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Robert E. Shank Papers

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WASHINGTON UNIVERSITY  
SCHOOL OF MEDICINE  
VICE CHANCELLOR FOR MEDICAL AFFAIRS

Date 4/20/73

To All Clinical Department Heads

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- |  |   |
|--|---|
| <input type="checkbox"/> For your information. | <input type="checkbox"/> Route as indicated.          |
| <input type="checkbox"/> Handle.               | <input type="checkbox"/> Necessary action.            |
| <input type="checkbox"/> For conversation.     | <input type="checkbox"/> Prepare reply for signature. |
| <input type="checkbox"/> Note and return.      | <input type="checkbox"/> Your comments.               |
| <input type="checkbox"/> Note and see me.      | <input type="checkbox"/> File                         |
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REMARKS:

From S. B. Gandy Phone \_\_\_\_\_



A. J. CERVANTES  
MAYOR

# City of St. Louis

DEPARTMENT OF HEALTH AND HOSPITALS

## HOSPITAL DIVISION

*SBt - copies to all clinics  
Dim Healy*

SECTIONS:

\*\*MAX C. STARKLOFF  
MEMORIAL HOSPITAL  
1515 LAFAYETTE 63104

HOMER G. PHILLIPS HOSPITAL  
2601 N. WHITTIER 63113

ST. LOUIS CHRONIC HOSPITAL  
5800 ARSENAL ST. 63139

ROBERT KOCH HOSPITAL  
Koch, Missouri

SNODGRAS LABORATORY  
1605 GRATTAN 63104

HOMER G. PHILLIPS LABORATORY  
2601 N. WHITTIER 63113

April 18, 1973

*File  
City Hosp.*

Samuel B. Guze, M.D.,  
Vice-Chancellor in  
Charge of Medical Affairs  
Washington University School of Medicine  
660 So. Kingshighway,  
St. Louis, Missouri 63110

Dear Doctor Guze:

Attached is a copy of housestaff salaries paid by the City of St. Louis effective April 15, 1973. Will you please make this information available to interested individuals at your Institution.

Very sincerely yours,

*Leo V. Mulligan*

Leo V. Mulligan, M.D.  
Chief of Staff

LVM:mb  
Enc.

MEMORANDUM

TO: Hon. R. Dean Wochner, M.D., Director of Health  
and Hospitals and Acting Hospital Commissioner

FROM: R. Elliott Scarce, Director of Personnel

SUBJECT: Establishment of recruitment rates of pay for several  
classes in the Medical and Dental Series, effective  
April 15, 1973, in accordance with Section 5 of  
Ordinance 56473.

Beginning April 15, 1973, the effective date of Ordinance 56473, starting salaries for Medical and Dental Interns and Residents are established as follows:

<u>CLASS</u>	<u>CODE</u>	<u>BI-WEEKLY RATE</u>	<u>ANNUAL EQUIVALENT</u>	<u>MONTHLY RATE</u>
Intern	6210-18-20	\$386.70	\$10,054.20	\$837.85
Resident Physician I (First Year Resident)	6213-20-21	402.95	10,476.20	\$873.02
Resident Physician II (Second Year Resident)	6214-22-22	420.00	10,920.00	\$910.00
Resident Physician II (Third Year Resident)	6214-22-23	437.90	11,385.00	\$948.75
Resident Physician II (Fourth Year Resident)	6214-22-24	456.75	11,875.00	\$989.58
Dental Intern	6120-18-20	386.70	10,054.20	\$837.85
Resident Dentist I (First Year Resident)	6130-20-21	402.95	10,476.70	\$873.06
Resident Dentist II (Second Year Resident)	6131-22-22	420.00	10,920.00	\$910.00

April 6, 1973

REC'D  
APR 17 1973



CITY OF SAINT LOUIS  
*Department of Health and Hospitals*

1625 SOUTH FOURTEENTH STREET, ST. LOUIS, MO. 63104

HERBERT R. DOMKE, M.D., DR.P.H.  
HOSPITAL COMMISSIONER

October 24, 1968

Robert E. Shank  
Washington University Medical Center  
Department of Medicine  
660 South Euclid  
St. Louis, Missouri

Dear Doctor <sup>Bob</sup> Shank:

It is my pleasure to again reappoint you to the Consultant Staff on Medicine Service (Nutrition) at the St. Louis City Hospital. This reappointment is for the two-year period beginning November 1, 1968 to October 31, 1970.

You have made a valued contribution to the welfare of this hospital and your continued services are deeply appreciated.

Sincerely,

Herbert R. Domke, M.D.

HRD/pjz

cc: Dr. M. Kenton King  
Dr. L. V. Mulligan

*Institute* OF MEDICAL EDUCATION AND RESEARCH

1605 SOUTH FOURTEENTH STREET • SAINT LOUIS, MISSOURI 63104

Dear Doctor:

As you are aware, the Institute bills and collects fees for the services of the staff at City Hospitals.

A large percentage of our income is derived from Medicare and Medicaid benefits.

Before we can bill for your services it will be necessary for you to sign the enclosed assignment and return same to the Institute.

In addition to the above, we also request that you inform the Institute of your Vendor Number for Medicaid purposes. In the event you do not have such a number, please notify the Institute and they will forward you a participation agreement which will enable you to obtain one.

#62562

It is not necessary for you to furnish us your number for Medicare purposes.

In the event you do not have a permanent Missouri license, you may disregard this letter.

Your courtesy and cooperation in this matter is appreciated.

Very sincerely yours,

*Leo V. Mulligan, M.D.*  
Leo V. Mulligan, M.D.

Card sent 12/6/68



# City of St. Louis

DEPARTMENT OF HEALTH AND HOSPITALS

## HOSPITAL DIVISION

OFFICE OF  
THE HOSPITAL COMMISSIONER  
1625 SOUTH 14TH STREET  
SAINT LOUIS, MISSOURI - 63104

October 29, 1964

Robert E. Shank, M. D.  
#4 Garden Lane  
Saint Louis, Missouri 63122

Dear Doctor Shank:

I am indeed pleased to reappoint you as Consultant on  
Medicine Service (Nutrition), Unit I at the St. Louis City  
Hospital, for the new two-year term beginning November 1, 1964.

Your interest and the splendid service you are now  
rendering City Hospital are deeply appreciated.

With kindest regards -

Sincerely yours,

Frank P. Gilmore, M. D.  
Hospital Commissioner

FPG:mc

cc M. Kenton King, M. D.  
L. V. Mulligan, M. D.



# City of St. Louis

DEPARTMENT OF HEALTH AND HOSPITALS

## HOSPITAL DIVISION

OFFICE OF THE HOSPITAL COMMISSIONER

1625 SOUTH 14TH STREET  
SAINT LOUIS 4, MISSOURI

November 14, 1962

KENNETH R. NELSON, M.D.  
HOSPITAL COMMISSIONER

JAMES W. MEADE,  
ASS'T. HOSPITAL COMMISSIONER

### SECTIONS:

CITY HOSPITAL  
1515 LAFAYETTE (4)

HOMER G. PHILLIPS HOSPITAL  
2601 N. WHITTIER (13)

ST. LOUIS CHRONIC HOSPITAL  
5800 ARSENAL (39)

ROBERT KOCH HOSPITAL  
KOCH, MISSOURI

SNODGRAS LABORATORY  
1606 GRATTAN (4)

MALCOLM BLISS MENTAL  
HEALTH CENTER  
1420 GRATTAN (4)

Robert Shank, M.D.  
#4 Garden Lane  
St. Louis County 22, Missouri

Dear Dr. Shank:

I am indeed pleased to reappoint you as Consultant on Medicine (Nutrition Service), Unit I - at the Homer G. Phillips Hospital.

This appointment is for the two-year term beginning November 1, 1962.

Thank you for the splendid service you are now rendering Homer G. Phillips Hospital.

Sincerely yours,

James W. Meade  
Acting Hospital Commissioner

JWM:r

cc: Dr. Edward Dempsey  
Dr. H. J. Erwin





# CITY OF ST. LOUIS

DEPARTMENT OF HEALTH AND HOSPITALS

## HOSPITAL DIVISION

JAMES J. McGUIRE

ASS'T. HOSPITAL COMMISSIONER  
AND  
ACTING HOSPITAL COMMISSIONER

### SECTIONS:

CITY HOSPITAL  
(MAX C. STARKLOFF MEMORIAL)  
HOMER G. PHILLIPS HOSPITAL  
ST. LOUIS CHRONIC HOSPITAL  
ROBERT KOCH HOSPITAL  
SNODGRASS LABORATORY

MILAN MILKOVICH  
ADMINISTRATOR

L. V. MULLIGAN, M. D.  
CHIEF OF STAFF AND  
DIRECTOR TRAINING PROGRAM

ST. LOUIS CITY HOSPITAL  
MAX C. STARKLOFF MEMORIAL  
1515 LAFAYETTE AVENUE

November 1, 1960

Dear Doctor:

The Hospital Commissioner has informed me of your appointment to the Visiting Staff of the St. Louis City Hospital for the period November 1, 1960, to October 31, 1962, and I am pleased to know that the patients and housestaff will have the benefit of your membership on our staff.

I would like to call your attention to the revised By-Laws of the Medical Staff. A copy is enclosed.

Please return the enclosed questionnaire to this office as soon as is conveniently possible.

The blue automobile sticker, which replaces the one formerly used, will entitle you to park in the space reserved for the Visiting Staff. This space is adjacent to the new Snodgras Laboratory building on Grattan Street. Please do not park in the circle drive in front of the City Hospital. Should you have need for an additional sticker, we will be glad to send one to you on request.

Again, congratulations upon your appointment, and may I extend a cordial invitation to you to call upon me as frequently as you desire for any problem or question which may come up pertaining to your service.

With best wishes,

Very sincerely yours,  
Leo V. Mulligan, M.D.  
Chief of Staff

St. Louis City Hospital  
Office of Chief of Staff

VISITING STAFF

November 1, 1960 - October 31, 1962

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address Phone  
Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Exchange)

Residence: \_\_\_\_\_  
\_\_\_\_\_

Year of Birth: \_\_\_\_\_

M.D. (Year) \_\_\_\_\_

Specialty: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Date Certified: \_\_\_\_\_

NOTE: Your office address will be used on our mailing list. If this  
is not satisfactory, please indicate which address you would  
prefer that we use.

In the past 6 weeks there have been two new concepts introduced into the City Health and Hospital Program under the guidance of Dr. J. Earl Smith, (1) Home Care, (2) Long Term Illness Committee. These concepts serve to assure continuity in the long term care of patients and at the same time as a dividend there is faster turn over of patients in the hospital and less delay in getting patients off of the ward, especially what was previously called "disposal problems." This in turn will result in the acute patients that remain receiving better care from the nursing personnel available and helps insure a stronger educational program.

The main problem is in getting early referral. This will necessitate judgment on the part of the referring ward physician, whether medical, surgical, or surgical specialities, at the earliest possible moment, i.e. a.) after pinning of a hip, b.) as soon as diagnosis of infarction is established, c.) as soon as drainage of a foot is made, then an application should be completed. This application is listed for long term care, and when completed is sent to the Social Service Department within 24 hours, except on week-ends, the patient will be seen. If the patient is medically suitable for Home Care a notation will be made in the chart and the case referred for social study. If the patient and the family are accepting, another note will be left in the chart stating that the patient is accepted on Home Care. The ward officer is then asked to notify Station 497, 48 hours prior to discharge of the patient so that the Home Care physician can come up and discuss the case and see the patient. The Home Care Department asks that the patient not be sent home until the physician sees them the morning of discharge, unless otherwise notified.

At times the patient may be medically suitable for Home Care but there is no satisfactory home available for the patient, then the patient will be referred to either Intermediate Koch or chronic disease hospital. In such instances a note will be left in the chart as to the progress of the application. It must be realized that even though medical channeling is rapid, it takes time to get the family into the Social Service Department to talk with them and in case of Koch, it takes time to sign financial contracts. As a rule it takes a minimum of 3-4 working days to process an application, make all arrangements and then be able to send the patient to Home Care or Intermediate. Approximately the same amount of time is required for Chronic, but this section of the hospital sets its own admission date and it takes at least 2 weeks to move the patient to Chronic. It can be readily seen why it is urgent to get early applications so that all this can be done before the patient is medically ready to leave the acute division.

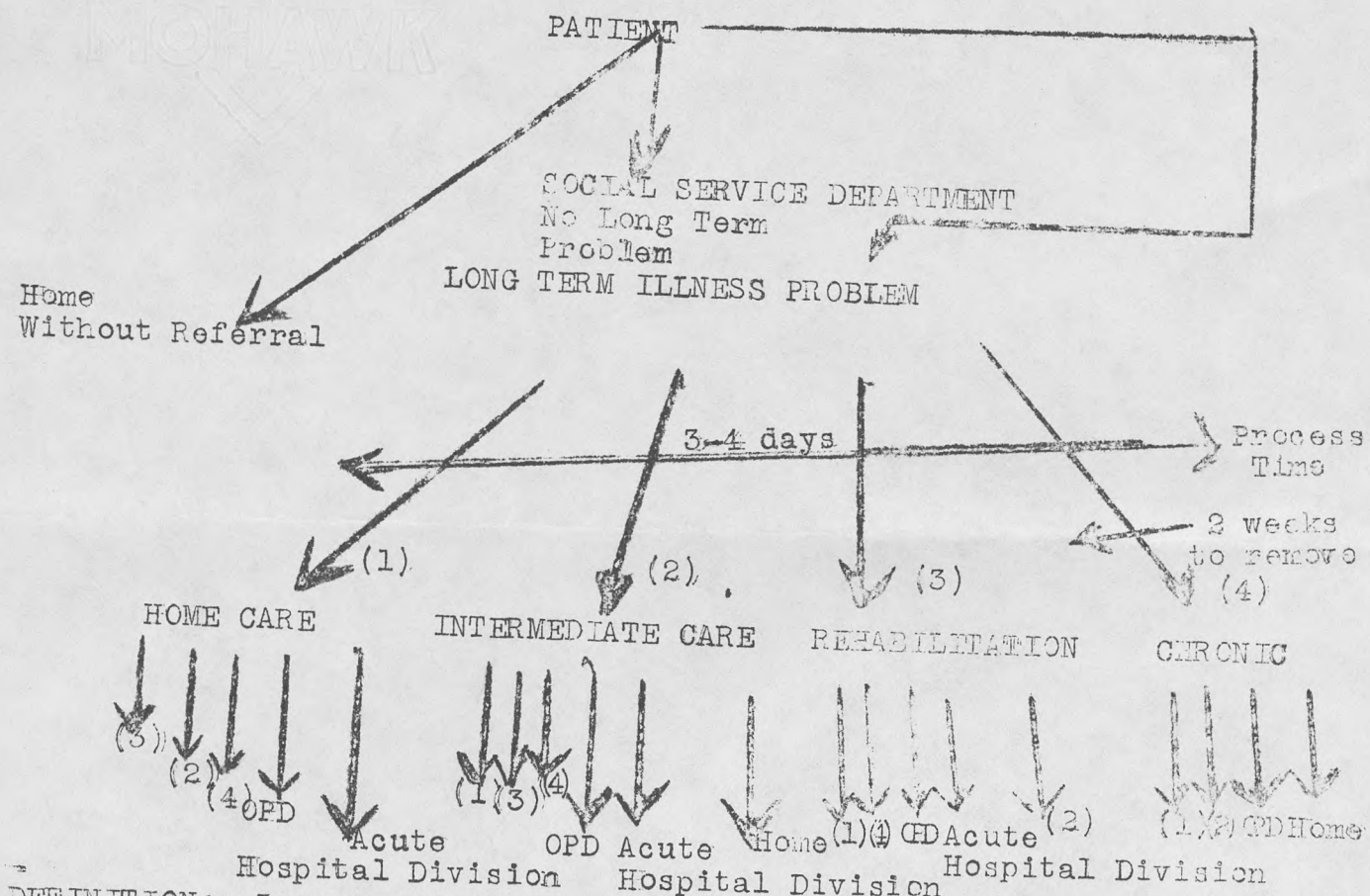
At times a request will be left in the chart for the physiatrist to see the patient prior to being discharged to Home Care, Intermediate, or Chronic. This is necessary because he must guide the physical therapist in these institutions and it is easier to get his opinion prior to the patients leaving the hospital. Also at times the Long Term

Illness Committee may request certain evaluations that the house staff may consider unnecessary, but because the outside services are responsible for long term care they may see a need for this.

All patients sent to Home Care cannot be returned to speciality clinics but if the ward physician wants a follow up i.e. X-ray of a fracture this department will make arrangements to have the patient in the hospital for X-ray and notify the physician ahead of time so that he may see them. Patients discharged from Fracture Service at time of discharge to Home Care should have notation of date that X-ray is desired.

Not all patients will need Long Term Care; but still may have a social problem. Such referrals should be made to the Social Service Department in the usual fashion.

It is necessary to have a history at the time of discharge on all Home Care cases in order to insure continuity of good medical care.



DEFINITION: Long term illness patients include those persons suffering from chronic disease or impairment who are likely to need or who have received care for a continuous period of 30 days in a general hospital or care for a continuous period of more than 90 days in another institution or at home.

(Prepared by Long Term Illness Committee 10-31-60)

# ST. LOUIS CITY HOSPITAL

(Max C. Starkloff Memorial)



## BY-LAWS of the Medical Staff

1960

# BY-LAWS

Rules and Regulations

of

The Medical Staff of the St. Louis City Hospital

adopted January 1960.

## PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of the medical care in the hospital and must accept and assume this responsibility, subject to the ultimate authority of the Director of Health and Hospitals and of the Hospital Commissioner, and that the best interests of the patient are protected by concerted effort, the physicians practicing in the St. Louis City Hospital hereby organize themselves in conformity with the By-Laws, Rules and Regulations hereinafter stated.

For the purpose of these By-laws, the term "Medical Staff" shall be interpreted to include all physicians privileged to practice their profession in the St. Louis City Hospital.

## ARTICLE I - NAME

The name of this organization shall be the "Medical Staff of the St. Louis City Hospital."

## ARTICLE II - PURPOSE

The purpose of this organization shall be:

1. To insure that all patients admitted to the hospital or treated in the Emergency Room or Outpatient Department receive the best possible care;
2. To provide a means whereby problems of a medico-administrative nature may be discussed by the Medical Staff with the Director of Health and Hospitals, the Hospital Commissioner, and their representatives;
3. To initiate and maintain rules and regulations for government of the Medical Staff, and
4. To provide education and to maintain educational standards.

## ARTICLE III - MEMBERSHIP

### Section 1. Qualifications

The applicant for membership on the Medical Staff shall be a graduate of an approved or recognized medical school, professionally qualified to practice in the State of Missouri and for membership in the local medical society.

### Section 2. Ethics and Ethical Relationships

The Principles of Medical Ethics, as adopted or amended by the American Medical Association, shall govern the professional conduct of the members of the Medical Staff. Specifically, all members of the Medical Staff shall pledge themselves that they shall not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services.

### Section 3. The Unit System

The visiting staff of the St. Louis City Hospital (including the Malcolm A. Bliss Mental Health Center) will include physicians who are associated with the Washington University School of Medicine on Unit I; Unit II shall consist of physicians who are members of the faculty of St. Louis University School of Medicine; physicians (preferably specialists) who are not associated with the faculty of either school of medicine may be appointed to Unit III.

### Section 4. Procedure of Appointment

Appointments to the Medical Staff will be made bi-annually by the Hospital Commissioner to Unit I, on the recommendation of the Dean of the Washington University School of Medicine; to Unit II, on recommendation of the Dean of the St. Louis University School of Medicine. Appointments to the Unit III service will be made by the Hospital Commissioner from physicians not connected with either university. All appointments will be renewed November 1, 1960, and bi-annually thereafter. In addition, the terms of employment for salaried personnel will be regulated as provided in Article XVIII of the City Charter and subsequent pertinent ordinances.

On the recommendation of the Medical Director (or Chief of Staff), qualified physicians may be appointed to work in the Clinic or in other

areas usually not under direct unit control. Such physicians may or may not receive a salary for their services.

### Section 5. Emergency Privileges

The Chief of Staff shall have the authority to grant temporary privileges to a physician who is not a member of the Medical Staff. The Chief of Staff shall give an opinion as to the competence and ethical standing of the physician who desires such temporary privileges, and he shall be under the direct supervision of the Chief of Staff. Temporary privileges may not be granted to attend more than four patients in any one year.

### Section 6. Medical Director (or Chief of Staff)

The Medical Director of the St. Louis City Hospital shall be appointed by the Administrator, with the approval of the Hospital Commissioner, and shall serve as Chief of Staff. He shall supervise the activities of the resident staff, assuring that the orders of the Medical Staff are carried out, and shall act as liaison officer between the Medical Staff and the Director of Health and Hospitals through the Hospital Commissioner.

### Section 7. Credentials

All of the members of the Medical Staff appointed to the Unit I or Unit II services will serve in the specialty of their faculty appointments. Such individuals, including those appointed to Unit III, will furnish evidence of eligibility, such as certification by a specialty board, evidence of adequate training or experience, etc. If suitable specialists are not available on Unit III, appointments may be made from the faculties of either of the medical schools; such appointments are not made through the Dean, but directly by the Hospital Commissioner, with the approval of the Medical Director.

## ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF

### Section 1. The Medical Staff

The Medical Staff shall be divided into; Consulting, Active, Associate and Courtesy groups.

#### **Section 4. The Consulting Medical Staff**

The Consulting Medical Staff shall consist of physicians of recognized professional status who are called to the hospital.

#### **Section 5. The Active Medical Staff**

The Active Medical Staff shall consist of physicians who are called to services during their peak years of practice at the University and Veterans Departments. They shall maintain the fullness of the Medical Staff and shall attend patients in the hospital and in other all work centers that are assigned. Members who serve Medical Staff shall be required to attend Medical Staff meetings, as provided in Article VII of these By-Laws.

#### **Section 6. The Reserve Medical Staff**

The Reserve Medical Staff shall consist of physicians appointed and assigned to the Hospital in the spare capacity of the Active Medical Staff. They shall attend patients in accordance with the assignment by the Active Medical Staff under the plan when they are requested, that our stated staff coverage and our work.

#### **Section 7. The Consulting Medical Staff**

The Consulting Medical Staff shall comprise those physicians who are appointed to the Medical Staff who made by the Medical Committee in the recommendations of the Board of Health, usually to provide additional or temporary care and coverage.

#### **Section 8. The Board Staff**

Members may be appointed to the staff to do special consulting for the appointment of departments. They may serve as consultants in all the work centers when the hospital, performing work procedures or have been assigned upon by the Board of the services to make the patient care being provided, by the Hospital Department, include the range to consultation and support, and the structure of treatment, medicine, dentistry and the extension of work.

### **ARTICLE 7. DEPARTMENTS**

#### **Section 1.**

Departments of the Medical Staff shall be as follows: Anesthesiology, Internal Medicine,

Neurology, Pediatrics and Pediatrics, Physical Therapy, Thoracic Surgery, Otolaryngology, Gynecology, Pathology, Plastic Surgery and Radiology, Dermatology, Psychiatry, Radiology, General Surgery, Urology (General Surgery and Urologic Medicine) and various all specialties and sub-specialties are provided to support Departmental needs.

#### **Section 2.**

All Departments may not be represented by members of both of the units. However, a unit that not provide the services of a particular department, those services will be provided by those units according to the organization of the Board of Staff with the approval of the Active Medical Staff.

#### **Section 3.**

Each Chief of Service or Section Head will be directly responsible to the Board of Staff, or the Active and Department Staff may be as many as three units rather than a single departmental division.

#### **Section 4.**

Service Units will be appointed by the Board of Staff in accordance to recommendations of the Board of the respective subject for Units 1 and 2, to allow such recommendations for Unit 3, with the approval of the Active Medical Staff.

#### **Section 5.**

Each Department head shall appoint, or have coverage that will release the members from their obligations to attend the general meetings of the Medical Staff, or provide to attend all of these By-Laws.

### **ARTICLE 8. ORGANIZATION OF HOSPITAL GOVERNING BODY**

#### **Section 1. Organization of Privileges**

Privileges granted to members of the Medical Staff shall be at the discretion of the Service Board of the services to which the member is assigned.



## ARTICLE VII - OFFICERS AND COMMITTEES

### Section 1. Officers

The officers of the Medical Staff shall be the President, the Vice President, the Secretary-Treasurer. They shall be elected at the annual meeting of the Medical Staff and shall office until the next annual meeting or until a successor is elected.

The President shall call and preside at all meetings and shall be a member in full of all committees. He shall be a member of the Senior Medical Staff.

The Vice President, in the absence of the President, shall preside at all meetings.

The Secretary-Treasurer shall keep accurate and complete records of all meetings, including all correspondence and minutes and shall report as authorized by the Medical Staff.

### Section 2. Committees

Committees shall be "Standing" and "Special," all committees, other than the Executive Committee, shall be approved by the President. The Executive Committee shall be:

1. The Executive Committee shall consist of the Chief of Staff or Medical Director, the two Vice Chiefs of all Departments, the Hospital Commissioner, and the Directors of the Emergency and Outpatient Departments. The Administrator and Director of the Nursing Service shall be ex-officio members.

The duties of the Executive Committee shall be to coordinate the activities and general policies of the various departments, to advise the Staff on a whole, to advise the Chief of Staff, and to advise and act upon the reports of the Medical Records Committee, the Finance Committee, and such other committees as the Medical Staff may designate. The Executive Committee shall meet weekly and maintain a permanent record of its proceedings and actions. The Executive Committee will report to the Joint Medical Committee.

2. The Medical Records Committee shall consist of at least three members of the Senior Medical Staff plus the Medical Records Director and other individuals approved by the

Chief of Staff. This committee shall report monthly and submit to the Executive Committee a report, if necessary, which will be made a part of the permanent records.

3. The Finance Committee shall include at least three members of all ranks the Senior or Intermediate Medical Staff plus a member of the Planning Department. The Finance Committee shall report to the Executive Committee.

4. The Personnel Committee will prepare a list of available jobs to be filled by the Hospital Company. In accordance with the established procedure, they will report to the Executive Committee.

Special committees shall be appointed from time to time as may be required to carry out properly the duties of the Medical Staff. Such committees shall include their work in the program for which they were appointed and shall report to the Senior Medical Staff. They shall not have the power of action unless such a special body granted by the medical staff created the committee.

## ARTICLE VIII - MEETINGS

### Section 1. The Annual Meeting

The annual meeting of the Medical Staff shall be the last meeting before the end of the fiscal year of the Hospital (March 31). At this meeting, the various officers and committees shall make their reports as may be directed, officers for the coming year shall be elected and committees shall be appointed to coordinate all phases of the Medical Staff and comprised of physicians and departments shall be made.

### Section 2. Regular Meetings

Weekly meetings of the Senior Medical Staff shall be held at least once a month at the medical store of the hospital, which is provided.

### Section 3. Special Meetings

Special meetings of the Senior Medical Staff may be called at any time by the President, at the Chief of Staff, Hospital Commissioner or any three members of the Senior Medical Staff, in any special meeting, or business shall be trans-

shall accept the result as an administrative decision.

#### **Section 4. Annual Meetings**

Each House of Delegates is responsible for the conduct of its own annual conference as far as possible with attention to Voting Ballot and Document. Minutes of these meetings, with a financial account, will be kept by the Staff Secretary of each House.

#### **Section 5. Minutes of Meetings**

Each Meeting Ballot procedure shall require a vote recording in each of the four corners of the Voting Ballot and may be revised for past elections from time to time. The vote tally of the regular meetings for the year, when received by the Executive Committee, shall be considered a complete final tally for the entire Meeting Ballot.

Minutes of the Executive Medical Staff may, but are not obliged to, attend the regular meetings.

Development of members of the Active Medical Staff to positions considered vacant, because of absence from meetings, may be made in the same procedure as in the case of regular appointments.

#### **Section 6. Quorum**

Five per cent of the total membership of the Active Medical Staff shall constitute a quorum.

#### **Section 7. Agenda**

The agenda of any regular meeting shall be:

##### **A. Rollcall**

1. Call to order.
2. Reading of the minutes of the last regular meeting and of all special meetings.
3. Unfinished business.
4. Communications.
5. Reports of standing and of special committees.
6. New Business.

##### **B. Minutes**

1. Review and analysis of the financial work of the Hospital.

2. Review of standing and of special committees.
3. Minutes and correspondence for improvement of the professional work of the Hospital.
22. Adjourned.

The agenda of special meetings shall be:

1. Reading of the minutes of the meeting.
2. Presentation of the business for which the meeting has called.
3. Adjournment.

#### **ARTICLE 10 - BY-LAWS AND REGULATIONS**

The Active Medical Staff shall develop regulations and regulations as may be necessary for the proper conduct of its work. Such rules and regulations shall be a part of these By-Laws, except that they may be considered as separate meeting agenda provided either by a resolution vote of the total membership of the Active Medical Staff, such amendments shall require affirmative vote approved by the Hospital Commission.

#### **ARTICLE 11 - AMENDMENTS**

These By-Laws may be amended after notice given at the regular meeting of the Medical Staff, such notice shall be preliminary to special resolutions which shall report at the next regular executive meeting and require a two-thirds majority of those present for adoption.

#### **ARTICLE 12 - JOINTION**

These By-Laws, together with the approved Rules and Regulations, shall be entered in any regular meeting of the Active Medical Staff, such reports are provided By-Laws, Rules and Regulations, and shall require affirmative vote approved by the Hospital Commission. They shall, when adopted and approved, be signed by the chairperson of the Hospital and the Medical Staff.

Approved by the Medical Staff of the St. Louis City Hospital.

  
C. Allen, Jr., M.D.  
President of the Medical Staff

  
L. E. ... M.D.  
Secretary of the Medical Staff

Date: August 25, 1957

Approved by the Hospital Commissioners of the City of St. Louis.

  
James W. ... M.D.  
Assistant Hospital Commissioner

Date: January 24, 1957

  
... M.D.  
Director of Health and Hospital

## St. Louis City Hospital RULES and REGULATIONS

1. The earnings of the Medical Staff shall be as provided in Article VII of the Bylaws.
2. All patients shall be attended by members of the Active Medical Staff, and shall be assigned to the physicians assigned to the treatment of the disease which necessitates admission. In the absence of any physician who is usually assigned to the Active Medical Staff, the members of the Active Medical Staff who accept general emergency members of the staff, who shall carry on treatment under the supervision of the Executive Staff.
3. All orders for treatment shall be in writing. Orders dictated over the telephone shall be signed by the person to whom dictated with the name of the physician on file in the case book. These will be included in the next call by the physician. Orders shall be in written case books.
4. Drugs used shall be those listed in the Hospital Formulary, complete in this case shall be well defined.
5. The Chief of Service shall be held responsible for the preparation of a complete medical record for each patient.
6. A complete history and physical examination shall, in all cases, be written within fifteen days subsequent to the patient.
7. When such history and physical examinations are not completed within the time stated in paragraph 6, the physician shall be reported against the attending service under a penalty that shall have effect unless corrected a specified time period.
8. All records are the property of the Hospital, and shall not be taken away without permission. In cases of termination of a patient, all pertinent records shall be available for the use of the attending physician.
9. If hospital operations shall be performed only on a basis of patient or on a temporary basis, there is certain disregard.

10. All operations performed shall be fully described by the operating surgeon. All tissues removed at operation shall be sent to the hospital pathologist who shall make such examination as he may consider necessary to arrive at a pathological diagnosis.
11. It shall be permissible to transfer a patient from one unit to another, providing the consent of the visiting physician to whom the case has been assigned or of the Chief of Staff has been obtained in writing.
12. Discharge against medical advice will be permitted whenever a patient, in spite of the recommendations of the Medical Staff, insists upon his release from the Hospital. Such release will be granted after a signed statement is obtained from the patient, releasing the Hospital from further responsibilities.
13. A discharge order signed by a physician will be written on all patients prior to discharge from the Hospital. Whenever possible, this order will be written at least 12 hours prior to the anticipated discharge.
14. Physicians who are not members of the Visiting Staff at the St. Louis City Hospital shall be extended every professional courtesy when visiting a patient, but will not be allowed to take an active part in the treatment of patients in the Hospital.
15. Services on which Visiting Staff visits occur less than three times weekly will be considered inadequately supervised, and may be discontinued by action of the Active Medical Staff on recommendation of the Chief of Staff. Daily visits, excluding Sunday, are desired, especially on all major services. All services will provide for emergency calls at all times.
16. The individual designated as a surgeon for an operation will be in the operating room at least 10 minutes before the time the procedure is scheduled to begin. The operating room supervisor may cancel any procedure in which the operating surgeon is not available within 15 minutes after the time the procedure is scheduled to begin.

Approved: James W. Meade  
James W. Meade  
Asst. Hospital Commissioner

Approved: J. Earl Smith, M.D.  
J. Earl Smith, M. D.  
Director of Health and Hospitals