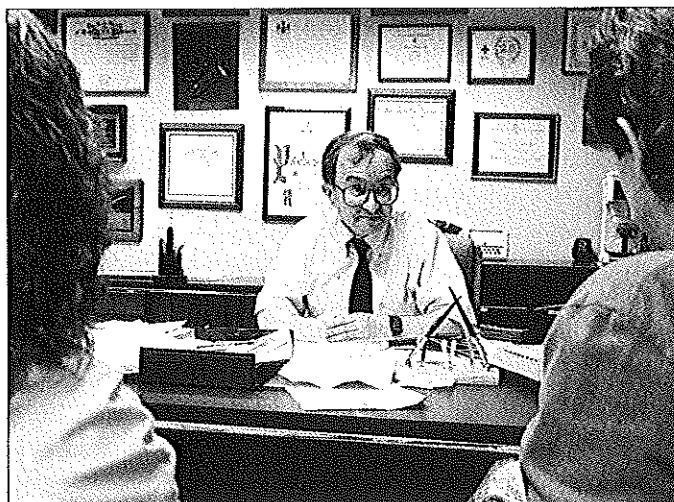
Aceto served as acting director of the National Pituitary Agency in Baltimore in 1964. From 1965 to 1974 he was director of "Collaborative Project: Effects of Human Growth Hormone." When he came to St. Louis he was a member of the board of directors and medical advisor to the Human Growth Foundation. His wife, Arnhilt Aceto, M.D., was a pediatrician with an interest in the care of children with cystic fibrosis.

Research facilities at Glennon were expanded in 1981 with the opening of the Pediatric Research Institute, which then cost \$5 million.

One of the services introduced under Aceto's leadership was child development. The Knights of Columbus Developmental Center was opened in 1982 with the support of knights in Missouri and Illinois to "tackle such medical problems as mental retardation, neurological disorders, hemophilia, spina bifida, learning disabilities, hearing and speech defects."

### *"A series of hurdles"*

"My first day on pediatrics, I walked into the nursery with a premature, tiny baby that was a pound or a pound and a half. I didn't know which way I was going, what I was doing. Senior residents and the faculty guide you through and let you have more autonomy. They get you to the point where you feel comfortable doing things, and by the end you are much more secure," said Gregory Mantych, M.D., a resident at Glennon from 1982 through 1986. "There are a series of hurdles. You feel comfortable



Dr. Barry

with one thing when you start internship, and then you progress in something else until you feel comfortable with that."

Mantych grew up in North St. Louis County and began a combined internal medicine/pediatrics training program after graduating from Saint Louis University School of Medicine.

"I did a sub-internship in pediatrics and I loved it. They were just starting a program in combined medicine and pediatrics and I put in for that. After about a year, there was an opening on the peds side. While I liked both medicine and pediatrics, I found I really liked the nursery. I could do critical care and work with kids, so I switched to pediatrics," he said. "It seemed like home. It wasn't coming to work. I don't think our class was particularly unique, but we developed a second family of brothers, sisters, cousins, working together, pitching in. One of the special things here, and maybe this is true in pediatric programs in general, is there is less sense of hierarchy. Everybody does what is best for the child and family."

Mantych appreciated his education in the subtleties of bedside manner as well as in medical skills.

"There was good clinical experience, a lot of hands-on stuff. We got to do planning and taking care of patients with the backup of the faculty being there," he said.

"What they helped us do to get ready for the real world was helping us feel comfortable with our clinical skills and communication skills. In pediatrics, not to say that medicine and surgery aren't the same, people are putting into your hands the most precious thing they have -- their child. They have to believe that you know what you're doing. Earning that trust is part of the maturing of a doctor.

"It is a scary life, going from your first day of medical school to your first day of internship and then coming out ready to be board-certified. We learn about all that in a relatively short time frame."

## See one, do one, teach one

Mantych returned to Glennon's neonatology service after three years of public health service and two years in private practice. The service recently had moved into new quarters that were part of a \$12 million building expansion completed in 1988. A triangular, two-story wing was added to the southwest corner of the original hospital to provide a 44-bed neonatal intensive care unit and an 18-bed pediatric intensive care unit.

Mantych was co-director of resident training for 10 years. "This place feels unique. That is why you see so many faculty coming back after they train elsewhere. It is the feel of the place. All the years I've been here, there have been probably about ten days that it felt like coming to work."

### *"I highly recommend it"*

Elizabeth Diehl, M.D., likes to think of her class of residents as a group that was still "the long-hours people."

She entered medical school after spending 11 years as a teacher. "I decided I wanted to do something else. I went back and got my prerequisites for medical school. I applied to medical schools and was accepted at Mizzou and SLU. My husband's job was in St. Louis, so that is how I ended up at St. Louis U. They were nice enough to accept me," she said.

As a result of her mid-course career change, Diehl entered residency at Glennon at the age of 37.

"Other than three weeks of vacation, we probably got 10 or 11 days off in a year. There was nothing else to think about. We didn't have any other options. That was a good experience for me," she said. "I am a real hands-on learner. I knew I was giving up three years of my life and I decided to do that. I had a husband at home,

so I didn't need to be out dating, and he adapted to the schedule real well. I hate to sound like a good old boy, but I liked the way we did it then. I think it really encouraged a lot of camaraderie because we were all there with not too much sleep, and getting giddy and helping each other and getting to know each other. I had a great class with very, very nice people. Hard workers. Cared about one another. Didn't have any slackers. Nobody called in sick, ever.

"Residency was probably the three best years of my life. I loved it."

Diehl entered medical school with a plan to enter emergency medicine, which she hoped would provide a career of defined hours without call.

"My husband said, 'You are going to go and do your rotation at Cardinal Glennon and you are going to love it and want to be a pediatrician.' I said 'No, no, no.' Then I was in my first rotation, and I remember one of my residents said, 'How can you be a pediatrician and not be a nice person?' They were nice people. They were nice to us, they were nice to their patients, they were nice to everybody. Pediatricians just seemed to be nice, laid-back people. So I knew from my first rotation in junior year of medical school that I was going into pediatrics."

Diehl's years at Glennon were characterized by advancing technology and one of the first of the new diseases that marked the era.

"We had the first kids with AIDS. They were hemophiliacs who had gotten AIDS from blood transfusions. To tell the truth, we weren't real careful about gloving around them. I remember my classmates and I felt that would create a barrier between us and the kids," she said. "Around eight at night when there were no attendings



House Staff, 1970-71



## The Glemon Residency at 50

around, we put the AIDS kids in wagons and would take them all around the hospital. We would keep them away from the other kids, but we got them out of the rooms they were stuck in. We probably would have gotten in trouble if the attendings had heard about that. We loved those kids. They all died on us. That was something I remember very well.”

Diehl also saw patients transferred into new pediatric and neonatal intensive care units. “So we saw some of the old and some of the new, which was interesting.”

She chose Glennon for her pediatrics training because of its reputation for clinical care. “For private practice, it was the best. I can’t think of anything that could have been better. When I was walking out of my residency and going into private practice, I knew there was nothing I could see for which I wouldn’t know what to do, or at least who to call.

“We had fantastic attending physicians. They all cared about kids and cared about you learning how to take care of kids. Rick Barry, Bill Keenan, Gordy Gale, Dennis O’Connor – these people were gods to us. We wanted to do well for them because they cared so much,” she said.

“It was a good place. I highly recommend it!”

### *The Fifth Chairman*

C. George Ray, M.D., served as the fifth chairman of pediatrics at Saint Louis University and Cardinal Glennon from 1993 through his retirement in 2000.

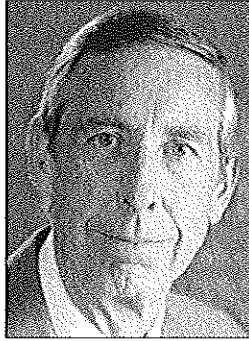
“We believe that Dr. Ray will bring national stature to our pediatric program and will continue to enhance the

quality and scope of pediatric services offered to our region,” said Glennon President Doug Ries upon announcing Ray’s appointment.

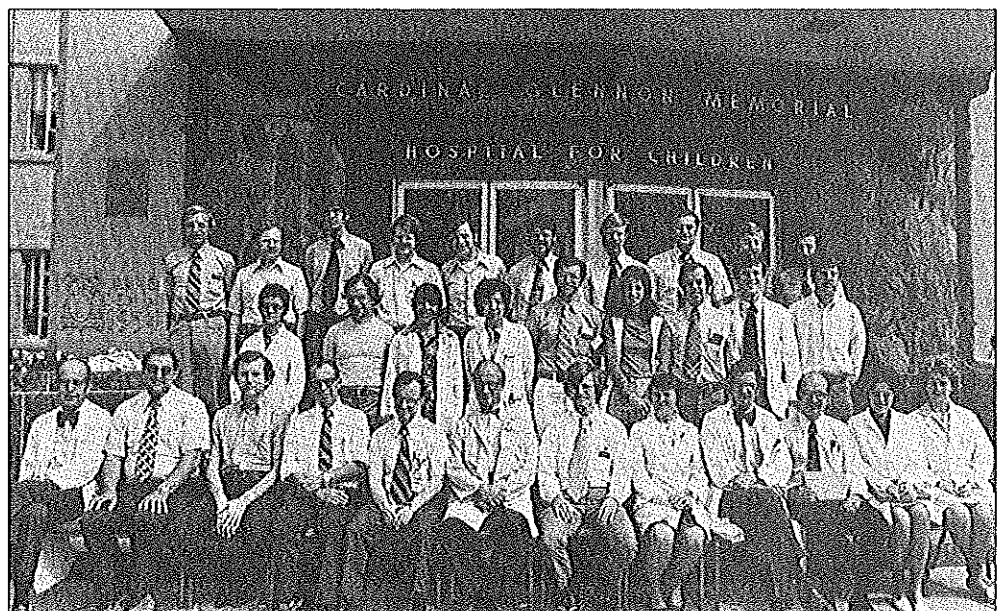
The search for chairman had been “a major effort with a national sweep,” added William Stoneman III, M.D., dean of the School of Medicine.

Ray came to St. Louis from Seattle, Wash., where he had been director of the clinical virology and microbiology laboratories and acting director of the infectious diseases program at Fred Hutchinson Cancer Research Center. He also was professor of pathobiology at the University of Washington School of Public Health. At the time of his appointment, he was serving a two-year term on the Clinical Laboratory Improvement Advisory Committee of the U.S. Centers for Disease Control.

Ray previously had served as chief of infectious diseases in the pediatrics departments at the University of



Dr. Ray



House Staff, 1973-74

See one, do one, teach one

Arizona and Children's Orthopedic Hospital and Medical Center in Seattle. He also had been chief of staff at University Medical Center in Tucson.

Ray received his medical degree from the University of Chicago and completed his residency in pediatrics at the University of Washington. He undertook further training in virology and epidemiology at the U.S. Centers for Disease Control.

When he arrived in St. Louis, he had written more than 200 journal articles and book chapters and was co-author of several books, including "Sudden Infant Death Syndrome" and "Infections in Children."

Ray said he left Seattle for Glennon because "I loved the hospital. I liked what it stood for - the mission to care for kids in the inner city.

"The other major attraction was the residency program. Without any doubt, it was a strong program. The department was committed to educating students and residents to be doctors."

He remembers his time in St. Louis as "everything I expected. I never had any regrets."

The emergency medicine, pulmonology and general academic pediatrics programs were the highlights of his tenure as chairman, he said.

"I was particularly attracted to the emergency medicine program because I thought Rick Barry had some-

**Pediatric Housestaff 1974-75**



thing very unique that rounded out the resident education program so well," Ray said. "There is so much enthusiasm in that program. The residents loved it. The faculty in the emergency medicine department was just first class.

































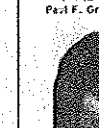

"During my tenure one of the most satisfying improvements was in pediatric pulmonology. That grew and became a really strong section over time.

"The other thing I took great pleasure in when I was there was the general academic pediatrics section. Those

**Cardinal Glennon Memorial Hospital for Children  
1979 Housestaff**



## The Glennon Residency at 50

1980 HOUSESTAFF							
<p><b>PL-1</b></p>  <p>Sophia Ashraf, M.D.</p>  <p>G. Randall Bond, M.D.</p>  <p>Robert J. Bradshaw, M.D.</p>  <p>Mary Jo McGlew, M.D.</p>	 <p>Isabel Mora, M.D.</p>  <p>Harold F. Sadig, M.D.</p>  <p>Maria L. Timmer, M.D.</p>  <p>Ernst S. Weidlich, M.D.</p>	<p><b>PL-2</b></p>  <p>Charles H. Andrus, M.D.</p>  <p>Kathryn A. Bowen, M.D.</p>  <p>Israt Chaudhry, M.D.</p>  <p>Tuly F. Oincer, M.D.</p>	 <p>Elisa B. Garcia, M.D.</p>  <p>Ronald M. Glick, M.D.</p>  <p>Maria E. Hara, M.D.</p>  <p>Jana F. Orling, M.D.</p>  <p>Puhpa S. Patel, M.D.</p>	 <p>Anthony J. Scalzo, M.D.</p>  <p>Jacquelyn Schindler, M.D.</p>  <p>Robert W. Smith, M.D.</p>  <p>Robert D. Spawak, M.D.</p>  <p>Thomas P. Stanley, M.D.</p>	<p><b>PL-3</b></p>  <p>Joseph P. Costello, III, M.D.</p>  <p>Edward B. Flisler, M.D.</p>  <p>M. Susan Heaney, M.D.</p>	 <p>H. Steven Lawrence, M.D.</p>  <p>Shahida R. Nasser, M.D.</p>  <p>Douglas G. Rogers, M.D.</p>  <p>Satya Satyavithoon, M.D.</p>  <p>Suparna Satishia, M.D.</p>	 <p>B. Craig Weldon, M.D.</p> <p><b>PL-4</b></p>  <p>Paul F. Grim, III, M.D.</p>  <p>Jean W. Temack, M.D.</p>  <p>John S. Vengarcik, M.D.</p>

faculty members, led by Tim Fete, were absolute gems. Their first focus was on the students and residents, and they took it very seriously. I think they touched more students and residents than any other section.

"I would have trouble faulting any service. They all did a great job."

Much of Ray's tenure as chairman was absorbed by seemingly mundane matters. "Balancing the budget, keeping the faculty happy, recruiting faculty," he said.

"It was easier to recruit faculty than I thought it might be," he said, fearing that top candidates would have preferred more exotic destinations than St. Louis. "We managed to hang on to our faculty very well and didn't have any trouble attracting very good residents."

The good residents followed the department's reputation, he said.

"Virtually all of the faculty had a major commitment to two things, to give first-class care and to be very good teachers. The residents in our program were our best advertisements.

"We were always the best teaching department in the School of Medicine. I imagine that has carried over to the present. We attracted a lot of medical students from Saint Louis University who got to know the residents and faculty. When I came in, I was concerned about continuing

to get support from the hospital for the residency program to make it competitive nationally. I felt we became very competitive nationally when I was there, and from what I hear it still is.











































"My tenure at Glennon was the most gratifying time of my life," Ray said. "I recall the residents' morning report, going over patients who were admitted the night before, as a real highlight. That started our workdays four days a week. I learned far more from the residents at those sessions than they ever did from me. And we all enjoyed it!"

Ray recalls a feeling of respectfulness at serving as only the fifth chairman of pediatrics at Glennon and Saint Louis University. "I was mindful of that when I went. There had been a lot of stability and a lot of respect for the department in the university," he said. "It helped to have a great dean (Dr. Monteleone), too."

As the residency program at Glennon graduated its 50th class in 2007, Ray was living near Tucson, Ariz., and serving as clinical professor of pathology and medicine at the University of Arizona College of Medicine.

"I teach honors medical students and residents who are specializing in infectious disease," he said. "I keep active and it keeps me off the street!"

## See one, do one, teach one

Pediatric Housestaff 1981-1982												
<b>First Year (PL-I) Residents</b>												
 Randy R. Andrews, M.D.	 Marianne R. Dunstan, M.D.	 Deborah A. Herbst, M.D.	 Prakash Kotagal, M.D.	 Linda Kodesch, M.D.	 Ralph L. Mo'ler, D.O.	 David Nile, M.D.	 William E. Norotny, M.D.	 Renuka Ohri, M.D.	 Masamine (Mike) Saito, M.D.	 Kathleen Slutz, M.D.	 Ellen L. Willoughby, M.D.	
<b>Second Year (PL-II) Residents</b>												
 Thomas Blondis, M.D.	 G. Randall Bond, M.D.	 Robert J. Bradshaw, M.D.	 Jean Hin'icky, M.D.	 Mary Jo McGlew, M.D.	 Isabel Mora, M.D.	 Thomas P. Stanley, M.D.	 Marna L. Timmer, M.D.	 Elliot S. Weinstein, M.D.	H. Farouk Sadig, M.D. not pictured  Julia M. Stanley, M.D. not pictured			
<b>Third Year (PL-III) Residents</b>												
 Kathryn A. Bowen, M.D.	 Joseph P. Costello, III, M.D.	 Tulay F. Dincer, M.D.	 Thomas Gelfinger, M.D.	 Marta E. Hans, M.D.	 Anthony J. Scatzo, M.D.	 Jacquelyn C. Scheidman, M.D.	 Robert W. Smith, M.D.	 Robert D. Spawak, M.D.	 Gregory J. Spohn, M.D.	 Gloria C. Stewart, M.D.		
<b>Fellows</b>			<b>Neonatology</b>			<b>Gastroenterology</b>			<b>Combined Pediatric &amp; Internal Medicine</b>			
 Paul F. Grim, III, M.D.	 Salaya Salayariboon, M.D.	 John S. Vengfarck, M.D.	 Ellen Wood, M.D.	 Mina Gurevitz, M.D.	 Timothy Bunchman, M.D.	 Marilyn A. Maxwell, M.D.	Rod Dureski, M.D. not pictured			 Faye Doshoff, M.D.	 Ismat Chaudhery, MD.	 Jane F. Oring, M.D.
									<b>Chief Resident</b>		<b>PL-II (7/1 - 12/31)</b>	<b>PL-III (1/1 - 6/30)</b>

### The 50th Class

The 50th class of residents at SSM Cardinal Glennon Children's Medical Center trained under chiefs who came to St. Louis from near and far.

Matthew A. Broom, M.D., of Carbondale, Ill., was a graduate of Saint Louis University School of Medicine. Vinayak Kottoor, M.D., graduated from M.S. Ramaiah Medical College in Bangalore, India.

"I love working with kids," Broom said. "For me, the definition of medicine has always been seeing kids grow up. We deal with kids who are 24 weeks gestation to people who are young adults at 22. For the most part, kids get better. They are still at that impressionable age that maybe you can make a mark and do something for their lives."

Kottoor completed an internal medicine/pediatrics residency at Glennon and Saint Louis University before accepting the invitation to stay a year as chief resident.

"My ultimate interest is genetics, so when I found out I could bring internal medicine and pediatrics together, that made sense. Genetics is an across-the-board type of discipline. It has been called one of the last general-practice specialties, meaning when you have a child or young adult with a genetic syndrome, you have to be



Dr. Broom

their primary care provider. You are the one who understands them best, and there usually are family issues," Kottoor said.

The challenge facing current chiefs is covering a rapidly-expanding field of knowledge in less duty time. In 2003, the Accreditation Council for Graduate Medical Education applied new duty hour standards for its training programs. Residents now are subject to an 80-hour weekly duty limit, averaged over four-week periods. A 24-hour continuous duty time may be stretched an additional six hours "for continuity of care and educational activities." Residents also must have one day in seven that is "free from all patient care and educational obligations, averaged over four weeks."

"How many jobs say that the most we can make you work in a week is 80 hours?" asked Broom with a wry grin. "You do a lot of in-house call, less than 20 years ago, but staying in the hospital one of every four days and working 30 hours in a row is potentially exhausting."

On the other hand, he acknowledged, "There is so much to learn, as medicine expands, and we are having less time to learn it."

"On a daily basis the amount of information physicians are supposed to either know, or know of, is increasing. Part of our job is to facilitate conditions so that the burden is decreased," Kottoor said. "It is our role to increase patient safety, patient satisfaction and resident safety and satisfaction while not compromising on their

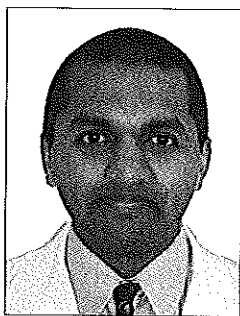
# The Glennon Residency at 50

training. They come out as competent as they did when they were working those ridiculous hours in the past."

The 51st group of Glennon residents will encounter an experience as intense as any met by previous classes.

"You graduate from medical school, look down at your name tag and it says 'M.D.,' but realistically you still have a whole lot of responsibilities," Broom said. "At the beginning of your first year, you are pretty green. You probably know enough about medicine to be dangerous, in that you understand a lot of the science and physiology from medical school, but you don't necessarily know its clinical implication. You don't know how patients will react to this classic treatment you have learned."

"In medical school you are building up your theoretical knowledge base," Kottoor added. "So you have some idea how an ear infection is going to behave and what is going to work. And then the first case you see in real life is nothing like that. We keep saying on rounds, 'This kid didn't read the book.'"



Dr. Kottoor

Residents' schedules are filled with conferences, journal clubs and monthly quizzes to expand their knowledge base. They are assigned academic and quality assurance presentations. A technologically amazing simulator permits them to train on cardiac arrest scenarios which, fortunately, are rare in pediatric hospital patients.

"There is constant stimulation. Their schedules are full," said Broom. "We force people to develop systems to make them organized and responsible, and to think on their feet."

Another tradition of the Glennon program is the intangible knowledge residents take into the world.

"I think we do a really good job of training people not only for primary care but how to work with families," Broom said. "You are not just learning to interact with your patients but even more importantly the families who come with those patients. Some are very intense, some are stand-offish and some don't want to be involved, and you are trying to orchestrate that. I think I learned a lot on that and came a long way in three years."

"Cardinal Glennon certainly maintains a superb level of care," Kottoor said. "There is definitely a warmth that you feel. This is a nice place to feel secure."

PEDIATRIC HOUSESTAFF 1982-1983												
First Year (PL-I) Residents												
Second Year (PL-II) Residents												
Third Year (PL-III) Residents												
Chief Resident 	PL-I & PL-II 			Fellows Gastroenterology 					Combined Pediatrics & Internal Medicine Allergy 			
			Neonatology 					Infectious Disease 1st Year 				
								2nd Year 				



# See one, do one, teach one

## PEDIATRIC HOUSESTAFF 1983-1984

### First Year (PL-I) Residents



Asha Chacko, M.D., Kataravanan Chandy, M.D., Marjanda Eavan, M.D., Nikolai Fedak, M.D., Joyce Holt, M.D., Richard Kacala, M.D., Doreen Kersh, M.D., Sarah Leggett, M.D., Frances Nott, M.D., Elizabeth Noyes, M.D., Hongchun Reklaw, M.D., Catherine Zonta, M.D., Gerry S. Reddy Deschamps, M.D., C. Jeffrey Sypel, M.D., Ann Ethier, M.D.

### Second Year (PL-II) Residents



Mark Bogatch, M.D., Margaret Burroughs, M.D., Daryl Cohen, D.O., Wendy Green, M.D., Sady Griffin, M.D., Prakash Kopyal, M.D., Ryan Kungu, M.D., Aca Mangano, M.D., Ch'Ch' Okunoye, M.D., Joseph Erdolph, M.D., Evelyn Fynn, M.D., Joann Sandora, M.D., Frances Shale, M.D., E. Krista Sobhara, M.D., Lynn Yanagihara, M.D.

### Third Year (PL-III) Residents



Randy Andrews, M.D., James Bhatnagar, M.D., Timothy Buchanan, M.D., Marlene Durrant, M.D., Debra Harbit, M.D., Elizabeth Khanna, M.D., Linda Kolbeck, M.D., Robert Labone, M.D., Norma Marshall, M.D., William Novotny, M.D., Maria Puroza, M.D., Manabha Saha, M.D., Kathy Scott, M.D., Ellen Witzgaby, M.D.

### Fourth Year (PL-IV) Resident



Linda Clark, M.D.

### Fellows



Thomas Anderson, M.D. Infectious Diseases, Dhanraj P. Gudi, M.D. Cardiology, Keesa Oweida, M.D. Gastroenterology, Timothy Lind, M.D. Allergy/Immunology

### Chief Resident



Thomas Stanley, M.D.



John Berbeck, M.D., Paul Gdon, III, M.D. Neonatology, H. Farrel Saffa, M.D.

### Combined Pediatrics & Internal Medicine



1st Year: Eagera Beck, M.D., Brian Wyszynski, M.D., Kasia Kragman, M.D., James Walsh, M.D., David Morris, M.D., Rosalie Searcy, M.D.  
2nd Year: Victoria Cocchiola, M.D., Gregory Kaulsky, M.D., James Salim, M.D., Joseph Wayne, M.D., Martin Morris, M.D., Ralph Moser, D.O.  
3rd Year

That supportive atmosphere eases the stressful times of training, he said. "It is almost a rite of passage. I remember an admission I had at three in the morning when I was an intern. I asked myself, 'Why am I here?' By about six in the morning, I remembered, fortunately. Somehow, because of the type of person who enters this type of training, they come out the other side and say, 'This is what I want to do.'

"A lot of people have commented after the fact that they could have gotten much more out of their training. They say, 'Oh, I wish I had done more of this, practiced more, just paid more attention.' Which is easier said than done. When you are in the middle of it, and didn't sleep the previous three nights, it is hard to say you should do more."

Kottoor and Broom will leave Glennon with the understanding that they have not reached the end of their training but rather another marker along its path.

"One thing I hope people leave with is the recognition that they have to keep up," Broom said. "Diagnoses aren't changing so much - a lot of the same diseases are here. We might know a little more about how they work, but they are the same diseases. But they are not treated the same way they were 15 or 20 years ago."

"I was talking to some residents last week about how things change so rapidly," Kottoor said. "They said years

from now, people are going to look back at what we do now and equate it to blood-letting and leeches. Our perspective keeps shifting. We have to stay with that."

### A new view

To mark its 50th anniversary and the expanding scope of its services, the hospital's name was changed to SSM Cardinal Glennon Children's Medical Center on Jan. 1, 2006. Patricia Monteleone, M.D., was looking across Grand Boulevard from her corner office in the red Saint Louis University Medical School building to see how Glennon changed during her career.

"I came to Glennon as an intern in 1961 and was there for my residency. I did two years of fellowship there and went to Northwestern in Chicago to finish my fellowship for a year. Then I came back to Glennon as faculty in 1967," said Monteleone, who will soon retire as dean of the medical school. "When I look out the window, I think of how much bigger it is. That strikes you right away."

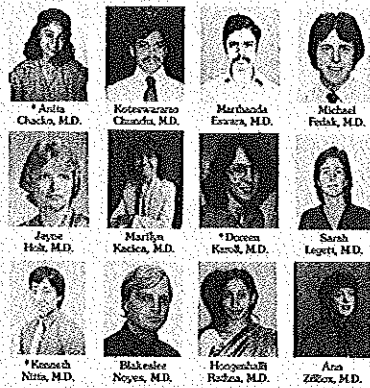
Monteleone grew up in East St. Louis, Ill., and came to Saint Louis University because it was a Catholic school. She pursued pediatrics because "in those days it was very difficult for a woman physician to get a residency in certain other specialties. The second reason was, I liked Glennon. I rotated through there on a pediatric clerkship when I was a junior student.

## Pediatric Housestaff 1984-1985

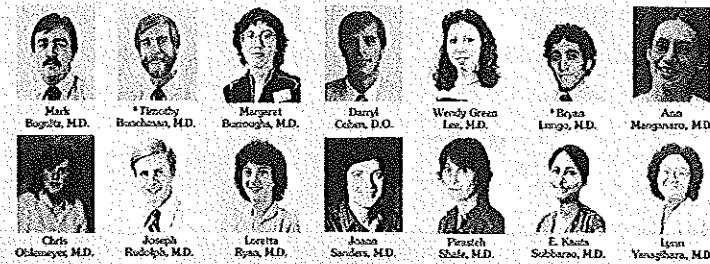
### First Year (PL-I) Resident



### Second Year (PL-II) Resident



### Third Year (PL-III) Resident



### Chief Resident



### Combined Program

#### PL-I



#### PL-III



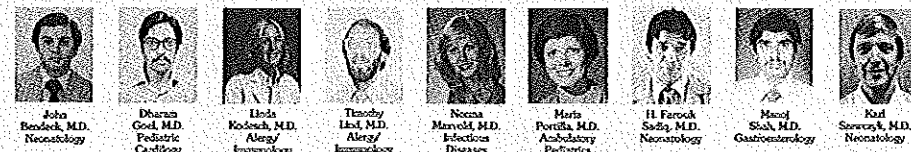
#### PL-II



#### PL-IV



### FELLOWS



\* These residents are at varying levels beginning and ending at different dates throughout the year. Please consult the master schedule for exact dates and levels. All other residents are at Cardinal Glennon Hospital at the indicated levels from 7/1/84-6/30/85.

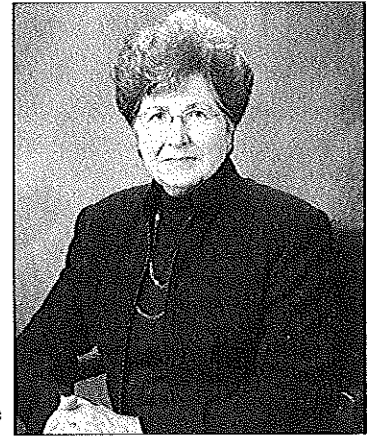
## See one, do one, teach one

"I really liked the place. I liked working with children. That was wonderful," she said. "It was very much like a family. People worked with each other very, very well. It had a positive environment. It was fun. You knew everyone in the hospital. It was a smaller operation in the sense that there were fewer people. It had a warmth about it that lots of other places didn't have. A spirit, sort of. I enjoyed every minute. Also, Glennon was a part of a larger organization, SSM, and that was important to me."

When Monteleone joined the Glennon staff, it employed just five full-time pediatricians. "A lot of private community physicians brought their patients there in big numbers and came every day to see them," she said. "We'd see lots of community physicians in the doctor's lounge every morning. It was a different way you practiced medicine then."

Monteleone's subspecialty was medical genetics, then in its infancy. "There was a lesser number of diagnoses in those days. It began to change rapidly in the late '70s and early '80s."

She later served as vice president of medical affairs and acting chairman of pediatrics at Glennon. Her career



Dr. Patricia Monteleone

began early enough for her to work alongside the hospital's founder, Peter G. Danis Sr., M.D.

"Dr. Danis felt strongly that a pediatric hospital was needed to teach the medical students at the university, and he saw that sub-specialists were beginning to become known and popular," Monteleone said. "He felt there needed to be a central place just for children. He didn't feel children should be treated in an adult hospital with adult equipment and adult people and adult ways."

A spinal tap at Glennon, about 1956.



# Half a Century

*“A children’s hospital, such as the proposed Cardinal Glennon Memorial, is definitely needed and should be of inestimable service to the City of St. Louis, to the State, and to children everywhere . . . The modern well-constructed hospital will probably be in active use a century hence and even longer.”* -- Neergard, Andrew and Craig, 1949

## *“A warm, nurturing group of people”*

Robert W. Wilmott, M.D., is the sixth chairman of pediatrics at Cardinal Glennon and St. Louis University School of Medicine. He was attracted to the program because of its balance of patient care, medical education and clinical research.

“This program has a fine reputation for clinical care and training and is very well-regarded in the community. We have exceptionally high patient satisfaction scores. We have the most highly-rated medical student clerkship in the medical school -- the students enjoy it so much they all end up wanting to become pediatricians,” he said. “Finally, my heart is really in clinical research. That is where we discover new treatments that eventually will improve the lives of the children we serve.”

Wilmott graduated from University College, London, in his native England and then came to the U.S. for training at Children’s Hospital of Philadelphia, where he was an assistant chief resident. He returned to London’s Hospital for Sick Children, where he met a young pediatric intensive care nurse whose mother was English and whose father was a U.S. Army officer stationed in Germany.

“Cathryn had gone to England for her nursing education because she had English relatives. She was talking about coming to the states for further nursing training and I was thinking about coming back to pursue an academic career, so we seemed to be on similar paths,” Wilmott said.

“We would talk on the breaks about visits and various experiences we had in common, and then we started dating. We were married in December 1981, and on January

1, 1982, we left for the United States to start our new careers.”

Wilmott served as a pulmonologist at the University of Pennsylvania and Wayne State University School of Medicine. Prior to accepting his position at Glennon, he was professor of pediatrics and director of the Division of Pulmonary Medicine, Allergy and Clinical Immunology at the University of Cincinnati College of Medicine and Children’s Hospital Medical Center in Cincinnati.

Wilmott had heard much about Cardinal Glennon at his previous position. Three members of his staff in Cincinnati were former Glennon residents. A former Glennon chief resident, Jim Acton, M.D., was appointed director of that hospital’s cystic fibrosis center after Wilmott came to St. Louis.

“He is taking care of many of the patients who were mine. It is a small world,” said Wilmott, who reserves one afternoon a week to see patients in Glennon’s pulmonary division.

“I enjoy the clinical diversity of pediatrics, and I really enjoy the patients, their spontaneity and honesty and openness. I enjoy the fact that once children are treated, they usually have full recoveries and go on to normal lives, unencumbered by ongoing problems. I also enjoy working with pediatricians, who I have found to be a warm, nurturing group of people.”

Wilmott was interested in becoming chairman of a pediatrics department because it offered “the opportunity to



Dr. Wilmott



## See one, do one, teach one



develop pediatrics across the full spectrum. I've developed several programs in pediatric pulmonary medicine and also in pediatric allergy and immunology. I discovered that I like creating change and building programs, and was interested in attempting to do the same thing at the departmental level."

Pediatricians who devote their careers to academia have several motivations, Wilmott said. "Definitely one motivation is the search for new knowledge. We want to improve children's health by understanding the mechanisms and treatment of disease better. The other motivation is a love of teaching and wanting to influence young people who are still developing as junior doctors."

As Glennon sends its 50th class of residents into practice or fellowships in the summer of 2007, the evidence of its "inestimable service" is apparent across eastern Missouri, southern Illinois, most of the United States and much of the world.

The American Academy of Pediatrics lists approximately 800 pediatricians at work in Missouri, more than ten times the 75 counted after World War II when the hospital's consultants argued a need for greater pediatric training facilities.

"We now have about 75 pediatricians in our department here," Wilmott said. "There clearly are community benefits to having a pediatric training program. One of the most important benefits has been the availability of well-trained pediatricians who belong to St. Louis, want to stay here and live in the community. In the past, we provided the majority of the pediatric primary care providers in this city."

Pediatricians with Glennon training are caring for children across the country. The Saint Louis University alumni

office has followed Glennon residents to 41 states. Through the St. Louis Cord Blood Bank, Cardinal Glennon's physicians and staff have provided stem cells for transplantation to children in 23 foreign countries.

"There have been remarkable changes. Fifty years ago they were just starting to do open-heart surgery – now very complex heart lesions are being corrected here without surgery," Wilmott said. "There are now excellent outcomes in very tiny babies who would not have survived then. In my area, cystic fibrosis, the average life expectancy then would have been about two years of age. Now it is 36. We have come a very long way."

Wilmott arrived in St. Louis as Glennon underwent its most ambitious renovation and expansion project. The Bob Costas Day Hospital opened in 1998 in renovated space. It permits many treatments for cancer and other blood-related diseases to be delivered to outpatients at convenient hours, permitting children to maintain normal home and school activities while decreasing costs of care.

In 2003 a four-story south wing was opened with 48 private inpatient rooms and a new ambulatory care center. After these patient units entered service, the hospital's existing patient rooms were converted to private configurations. By early in 2004, all of the hospital's 190 beds were private. Associated construction work doubled the size of the Dan Dierdorf Emergency and Trauma Center.

In 2004, Glennon undertook a \$59-million project to add a new west wing that will contain a 60-bed neonatal intensive care unit and a 10-room surgical suite. As Glennon's 50th resident class graduates, furniture and equipment will be moving into these spaces.

The pediatrics of 1956 and 2006 are nearly distinct disciplines, Wilmott said.



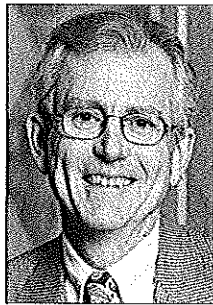


## The Glennon Residency at 50

"Today's young doctors are not going to see a lot of infections. There is a new rotavirus vaccine, and I'm sure we are going to have an RSV vaccine before long. They are not going to see much tuberculosis, and they won't see meningitis. We haven't had a case of meningococcal meningitis for a long time. We see much less hemophilus influenzae disease and epiglottitis. That used to be a common emergency when I was a resident," he said.

In the future, pediatricians will treat more chronic disease than was seen by their predecessors. "We now have populations of children who have chronic lung disease, congenital heart disease, cerebral palsy, myelomeningocele. There are survivors of malignancy and major childhood accidents. There are quite large populations of children with diabetes mellitus, which is on the increase with the epidemic of obesity," Wilmott said.

"The growing population of children with chronic disease is what some people call 'the new pediatrics.' They will need skills on case management, working with occupational therapy, physical therapy, speech therapy and other disciplines to optimize the care of these children. We are going to have to put more emphasis on training in rehabilitation and developmental pediatrics and less emphasis on wiping out disease."



Dr. O'Connor

### Looking back

From 1956 through 2006, Glennon's house staff provided care for 374,042 admitted patients and 1.7 million emergency room visits. More than 3.7 million patient visits were paid to ambulatory services.

Dennis O'Connor, M.D., who first came to Glennon as a medical student in 1964, doubts that his peers could have imagined many of the treatments being provided to patients in 2007.

"When I started medical school we had just learned how many chromosomes a human has – kids learn that now in grade school. The first child who survived leukemia here was a patient when I was a resident. Immunology hadn't even become a specialty."

When O'Connor was a young resident and doctor, he spent hours in the hospital library paging through books to find information. He remains amazed at the ability to find information at his desk by clicking a computer mouse.

Now the residents carry computers loaded with information in their pockets. "Our Palm Pilots, we call them our peripheral brain," said Chief Resident Kottoor. "We get them out to check a dosage or something."

While the residents of 2007 confront shorter work

schedules than he had as a resident, Barry respects the volumes of information they must gain.

"Their duty hours are much less now. The old timers will say, 'Gosh, that's not the way it should be!' If you really seriously think about it, all of us after 12 hours start dragging if we are really working hard. Even now, the duty hours are prolonged on the overnight rotations," he said. "They see much more-complicated patients now, especially in a center like this.

"You may see 40 or 50 colds a day in a very busy practice. But here it is the liver transplant that has a cold, or the preemie grad, or the child with cystic fibrosis. There is so much more knowledge out there now, and all the newer medications and antibiotics. Then transplantation? And cardiovascular surgery? When I was a resident, there wasn't much cardiovascular surgery done. Now they are hooking up things this way and that way. When you listen to a heart, it's like, 'I wonder what buzz that is? Which pipe is going where?'"

"There is a lot more formal education than when I was a resident," Mantych said. "Residency is a balance between service and education. There are rotations like the PICU, NICU and ER that are a lot of work, but they also are a good educational experience.

There are rotations and electives that are a great educational experience but not quite as hard to work. You need those to balance out.

"These guys are busy now. In the old days, you took care of patients and went to a conference. They have not only the bureaucratic complexity involved in patient care but all of the insurance, all the extra follow-through. And the educational component has been enhanced."

There are 201 accredited pediatric residencies in the U.S. What brings new doctors of medicine to Glennon?

"There is word-of-mouth from our own students. Many of our graduates are faculty at other institutions," Barry said. "We have a reputation for having a great ambulatory experience. We attract more people from the Midwest schools, but we have folks from all over the United States."

"Residencies have personalities," Mantych said. "We attract a type of person. These are good people who work hard. They have the same spirit. Glennon residents from before and now would like each other."

Bowers has entered semi-retirement but remains a part of the Glennon family, four decades after his training was completed. On a recent morning, he arrived early to help out in the ambulatory care center.

"Glennon has been through some very, very tough times and some very, very good times," he said. "The



Dr. Mantych

## See one, do one, teach one

growth of the place has just been phenomenal from the four-wing hospital that was here when I started. Medical education is kind of a continuum. It never really stops. You get a medical degree that says you're a doctor, then you go and finish your internship, but you're not done then. You keep learning all your life. There is never an end to the curve."

"The facts that we teach them have a half-life of just a few years, so they will have to be constantly learning," said Wilmott. "Hopefully we model that process for them. Certainly our forebears did."

Glennon's early faculty members represented the first or second generations of their subspecialties to dedicate careers to pediatrics. Many of today's senior professors trained beside those giants and pass the torch to a generation of pediatricians who will be caring for children for decades to come. A few may be returning to visit grand rounds when Glennon and Saint Louis University are training their 100th class of pediatric residents.

"There are generations in medicine. You can trace people's lineages back to the founding fathers who opened up a whole field," Wilmott said. "The legacy of this program is one of the things we leave behind when we are gone. We have affected the world through the professional offspring we leave – the people we've trained, the people we've taught. We give our residents the influences we have had. They learn humility and the need to continually improve and to never be satisfied with the state of the art. They become good pediatricians who are somewhat self-effacing, very compassionate and constantly trying to do the job better.



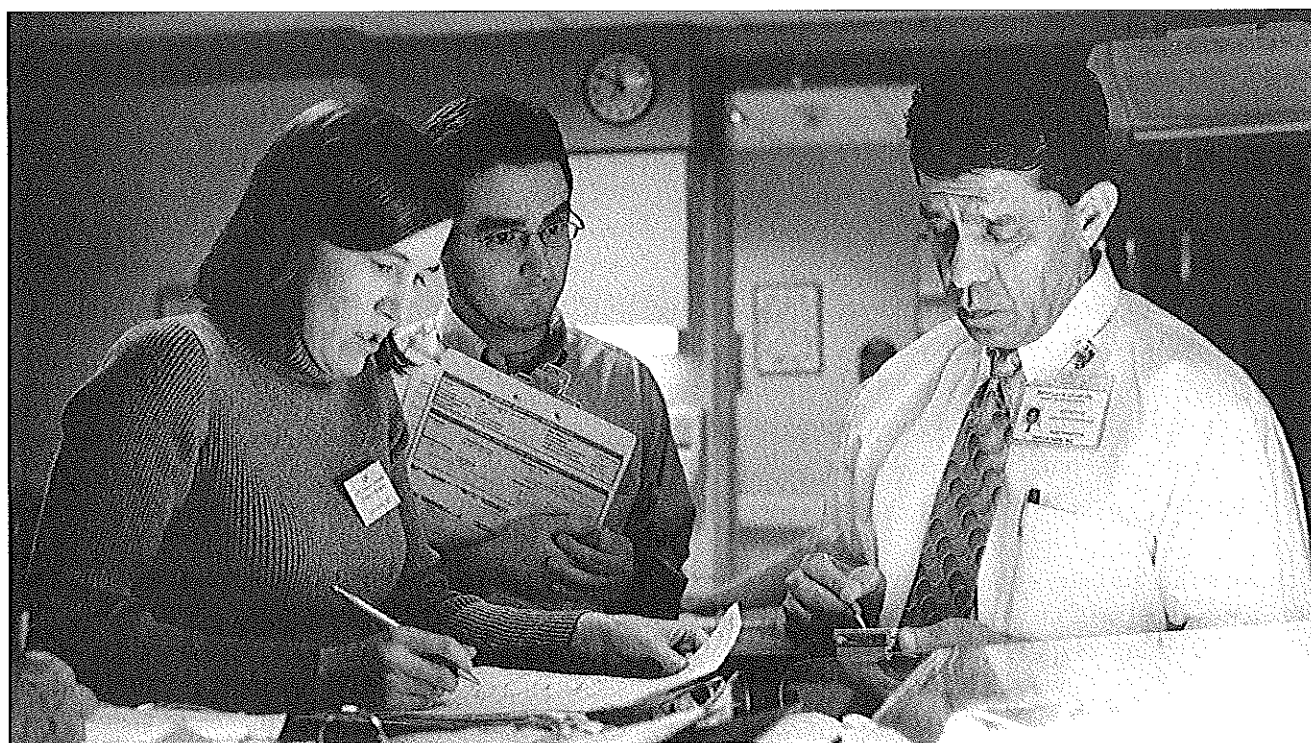
Dr. Barry

"We have a good faculty. They are very compassionate and very well-trained. Our residents learn those attributes from them."

### *A gift to the future*

"Some people on the first day of internship are ready to jump into the deep end of the pool and swim. Some people take a while to progress," said Gregory Mantych, M.D., co-director of training. "In my ten years as program director, we have trained 130 pediatricians who are going to be practicing well into the middle part of the century. We can be involved in taking care of kids for decades. There is a sense of seeing the whole breadth and scope of pediatrics and also a chance that things you do will have an impact well after you stop seeing patients."

"Some people, you think, 'Are they ever going to make it through?' Barry asked. "They are all over the place, they are dropping things, they're asking 'What do I do now?' By the third year they are just as smooth as can be. It is nice to see."

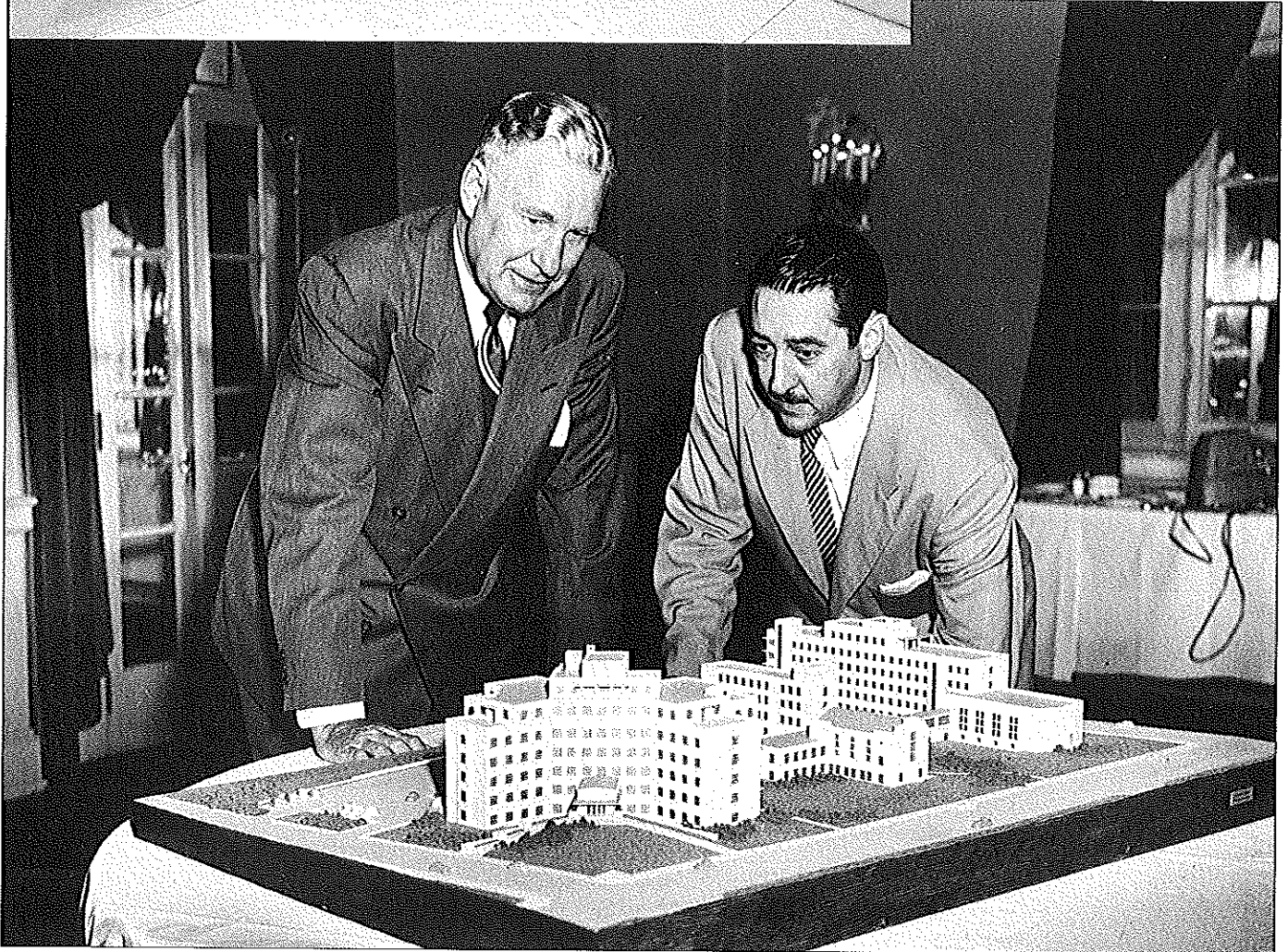


## The Glennon Residency at 50

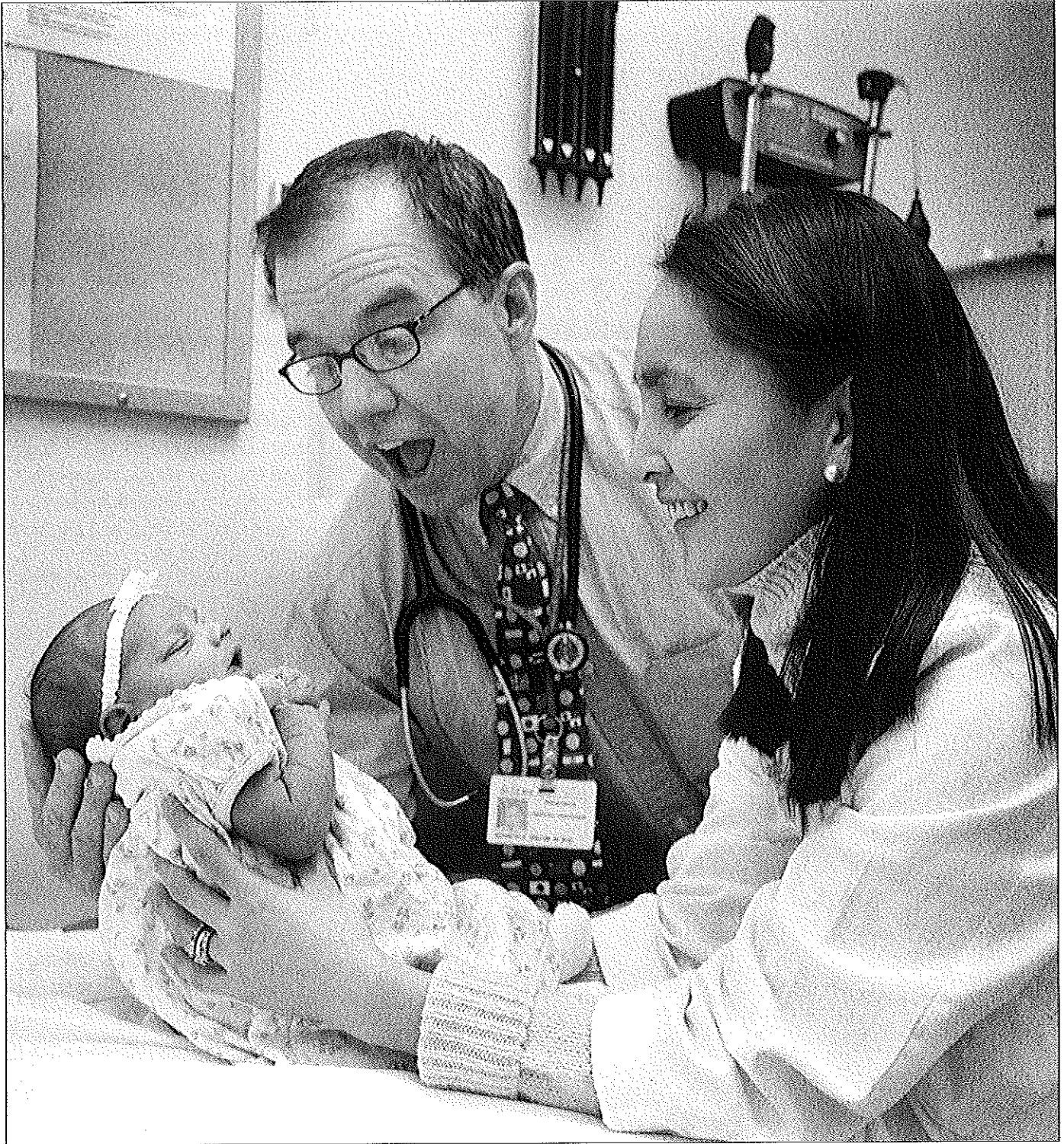


SSM Cardinal Glennon Children's Medical Center today.

Leo Wieck, chairman of the hospital fund-raising campaign, and Dr. Peter Danis, Glennon's first chairman of pediatrics, view a model of the proposed campus in the early 1950s.



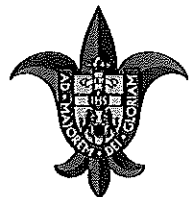




University Pediatrics, 2003

# See one, do one, teach one

*50 Years of Pediatric Residency  
at Saint Louis University School of Medicine  
and SSM Cardinal Glennon Children's Medical Center*



SAINT LOUIS  
UNIVERSITY



**"One of the greatest protections that we can give our children is to see that the young doctors, who will be called upon to care for them in the future . . . are given an opportunity to be well grounded in this very important field of medical practice."**

