



ORAL HISTORY PROJECT

Henry L. Barnett, MD

**Interviewed by
Joseph Dancis, MD**

July 12, 1996
August 8, 1996
October 7, 1996
November 15, 1996
New York City

<https://www.aap.org/pediatrichistorycenter>

©2000 American Academy of Pediatrics
Elk Grove Village, IL

Henry L. Barnett, MD
Interviewed by Joseph Dancis, MD

Preface	i
About the Interviewer	ii
Interview of Henry L. Barnett, MD	1
Index of Interview	65
Curriculum Vita, Henry L. Barnett, MD	69

PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events which are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

Historical Archives Advisory Committee, 2000/2001

Howard A. Pearson, MD, FAAP, Chair
David Annunziato, MD, FAAP
Jeffrey P. Baker, MD, FAAP
Lawrence M. Gartner, MD, FAAP
Doris A. Howell, MD, FAAP
James E. Strain, MD, FAAP

ABOUT THE INTERVIEWER

Joseph Dancis, MD

Dr. Dancis graduated from the St. Louis University School of Medicine in 1938 and then returned to New York City for housestaff training. His residency was interrupted in April 1941 by the U.S. Army. On discharge, he resumed his training at the NYU-Bellevue Medical Center. Except for five years in private practice, he has remained a member of the full-time faculty at NYU ever since.

Dr. Dancis became acquainted with Henry Barnett shortly after his arrival at New York Hospital-Cornell, just up the street. This interview, however, provided the first opportunity for an extended, relaxed conversation about his unusually productive career.

Interview of Henry L. Barnett, MD

DR. DANCIS: This is an interview of Dr. Henry Barnett by Dr. Joseph Dancis. It is Friday morning, July 12 1996 and we are in my apartment in New York City. This is tape one, side one. Dr. Barnett and I have known each other many years, so that “Henry” and “Joe” can replace any formal designations.

Now, we’ll start with biographical data, like birth date, which we know to be 1914.

DR. BARNETT: Right.

DR. DANCIS: Birthplace was?

DR. BARNETT: Birthplace was Detroit, Michigan.

DR. DANCIS: By the way, were you born in the hospital or at home?

DR. BARNETT: In the hospital, Harper Hospital.

DR. DANCIS: Let me ask you about the family. Could you give me some background on your father?

DR. BARNETT: Yes, my father’s family had come to this country during the late 1800s and he was born and reared in Bainbridge, Georgia. His father had a shipping line that smuggled goods from the South to the North during the Civil War.

The Civil War was 1860. He came just prior to that when there was a large German immigration. Daddy went through high school there, no college. I don’t know exactly how or where Daddy and Mother met. He left there and was working in Chicago, where my older sister was born.

DR. DANCIS: Your mother was born in this country?

DR. BARNETT: My mother was born in Detroit and her father had also come from Germany to Detroit with a large family.

DR. DANCIS: Also before the Civil War?

DR. BARNETT: No, during the later German immigration, during the late 1800s. The story was that they arrived and were leaving New York to go to Detroit where there was a relative and one of the eight children was missing.

[Laughs] They had to stop the train to go get him. I don't think it was my mother. She was born there, in a large family.

As I say, I don't recall how they met and married, but by the time she was pregnant with me my father had changed his job and had come to Detroit. Then, when I was six months old, he took a position with Kerr Glass Manufacturing Company in Sand Springs, Oklahoma, as an administrator there. We lived in Tulsa.

DR. DANCIS: So, you grew up in Tulsa?

DR. BARNETT: I grew up and went through high school in Tulsa. I had a good experience in high school. I did well and I got into competitive swimming, doing the breaststroke, and actually won the national interscholastic record in high school.

DR. DANCIS: Do you still enjoy swimming?

DR. BARNETT: Well, I do. I swam when I got to Dartmouth [College]. I was on the freshman swimming team there and actually tried out for the Olympics, but I didn't even come close. Somehow I enjoyed it less, because it was such work during that period. It was not enjoyment; it was a lot of hard work.

DR. DANCIS: Your siblings?

DR. BARNETT: Yes, my sister was a very beautiful woman and also was a dancer with Ruth St. Denis and Ted Shawn and was one of their two primary ballerinas. She toured with them for awhile and then wanted to study ballet with Mary Wigman in Berlin, who was world famous at that time. She later stayed on in Europe and married a European and lived in Vienna. She moved here just before Hitler took over.

DR. DANCIS: That would be in 1938?

DR. BARNETT: You mean the year? Yes, and she had her first child in Vienna.

DR. DANCIS: You have two brothers?

DR. BARNETT: Two brothers, yes. They're younger brothers and they're not in the professions. There was not much sibling rivalry. My sister and I

weren't that close at that time because she was very busy with her dancing. My younger brothers and I had a pretty good relationship.

My grandfather, who had become quite wealthy by that time, sent a memo to his family. It said that the first grandchild named Adolph would get \$100.00 a month for the rest of his life. So my mother, quick like a rabbit, had Dolph. But, the \$100.00 never showed up, so, he dropped the, "A."

DR. DANCIS: I'd like to hear more about your mother.

DR. BARNETT: Well, she was obviously the dominant influence on my childhood and my life. She was a very independent person, who in the early 20th century went to the University of Michigan where she got her bachelors degree and had a wonderful time. Her older sister, with whom there was a lot of sibling conflict, was also there. In the yearbook, when Wilma [her sister] graduated, she was voted, "The Most Likely to Succeed." My mother was voted, "The Most Loved."

Mother had a lot of intellectual, social, and political/social interests. She was, from the very beginning, a very progressive sort of person and a great advocate.

DR. DANCIS: Where did that come from, Henry, her home?

DR. BARNETT: I'm not sure. In her siblings, I don't think it was quite as strong as it was in Mother. Other than his hatred of Hitler and what was going on in Germany, her father was not, in our sense, progressive and liberal. I don't think he was very political. I don't know where Mother got it; it was part of her spirit. She was a very independent, progressive kind of woman.

At one time, there was a race riot in Tulsa and they put all the Negroes, as they were called then, into the ballpark to protect the community. We had a black couple working for us. She went down and said she wanted her Mattie and Willie and she was going to go in and get them. She went in and got them and brought them out.

DR. DANCIS: That took physical courage.

DR. BARNETT: Oh, yes. Mother was very interested, after college, in children and developmental psychology and psychology in general. She arranged to go and study for a month or so with Alfred Adler in Vienna. At that time, she went to see my sister in Berlin. She thought that the atmosphere there was so poisonous that she wouldn't let her stay there.

DR. DANCIS: Poisonous for Jews?

DR. BARNETT: For Jews, yes. She took her with her to Vienna, where it was somewhat better at that time. My sister married a Viennese and stayed on there. Mother came back. When she came back, she started a nursery school in St. Louis.

DR. DANCIS: By this time, your father had died?

DR. BARNETT: My father had died.

She started a nursery school and then, later, she came to New York and took a master's degree in developmental psychology. This was considerably later, after the age of 50. She used to write me about all the things she was doing in New York and I would write her and call her and say we didn't send her to Columbia [University] to go to the theater. [Laughs] She was there to study, you know. It was really fun.

I drove to New York for her graduation. As a matter of fact, that's when I met Shirley. So, that was fun. She was a remarkable woman who had a great influence on me and all the rest of us.

DR. DANCIS: She did this, then, after the children were grown?

DR. BARNETT: Yes, you mean the Columbia thing?

DR. DANCIS: Yes.

DR. BARNETT: Yes, yes. Right. She came back and continued with her school. She owned the school and ran it. It was in Clayton; you know, near St. Louis. We had a big house in Clayton. It [the school] was in that home. She had it for many years and enjoyed it.

DR. DANCIS: How old were the children?

DR. BARNETT: Oh, the pupils were three- to five-year-olds. It was what ultimately became a Head Start program, which I'm dealing with now, as you know, on the van. [NOTE: This refers to Dr. Barnett's current occupation with The Children's Aid Society.]

DR. DANCIS: Well, it's easy to see the pervasive influence of your mother. But, I'm interviewing you and I'd better get back to work. So, let's take up with you when you were at medical school at Washington U [Washington University, St. Louis].

DR. BARNETT: Well, at Washington U, I completed my undergraduate education. I had had one year at Dartmouth, and I had my sophomore and junior year at Washington U.

I can't remember when I had decided that I wanted to go into medicine, but it had been before that because I did take a pre-med course at Washington U. Al [Alfred] Gellhorn, whom you know, was a year ahead of me, but we were in a chemistry class together. We still know one another. I had the three years there and then went to medical school. I got both a BS and MD in 1938.

DR. DANCIS: Was the medical school a difficult chore?

DR. BARNETT: No, I don't think so. I was used to a fair amount of work. The three years I was in undergraduate school, I worked at a mental institution in St. Louis as an attendant. It was probably a fortunate thing because I had to sit there and study, which I'd had some trouble doing at Dartmouth. When I got to medical school, I was really pretty much into the thing.

Even in the pre-clinical years, I got involved with one of the people in biochemistry, Dr. Ethel Ronzoni. I also got involved with Dr. Harvey Lester White, a physiologist who was originally a pediatrician and who had gone into basic science. He was with Peter Heinbecker who was an early investigator in the field of pediatric nephrology.

DR. DANCIS: You did this as a student?

DR. BARNETT: Yes, I got involved with them. I wasn't doing any research at that time, but I spent time with them, more time than the course required. I think I spent a fair amount of time after class and so forth with them, getting to know them.

DR. DANCIS: Well, that lifted you out of the ordinary, right there.

DR. BARNETT: To a certain extent, I think. Those were good years. I enjoyed them.

DR. DANCIS: Given your childhood experience, going into pediatrics and medicine is not terribly difficult to understand. You stayed in St. Louis?

DR. BARNETT: I stayed in St. Louis after graduation for three years of pediatric residency with Alexis [F.] Hartmann.

DR. DANCIS: What was life like as an intern in those days? We're talking about 1938 now.

DR. BARNETT: Well, it was hard work. You were on every other night and you were up most of the night. There was not much social life outside of the hospital, although there was a place where we used to drink beer occasionally, getting there at 10:00 pm. It was hard work.

DR. DANCIS: You told me that Hartmann took a particular interest in you. Hartmann was the Chairman of Pediatrics. How did that happen and what did it mean?

DR. BARNETT: I think Harvey Lester White, by that time, had talked with him about me and thought I had potential for doing research. Hartmann was himself an excellent investigator, a very good clinician, and a wonderful teacher. I think Hartmann sort of encouraged me to start considering some work in the laboratory in my spare time, the nights when I wasn't on call. There was a very good senior technician then, [Anne M.] Perley, who was like a teacher for me because she was a good laboratory person. I started working with her and started learning techniques in the laboratory.

Hartmann was very interested, as you know, in developmental physiology in terms of fluid and electrolyte therapy in young infants and so forth. I became interested at that time in what role the kidney played in the whole field of electrolyte metabolism. At that time, Homer [W.] Smith and [James A.] Shannon, here in New York, had established that inulin clearances provided a measure of glomerular filtration rate (GFR) and [Alf S.] Alving in Chicago had demonstrated that blood samples drawn following a single injection of inulin, instead of a constant inulin infusion, could be used to measure inulin concentration in blood. It occurred to me at that time that since catheterizing the small infants was not desirable, although we had to do it for the sake of our study, that the slope of that line could provide a reliable estimation of the rate of the glomerular filtration (GFR). We did our first publication in renal physiology at that time showing that, contrary to what had been thought from urea clearances in young infants, the GFR, corrected for surface area on any other body function, was significantly lower than in adults. That was in fact the beginning of an extensive and continuing interest in developmental renal physiology.

DR. DANCIS: If I recall correctly, there was just about nothing available at that time.

DR. BARNETT: No, from the previous erroneous belief that GFR was the same as in adults, there had been no more interest in it.

DR. DANCIS: Well, I remember your paper. I believe it appeared in the Proc Soc [*Proceedings of the Society for Experimental Biology and Medicine*]. It was very impressive to me.

DR. BARNETT: At that time, Hartmann thought it would be a good idea if I did get more extensive training in investigation. He arranged for me to go to Rockefeller [Institute] to meet with [Donald D.] Van Slyke and Lee [E.] Farr about going there, interrupting my residency for a year and spending a year or so with them. I looked forward to doing that and came to New York. As a matter of fact, that's when I first met my wife, when I came on that visit.

I think that's the only position I ever applied for that I didn't get. I was really very upset because I spent about an hour with Van Slyke and he asked almost nothing about my interests, what I had done, and so forth. I had also written a paper before that with Hartmann on the effect of sulfanilamide on methemoglobinemia. And so he said, "Well, I thought you were interested in the kidney." I said, "Well, I am." He said, "I couldn't tell that from anything that Dr. Hartmann or you have told me." [Laughs] He wanted to know where my grandparents came from. It was a discouraging experience.

DR. DANCIS: I met Van Slyke only once and he didn't leave the impression as a warm, outgoing individual at all.

DR. BARNETT: As a matter of fact, the one who asked me where my grandparents came from, was [Thomas M.] Rivers, you know, who was head of the Rockefeller Institute at that time. I was pretty turned off by the whole thing.

DR. DANCIS: Well, you didn't suffer from it. You went back to St. Louis and did your work anyhow.

Now, let's get the chronology right here. You started in 1938. When did you go to Los Alamos?

DR. BARNETT: I finished my chief residency in 1943. During my residency, Hartmann had been the doctor at a camp in Colorado, near Buena Vista. Hartmann's son had been there during a polio outbreak. It was before the effect of gamma globulin as a preventive in exposures had been well established but he gave gamma globulin to all those exposed. There wasn't a

single second case and the director was so pleased he built a little house for Hartmann on the camp. Hartmann would then go out to camp and take me with him as the camp doctor. I enjoyed that also.

Then, in 1940, I met Shirley and we decided we wanted to get married. Well, I told her "I want to get married in August because I don't want to go to camp again this summer." She said, "Nothing doing, we'll get married on my mother's birthday which is in October"--which we did!

DR. DANCIS: Well, it's easy to get off when you're talking about Shirley at any time. Now, this was about 1940?

DR. BARNETT: It was 1940. I was still on the house staff. I would spend my vacations at that camp with him as the doctor. And then I finished my residency in 1943.

At that point, he had wanted to make me an essential teacher in the department [NOTE: To avoid being drafted] and I wanted to apply for a commission. Louie [Louis H.] Hemplemann, who had been in medical school with me, was a radiologist in Rochester. He always ranked first in the class, and I ran second. I had already applied for a commission and was going to be sent to Georgia. But, I saw Louie Hemplemann at the St. Louis Symphony and he asked me whether I'd be interested in a job where I would be doing pediatrics in this country and Shirley could be there. I said, "Sure." So, he told me I'd hear.

Then, with my orders to go to Fort Benning, I got another order saying that I shouldn't go for officer's training, there wasn't time. I should report to 25 Palace Street in Santa Fe, New Mexico. That was all I knew about it because nothing could be told. Louie said that he was going to be there and that I would like it. So, I decided to take that.

DR. DANCIS: So, tell us a little bit about Los Alamos. This was in . . .

DR. BARNETT: 1943.

DR. DANCIS: This was secret, secret.

DR. BARNETT: Oh, very secret. We got there and there was a place where people came in Santa Fe. Dorothy McKibbin told us where we would go. We went up to the mesa and then we saw all this going on, this laboratory in the house, and so forth.

There was a surgeon there that Louie had gotten, Jim Nolan, who was also in our class. The next one they wanted was a pediatrician, so they got me. They wanted all the wives to work, so Shirley first worked in Dave Hawkin's office, but then became [J. Robert] Oppenheimer's secretary. I was the pediatrician.

DR. DANCIS: So, this wasn't an Army base. This was a community.

DR. BARNETT: Oh, yeah. As a matter of fact, Oppenheimer insisted that, contrary to Oak Ridge [Tennessee] and the other places, the security would be the wall around the base. It was impossible that the wives and the carpenters and so forth could not know what was going on. So, they kept what they could, part secret.

When we got there, the laboratory was going. It started in 1942. There was a fairly sizable community, mostly of physicists. A lot of them were young with young children, so they needed a pediatrician. It was the only real practice I had done, or have since. It was an unbelievable three years. I went to the colloquia and I didn't understand very much. Louie Hemplemann, at one point, left a lecture and said there was only one word he understood and that was, "Fermi."

DR. DANCIS: What were these lectures on?

DR. BARNETT: Well, they were on what they were doing. You know, the physics of the bomb and so forth.

DR. DANCIS: Were you sequestered people?

DR. BARNETT: Yes. Shirley was allowed to come home when her brother went overseas, to see him. We were closely watched. Our mail was all censored. We were very sequestered.

It was an extraordinary experience for three years. I had thought being a doctor was pretty far up on the pole, but not there. The physicists, many of them, sort of looked down on doctors.

DR. DANCIS: Not if they had children.

DR. BARNETT: No, no., However, I was in the Army and most of them were civilians, the physicists. After just a few days, I told everybody who called, "I'll come over and see you." I made myself very available, because of their disdain of the Army. After a month or so, they were telling other parents not to do that because I was too busy! It was the best thing I could have done for my

practice. But, it was a wonderful practice with very challenging parents who wanted to know every step I was taking and why.

DR. DANCIS: You said there was something unique about this community. Obviously there was, but can you describe it?

DR. BARNETT: For one thing, the housing, which had been built there, was allotted entirely in terms of the needs of the family. If a carpenter had four children, he got a two- or three-bedroom apartment. If a Nobel Prize winner in physics had no children or wife, he got a one-bedroom apartment. The whole atmosphere, then, was a society of physicists, of intellectuals. They were running the whole thing.

DR. DANCIS: Did they do anything but write formulas on the board?

DR. BARNETT: Yes, there was a big experimental group there. As a matter of fact, one of the real accidents was that they had a pile there where uranium was activating other things and the thing got over-critical. One of the physicists, Louie [Louis] Slotin, saw it--it was very Rube Goldberg--and ran up and knocked down the bricks. You know, to stop it. He got a lethal dose of radiation and died on the mesa. Louie Hemplemann was taking care of him. It was one of the early well-studied cases of a radiation disaster.

There were people there who were looking into the delivery of the bomb and so forth, but the main thing was the development of the bomb. I was at the test shot in Alamogordo [New Mexico], where it was tested for the first time. There were bets as to what the strength would be, from zero to 100,000 [tons of TNT]. It turned out to be 20,000 tons of TNT. [Isidor Isaac] Rabi won the bet; he didn't need it.

I was stationed at 20,000 feet from the center from the bomb. I was there to monitor it. When it did go off and we knew it worked, first there was this tremendous blaze. The physicists there had something at 8,000 feet. They were very eager to get there as early as possible. They told them that they could go get it in a jeep and that I had to go with them. We went up to 8,000 feet and I was in the jeep looking at the monitor. It looked like we were all getting a lethal dose of radiation. I was calling, "Come back, come back."

DR. DANCIS: This was a Geiger counter?

DR. BARNETT: This was the Geiger counter. They came back. I readjusted it and it was zero. That's written up in one of the accounts of the test shop. It was a very exciting time.

The intellectual life was the most important, the scientific part. There was also a big social life because although there was a movie theater, the only entertainment was through dinner parties and so forth. There was a first family affair, where no matter where you were on the hierarchy of physics, if you were there early you were part of the first group. We were there quite early, so we were very intimate with the hoi polloi.

DR. DANCIS: How was that experience?

DR. BARNETT: It was tremendous.

DR. DANCIS: Did you find common ground to talk to people like Rabi and Oppenheimer?

DR. BARNETT: Yes. You know, they're very interested in medicine. They don't believe doctors are doing anything, but they're very interested in it. They were very cultured. Vicky [Victor] Weisskopf was a tremendous piano player.

DR. DANCIS: After that explosion, which we've all seen in photographs, was there any discussion about the morality of using the bomb?

DR. BARNETT: Sure. A tremendous amount. Oppenheimer was, no question, the real leader then. I was just reading some letters from Alice Kimball Smith, the Oppenheimer letters. It's fascinating reading. He really was the central leader and one or two physicists, including what's his name [Joseph Rotblat], he just won the Nobel Peace Prize. I can't think of his name right now. One or two left because of the continuing trouble with what the plans were.

Then, I went to Nagasaki, Japan, with a group to monitor the cities where the bombs had been dropped to see if it was safe for occupation troops. We sat in Okinawa for about a month after they were dropped because [General Douglas] MacArthur didn't believe the whole thing. He wouldn't let us go in. So when we did get in, there was no radiation. We found some due to radium where the hospital had been, in the rubble. We were really thorough, but there was no residual ground radiation. Then we left Los Alamos to go to Washington for six months with part-time in Rochester to work on the report.

DR. DANCIS: You were pulled into the medical aspects of the bomb?

DR. BARNETT: Yes.

DR. DANCIS: Were you prepared for that?

DR. BARNETT: Well, in so far as there was any preparation. Not the physics of it, but the medical aspects. And it was quite an experience.

DR. DANCIS: Shirley was Oppenheimer's secretary then?

DR. BARNETT: Yes. She had, on the whole, very positive feelings about Oppenheimer, but he was a very complicated man. She enjoyed it very much.

By the end of that time, when I was discharged, I had been in touch with Dr. [Samuel Z.] Levine [NOTE: Chairman of Pediatrics at Cornell University Medical College] mostly because of Dr. [Milton J.] Senn, whom I had known in St. Louis. Milton Senn had gone to Cornell.

DR. DANCIS: Was he a contemporary of yours?

DR. BARNETT: No, he was a teacher of mine at Washington. He had started out in physiology and then got interested in behavior and psychology and that's what he was doing at Cornell. That's one of the reasons I wanted to go there. Having had this experience in practice, I thought that that's what I wanted to do.

When I got there Sam, in his lovely way, said, "Well, look, Dr. Barnett, you've already published some papers." In fact, Harry [H.] Gordon, who had been there, was just leaving and he needed a replacement for Harry. He said, "You've already done some outstanding work and have a real future here. Why don't you start with that?" By the time I was there six months, there was no question I was going to stay there and just remain on talking relations with Milton Senn.

TAPE 2, SIDE 1

DR. DANCIS: This is the second session of an interview of Dr. Henry Barnett by Joe Dancis. It's Thursday morning, August 8, 1996, and we are here in the plans room of NYU Medical Center. This is tape two, side one.

We broke off when you decided to continue your professional career at Cornell, at New York Hospital in New York City. You started to tell me about that decision and how it related to Milton Senn. That's where I'd like to begin, with Milton Senn.

DR. BARNETT: Well, I think I told you that he had started in physiology and then got more interested in child behavior. He took training in

Philadelphia--I forgot the name of the very distinguished person there who was training pediatricians--and then went into behavioral and developmental pediatrics. He was attractive, very warm, soft spoken, but very sensitive and perceptive and easy to talk to.

DR. DANCIS: Now, I'm not clear, Henry, did he come on this by himself or was he exposed to somebody?

DR. BARNETT: I think he did it by himself. There's one thing that is in the paper I brought which was my introduction in the presentation of the Howland Award to Dr. Levine in 1964, that says something to that effect. [Barnett HL. Presentation of the John Howland Medal and Award of the American Pediatric Society to Dr. Samuel Z. Levine. *J Ped.* 1964;65:992-1001]

As an introduction, I had thought that having infants rooming-in with mothers who were having a post-partum psychosis was not a good idea. I thought Dr. Levine would support this because I thought his understanding of psychology and the emotional aspects was intuitive without much conviction. I went to him; he was at the time, a member of the Board of Health of New York City. I thought he would say, "No," with real authority, would back me up. His response was immediate and unequivocal. He thought having the babies there was a sound idea, which could be used to help the mother psychotherapeutically without danger to the infants. With a new pediatric department in 1938, something more than sanction from the department head would have been required for Dr. Senn to have organized one of the earliest institutes of child development and probably the first nursery school within the department of pediatrics. At that time interests in psychologic aspects in pediatrics was not only less general, but less acceptable than now.

I know Dr. Senn would agree. In 1960, he wrote Dr. Levine, "Your friendship has meant much to me. Through all this time, you listened sympathetically when I spun my dreams of psychiatric development for pediatrics. You encouraged me to try out these ideas. You helped me laugh at my mistakes. For all this, I am grateful." It's a nice thing.

DR. DANCIS: Very nice, but let me bring you back to chronology because many of the people who listen to this are not aware of it.

DR. BARNETT: Of course.

DR. DANCIS: You met Senn in St. Louis. At that time, he was senior to you?

DR. BARNETT: He was senior to me, but not by many years.

DR. DANCIS: He already had developed this interest and he had decided to carry it to Cornell, New York?

DR. BARNETT: Correct.

DR. DANCIS: And that influenced you in your transition?

DR. BARNETT: Right.

DR. DANCIS: The way you described it, it sounded almost as though it was de nouveau. But, it's curious that when he arrived here, we had three centers that developed the same interests contemporaneously, so something was afoot. There was [William S.] Langford at Columbia, and there were the Bakwins [Harry and Ruth] at NYU [New York University], Bellevue [Hospital].

DR. BARNETT: Right. I knew Bill, and I knew Harry and his wife, yes. It was just part of a logical development in pediatrics that probably arose independently in the different places, although these people may have been in contact and probably were. I don't know what kind of training they had had in preparation for this.

DR. DANCIS: Not very much. Very similar to Senn. There was a sensitivity to it. Ruth Bakwin's sister, you know, became a psychiatrist.

DR. BARNETT: Well, Senn actually spent a year or more in Philadelphia with a person whose name I can't remember, but who was a psychiatrist. He did have at least some formal training in the field of psychology and developmental pediatrics.

DR. DANCIS: Very good. Let's come back to Henry because you really are my subject. You were influenced into coming to Cornell by Senn. I think you mentioned in our last meeting that you actually thought that you would move into behavioral psychology yourself. What happened?

DR. BARNETT: Well, Harry Gordon had been with Sam Levine for some ten years and they did this wonderful work together on metabolism of infants and so forth. Harry was leaving and I had already published some papers on developmental renal physiology. So, when I went to see Sam, and I can remember very well because I loved him, you know. So he said, "Look, Henry, I think it's fine that you're thinking about this and doing it. However, you have started out and have some real promise as a clinical investigator. Why don't you come here in that capacity to continue that kind of work where you'll have

close contact with Milton and then decide which direction you want to go?" I said "Well, that sounds good to me," and I've never been sorry that I accepted his suggestion.

I want to mention later, and we can bring it up maybe when we get to Einstein, that when I was in St. Louis at Washington University, the Professor of Medicine was David Preswick Barr, who was a wonderful gentleman and a wonderful clinician, but not at all a scientist. Evarts [Ambrose] Graham was doing clinical work with lung cancer, but the only scientific department at school was pediatrics with [W. McKim] Marriott and Hartmann. Then, when I got to Cornell, David Preswick Barr had come from Washington University to Cornell as chairman of medicine. So, here again I was faced with Sam Levine's department of pediatrics where pediatrics was *the* scientific department in the medical school. This seemed to me at that time to be the way things were. And you can imagine the rude shock I got when I got to [Albert] Einstein [College of Medicine], where there were Irving [M.] London and some of the people there who looked upon pediatricians as sort of baby doctors.

DR. DANCIS: That because that persists, unfortunately. You've opened a train of thought that I'd like you to pursue. You came from Washington U, a big children's hospital, major university, and you came to Cornell, New York Hospital which was situated away from the undergraduate school, and the department is a department in a general hospital. Thinking back, how would you compare these two efforts?

DR. BARNETT: Being at a children's hospital and being in a department of pediatrics in a large medical school? This has been discussed a lot and I have given some thought to it. As departments in this country and in Europe are still moving physically from a general teaching hospital to a children's hospital, I'm not at all sure about the advantages and disadvantages. I think pediatrics misses a lot by not being closely involved, not only with the other clinical departments, but with the pre-clinical departments. This tends to happen in children's hospitals. I think my experience at Cornell was influenced by the fact that pediatrics there was such a strong scientific department in a school that didn't have particularly strong science. But as we might talk about later, I am more and more convinced that both on a clinical level, on a psychologic behavioral level, and particularly on a research level, pediatrics needs to be very close to clinical investigators and other clinical departments and, in particular, to basic science departments. If asked, I think I would not encourage taking pediatrics out of the general academic setting into a children's hospital.

DR. DANCIS: And yet, you describe pediatrics as sort of an isolate at Cornell.

DR. BARNETT: I don't think it was clinically. Because of Levine, there were some pretty close relations. But, in that particular instance, I think there was less contact between pediatrics and other clinical departments and research than at Einstein, or than I know occurs in other schools and that I think is important.

DR. DANCIS: Further, about the contrasts now in the departments, Hartmann was a dominant figure, clearly, and Levine was a more gentle dominant figure. What was the difference in the departments? Did that reflect the chief?

DR. BARNETT: Oh, I think so. Hartmann was a dominant figure and did not encourage the development of independent programs within the department. He had most of them related to his interests, particularly if you were a good tennis player. [Laughs] He was an avid tennis player and that was very important in terms of your advancement. I've talked a little bit unkindly about him, which I really don't feel. I'm glad however that when I left to start a new department, I left Sam rather than Hartmann.

DR. DANCIS: Can you enlarge on Sam's style?

DR. BARNETT: Yeah. Sam had this quiet, kindly manner; but Sam was pretty tough. On the other hand, he had a wonderful capacity to judge and to then support people in his department very strongly to do what they wanted to do. This was apparent in many parts of the department. I have such strong feelings about him that I may be biased. It's reflected in this presentation of the Howland Award, the great number of people who developed so well under him, and somewhat independently. A large number of them became department chairmen. He was a wonderful teacher, not only of medical students in clinical pediatrics, but he was a wonderful mentor in guiding younger people emerging in academic medicine.

DR. DANCIS: That's interesting. I knew Sam from a distance, but here we have two major figures with thoroughly different backgrounds and different personalities developing different departments. Let's come back again to Henry. Here you arrive as a young man with a beginning interest in nephrology, which Sam is going to encourage. How did you pursue it? Where did you find the funds? Did Sam make it all possible?

DR. BARNETT: Well, he helped. Our initial studies didn't require much. By the time they moved New York Hospital from 23rd Street to 68th Street [Oscar M.] Schloss had left and Sam was chairman. In designing the department of pediatrics, Sam had arranged to develop a real clinical research center with rooms that were air conditioned and were equipped with laboratories next to them and so forth in the sub-basement or in the sub-sub-

basement. This was original at that time within a clinical department. Harry Gordon and the research they did together, much of which was done in this area, had technicians who were paid for by the department. It was just the beginning of funding from NIH [National Institutes of Health] and from outside sources.

As I recall, fairly soon after I started we did start getting NIH support. Then the next 20 years were the heyday of support of this kind of investigation.

DR. DANCIS: These years now we are talking about are 1946 to '50.

DR. BARNETT: To 1955, nine years.

DR. DANCIS: That's the duration of your stay? Again, pursuing your development, you arrived, as they say, wet behind the ears, but showing promise; I might say pediatric nephrology was in a similar state of development.

DR. BARNETT: Yes, [Adrian] Spitzer said in the recent publication of the International Society of Developmental Renal Physiology that this is where it all began. The stimulus was what we talked about last time. The original observation was that kidney function in infants was not, according to any standard reference, the same as in adults. That was started at Washington University. During those nine years that I was there, that's when we really exploited all the questions or tried to raise and answer all the questions that were developed.

DR. DANCIS: Now, during that period of time, you met a number of people that I consider also leaders in the field. You said Harry Gordon had left already.

DR. BARNETT: Yes, Harry Gordon had left. Carl Smith was there, who was doing wonderful work in hematology. Although he was not a scientist, he was a wonderful clinical investigator. And Sam himself, who was a very good scientist but was not doing it any longer. Then there were a group of younger people about my age, Irv [Irving] Schulman, Heinz Eichenwald, and several of us who were all beginning our careers in academic pediatrics. Barbara Korsch stimulated my continuing interest in developmental behavioral pediatrics and she has continued to be a close and dear friend of ours to this day.

DR. DANCIS: It must have been a wonderful, exciting time.

DR. BARNETT: It was a wonderful nine years, there's no question. I think, in looking back, it was one of my busiest and most satisfying times in academic medicine.

Then Norman came along, Norman Kretchmer. Norman had a PhD in biochemistry and an internship at Montefiore [Hospital]. He then couldn't decide whether to go into pediatrics or geriatrics. He was a friend of Jean Oliver's, who advised him to go into pediatrics and to come with me. So he came on the house staff; he came as an intern and also an assistant professor of biochemistry. Norman taught me a great deal about scientific development research and we remained close friends throughout his outstanding pediatric academic career.

DR. DANCIS: Jean Oliver was a famous renal pathologist. Norman talked about Jean very often.

DR. BARNETT: There was a pretty good spirit among this group of people, all of whom had high respect for Dr. Levine. He played a wonderful role as a mentor and also as a supporter of their careers.

DR. DANCIS: Well, I'm smiling because I'm recalling my first contact with Sam which will amuse you because I took my training out in Queens. Cornell used to have a general conference for pediatricians, practitioners primarily. It was very formal. It was in their auditorium. A case would be presented and Sam would get up there and explain to us in the audience very, very well. I really enjoyed it.

DR. BARNETT: He was wonderful. This is why he did such wonderful international work. He was such a great teacher and sensitive to the people listening.

DR. DANCIS: Sam built a unique department within Cornell and quite unusual across the country. There was quite a concentration of Jews in the department. Sam, himself, was Jewish. Cornell was not famous for being very cordial to Jews, even though Oscar Schloss had been chairman there. How did you feel within this school? Were you comfortable?

DR. BARNETT: Yes. What actually happened when Schloss retired was that they had a search committee and they kept writing throughout the country asking for recommendations and they kept getting the answers, "Look, Sam Levine is there and there is nobody in the country who is better qualified for this position." But they didn't appoint him. There was about a two-year interval when they kept trying not to appoint him. And, finally, they did. This had an affect on Sam.

DR. DANCIS: What kind of an affect?

DR. BARNETT: Well, he was very conscious of the anti-Semitism there. He also had a wonderful sense of humor. He was a realist, you know.

There was a story that always amused me. We needed a neurologist. I was sort of Sam's second person by then, and I finally found one from Harvard who had very good credentials. Sam had said, "Look, Henry, we have too many Jews in the department. We've got to find some people who are equally good, but are not Jewish. I really think we must." He said, "It's just not the school and their attitude, but I think it's wrong for one department to become this identified."

I met this neurologist and I was going to take him in to see Sam. Before he came in, I went in and said, "Sam, we've really got it. Here's a person with wonderful training. He's our kind of person who can do exactly what we want and he's not Jewish." I was brought up in Oklahoma and it didn't occur to me that a person named Taft who looked like Larry [Lawrence Taft] could be Jewish. However, we walked in and Sam took one look at Larry and practically collapsed because he was obviously Jewish. Fortunately he did hire him, however, and Larry has had an outstanding career. [Laughs]

DR. DANCIS: Let's pursue the field of nephrology for awhile because there's a continuity to it. We'll be breaking some of the chronology now and pursuing through your eyes what happened to the field of nephrology.

DR. BARNETT: Yes, this is an article in the *American Journal of Kidney Disease* that Chet [Chester M.] Edelman [Jr.] and I wrote. "The concept of pediatric nephrology as a defined clinical and biochemical discipline within the field of general nephrology emerged between 40 and 50 years ago with the recognition that the basic processes of growth and development had profound influence on renal function." [Barnett HL, Edelman CM Jr. Development of pediatric nephrology. *Am J Kidney Dis.* 1990 Dec.; 16(6):557-62.] So, most of the people in the field now, when they write about this, say that the beginning of pediatric nephrology was the demonstration of the immaturity of the newborn's kidney. It developed, as many of these fields do, extremely rapidly.

The specialty of general nephrology itself included only a small group of people when I first was involved in it with the original organization of the American Society of Nephrology headed by George Schreiner and other internists. I was the only pediatrician in that group. At that time, our meetings were 100-200 people; they are now 4,000 or 5,000.

The same thing has happened in pediatric nephrology. During the nine years at Cornell I was working with a very small group of people: Wallace [W.]

McCrorry, who succeeded me as chairman, Carolyn Forman Piel, who had come as a fellow (by that time, NIH was providing fellowships). We had a relatively modest program. An important person there was a man named Kendrick Hare who was a professional kidney physiologist. I learned most of my kidney physiology from both Harvey Lester White, whom I had mentioned in St. Louis, and also from Kendrick Hare. Our work was pretty substantial during those nine years but pediatric nephrology didn't really develop into a major discipline, both locally and nationally and internationally, until the middle of 1955 and 1960, at which time we were playing a leadership role at Einstein.

It was also being developed elsewhere. Very early in this period, R. [Robert] A. McCance and Elsie Widdowson from Cambridge [University] had become interested. McCance was a very good imaginative investigator and he had started working in it. The subject took hold quickly among people who were interested in any aspect of developmental physiology. The kidney was such a nice organ because of the quantitative assessment that one could make directly of its various functions, far more so than the heart or the nervous system, for example. So, it appealed to developmental physiologists as a field to explore. I think that's part of the reason why it developed really quite quickly until there are now, at the conference that I mentioned of Adrian Spitzer's, some 400 or 500 people from all over the world at an international congress on developmental renal physiology.

DR. DANCIS: Now, you really carried this interest from New York Hospital up to Einstein with you and there it exploded?

DR. BARNETT: There it exploded, yes, with Chester Edelmann, primarily, and Adrian Spitzer. Then a whole group of people formed a large research group. I had diminishing participation in it as Chairman of the department. The field very soon extended from the kind of descriptive physiology that I had done, into biomedical mechanisms and into the more basic scientific aspects. We were in touch with Homer Smith at NYU, who gave us some predictions as to what we would find and they were almost invariably right.

DR. DANCIS: Tell me how it became an international project.

DR. BARNETT: It was partly through McCance because we were corresponding and exchanging ideas and exchanging papers. Also I think it came through the general international pediatric organizations where pediatricians from different countries were getting together. One of my present very best friends is Fumio Yamashita of Japan. We met at a conference in Helsinki, I think at the International Pediatric Association. I had given a paper on developmental renal physiology and he had read our published papers. He

asked if I would be willing to come to Japan next month and get them started in the field.

DR. DANCIS: Did you go?

DR. BARNETT: Oh, yes. We've been there many times since.

DR. DANCIS: What did you do there?

DR. BARNETT: Well, in the first visit I worked with the people like Fumio who were beginning to study pediatric nephrology and I also discussed general pediatricians in the United States.

DR. DANCIS: Is this Tokyo we are talking about?

DR. BARNETT: No, it's in Kurume in Kyushu where he was the Chairman. He was an extraordinary Japanese academician and was very interested in Western ways and Western things and he came here frequently. We were there several times and our son came one time and painted murals in his hospital. We developed a very warm relationship.

DR. DANCIS: How long of a period would you spend there at any one time?

DR. BARNETT: The longest was a period of, I guess, a month or six weeks. At the beginning of the Japanese Society for Pediatric Nephrology I went just for a few days.

DR. DANCIS: Did you have similar experiences in bringing the message elsewhere?

DR. BARNETT: It was quite different in Europe, for example. It was more like visiting different departments here, who were starting departments of pediatric nephrology. The International Study of Kidney Disease in Children [ISKDC], was organized originally at the time I had a sabbatical from Einstein. It's sort of an interesting story because most medical schools didn't give sabbaticals at that time, although some did. At Einstein, we wanted to do everything other schools did. What I did was sort of underhanded, in a way. I went to Abe [Abraham] White, who was the chairman of chemistry and the associate dean, who was the academic leader with Marcus Kogel as the Dean. I said, "I presume we are going to have sabbaticals here." He said, "Well, do other schools?" I said "Well, I know one anyway that did," and he said, "Well, then we should, too."

We went to London where we were for a year. I was at the London School of Hygiene and Tropical Medicine. As chairman of the department, it had become obvious that I couldn't really continue to work actively and direct in the nephrology division. I had become interested in epidemiology and clinical trials and scientific aspects of clinical medicine.

DR. DANCIS: What year now?

DR. BARNETT: This was 1967. I took the course at the London School of Hygiene and Tropical Medicine in biostatistics and epidemiology with Donald Reid and, at that time, I worked with him and conceived the idea of a series of clinical trials of kidney disease in children. We met with several people, especially Gavin Arneil in Glasgow, and Dick [Richard H. R.] White in Birmingham, and we were supported by one of the British drug houses.

DR. DANCIS: [Burroughs] Wellcome?

DR. BARNETT: Wellcome, yes. We developed this so-called International Study of Kidney Disease in Children. We had a preliminary meeting in London with people from various places in Europe, including Scandinavia; there were also people there from Israel. As a matter of fact, that's when I met Fumio, because he had come from Japan for this. We began to develop protocols for clinical trials of almost all the important kidney diseases in children. One of the things that stirred us on, really, was that one of our first trials was to test azathioprine in kidney disease in children. It was one of the nephrotic syndromes with a certain pathology, which was very resistant to treatment, membranoproliferative glomerulonephritis. One of the investigators from Texas, I can't think of his name was part of our group. He was so convinced that azathioprine was helpful that he wouldn't participate in the trial, which was fine.

That first trial was rigorously designed because I had the help of Donald Reid. As it turned out, azathioprine had no beneficial effect. This really spurred us on to try many others. And this went on for ten or twelve years, with long-term follow-ups. There have been many publications, and recently some publications of twenty-year follow-ups on some of the children who were in our initial trials.

DR. DANCIS: Let me get this straight now because this is interesting and to my knowledge, pioneering, Henry. First, in going to London in the first place, you must have had an idea that you wanted to enter this field.

DR. BARNETT: Yes, I had a Commonwealth Fellowship and I had contacted the London School of Hygiene and Tropical Medicine because that's what I wanted to do. I wanted to get some training in biostatistics and epidemiology.

DR. DANCIS: So, you went there as a student?

DR. BARNETT: Yes, as a student.

DR. DANCIS: To learn what t-tests and p-values are and all that sort of thing?

DR. BARNETT: Also the principles of clinical trials. I spent a year there.

DR. DANCIS: From a student, during that year, you conceived the idea of multi-institutional trials? That's quite a jump.

DR. BARNETT: And international.

DR. DANCIS: That's quite a jump. I don't know of any going on that early in the game.

DR. BARNETT: No, I think this was one of the earliest cooperative clinical trials and the earliest international trial in something other than infectious disease. By then it was very well established in infectious disease, but not in a chronic illness such as nephrotic syndrome, which was our major focus. Jay Bernstein, from Detroit, was the pathologist and we had really a very good group together. It was very exciting.

DR. DANCIS: Very difficult I would think.

DR. BARNETT: It was difficult and I felt one of the most rewarding things I have done.

TAPE 2, SIDE 2

DR. DANCIS: We are continuing with the interview of August 8, 1996. This is side two of tape two.

Now, we're talking about this international group. I always considered it horrendous to get so many different people on one track, which you succeeded in doing. What were the major accomplishments of that type of effort?

DR. BARNETT: Well, I think in terms of the actual things done that it provided, in clinical medicine, a more scientific basis for what we were doing

and also for classification. There were 22 centers in 11 countries: Canada, England, Finland, France, Israel, Japan, Mexico, the Netherlands, Scotland, Spain, and the United States. Since 1967, 13 controlled therapeutic trials and clinical surveys have been conducted by the ISKDC on children with primary nephrotic syndrome, severe anaphylactoid purpura and familial nephritis. This actually started in 1966. And this is the first paper on controlled clinical trials.

DR. DANCIS: I'm holding in evidence here, a paper reprinted from *Lancet* in 1970 on the controlled trial of azathioprine in children with nephrotic syndrome. I see many familiar names here. I see Niilo Hallman, Chet Edelmann, and Ira Greifer, of course. That's quite a group. [Abramaowicz M, Barnett HL, Edelmann CM Jr., Greifer I, et al. Controlled trial of azathioprine in children with nephrotic syndrome. A report for the International Study of Kidney Disease in Children. *Lancet*. 1970;1(7650):959-61.]

DR. BARNETT: Yeah, it was exciting. We all got to know one other very well.

DR. DANCIS: Let's come back to where we left you at Cornell, New York Hospital. At the time you were there, there were three major figures who were chairmen in New York City. They were so contemporaneous that all three retired the same year.

DR. BARNETT: I didn't realize that.

DR. DANCIS: It was absolutely remarkable. There was Sam Levine, Rusty [Rustin] McIntosh at Columbia, and [Luther] Emmett Holt [Jr.] here. And you, Henry, knew all of them both professionally and personally. They are important, I think, to an archives like this because I view the history. Those three were the step in between the actual beginning of pediatrics. After all [Luther Emmett] Holt, Sr, was part of the origin, linked to [William] Osler, Job [Lewis] Smith, [Abraham] Jacobi, so that you knew the people who knew. Can you tell us something about them that should be recorded in these archives?

DR. BARNETT: I really don't know and I'm not sure I ever knew much about the relations between the three of them. Sam was very circumspect about things that had any political significance or potential significance. He also almost never gave judgments or personal criticisms about anyone. About his relationship with them, I really knew very little. My relationship with him, as you know, was almost like family.

I got to know Rusty and Emmett mostly through their asking me to work on the textbook, *Pediatrics* with them. I think we talked a little bit last time about the

fact that one of these concerned the treatment for diarrhea, and I had an argument with Dan [Daniel C.] Darrow who had written the chapter in the edition we were revising. During that period, I really enjoyed them very much, both of them. They were quite different people and I liked the qualities that each one represented. Emmett was very critical. He was a gentleman, but he could be pretty sharp. Rusty was sort of “above the fray” about everything.

By that time, we had bought a place in Sheffield, Massachusetts and Rusty had a place in Tyringham, Massachusetts, which was not far from us. The three of us used to meet at Rusty’s place in Tyringham to work on the book. These were nice meetings. Rusty’s wife, Millicent, who had been Dean at Barnard [College], was a charming hostess. I don’t think I met Mrs. Holt. Emmett would come by himself, so that most of the time it was with the McIntoshs.

That’s pretty much the way I think about them. Rusty was a fine clinician and certainly not a scientist and made no claims. Emmett, I felt, was a knowledgeable scientist as well as a good clinician and teacher. I don’t know about them as teachers except Rusty was widely acclaimed by his students as an excellent teacher.

DR. DANCIS: Give us a picture, Henry, here the three of you are in this country home of Rusty’s which I can picture. Rusty was a gentleman, a country gentleman, that’s where he retired to, a musician, or at least his sons were, and here you are sitting, maybe there’s a fire in the fireplace, who knows? What was it like with the three of you working together?

DR. BARNETT: Well, I don’t have any strong memories or reactions to it. I don’t think it was conflictual. Each of us had done certain chapters, which we went over. I don’t recall any real antagonism or any real conflicts. We’d have lunch and it was pleasant. I wasn’t completely at ease with them.

DR. DANCIS: You were quite junior.

DR. BARNETT: I was quite junior, yes. But I enjoyed the association and I was very proud to be involved in it.

DR. DANCIS: I’m sorry I never really knew Rusty well. I knew him least well of the three. I knew of him, of course through Emmett Holt. It’s curious, they were quite different personalities and they had put quite a different stamp on each of the departments.

Well, we come next, really, after nine years, to a decision of yours to leave your comfortable nest. How did that come about?

DR. BARNETT: Sam was an adviser to the people at Einstein while it was being developed and he knew they were looking for a chairman of pediatrics and he recommended me. In the later period when I left Einstein to go to the Children's Aid Society I told my colleagues I had loved what I had been doing for 40 years, but I was tired of loving it. [Laughs] The same was true of the nine years I had spent at Cornell.

DR. DANCIS: How old were you?

DR. BARNETT: Well, I went there in 1955. I was born in 1914, so I was 41.

DR. DANCIS: Forty-one, that's a fairly young man. You really had not been superannuated at Cornell, but you were restless.

DR. BARNETT: I'm not sure I was restless. Sam sort of encouraged me to do this and I think, on balance, I saw this as a good opportunity.

DR. DANCIS: Opportunity for what?

DR. BARNETT: Well, in a new school to do some of things that I thought were important in a department of pediatrics. I guess I was ready for it.

DR. DANCIS: You had, then, some thoughts as to what you would like to see in the pediatric department, which you could create. Am I interpreting it right?

DR. BARNETT: I think that's putting it correctly, yes.

DR. DANCIS: Can you tell us what they were?

DR. BARNETT: Well, as I mentioned before, they were pretty much modeled after Sam's department. I don't know what I thought I could do differently except that I thought maybe I would have more freedom than Sam had had since, although nonsectarian, it was a school under Jewish auspices. I think that meant something to me. I don't know, I'm not very introspective about these things. I think I saw it as an opportunity for an important next step in my career.

DR. DANCIS: Well, what I'm groping for, Henry, is this. There is one aspect that is personal. You had achieved quite a lot where you were, and you were at an age where people commonly look for a change, young and vigorous, but something new. That's personal. The other that I'm looking for is whether you had a clear idea of what you wanted to do, except something different.

DR. BARNETT: Yes. I'm not sure, but I think I probably thought there was an opportunity of exploring part of my original interest in the psychologic aspects of pediatrics and the socioeconomic-political aspects of the practice of pediatrics. This may have been augmented by my relationship with Lewis Fraad who had been at Cornell in geographic full-time practice and had a great influence on the students. His appointment was the first one I made at Einstein

DR. DANCIS: Tell us about Lew.

DR. BARNETT: Well, he was an extraordinary person. He had a tremendous interest in people, in politics and in the world. He was very active in all sorts of things. He also was a realist and was more accepting, I think. He was one sort of pediatrician and I was another; somebody else was another -- he didn't have any problems with that. He admired the scientists; he admired other people; but he was his own person and probably as good as they come with what he was doing. He was a wonderful practitioner.

DR. DANCIS: He influenced you.

DR. BARNETT: Yes. Well, I think that in a medical school his emphasis was more important than was recognized at Cornell or elsewhere where I had been. I thought that there would be an opportunity through him to provide for the sort of things which he represented and which I thought were important in medical education.

DR. DANCIS: Let's think back now to 1955 because this is an unusual situation. A new medical school from nothing. You had a very forceful Dean, I have forgotten his name.

DR. BARNETT: Marcus Kogel.

DR. DANCIS: Kogel. Yes, I knew him. A very doing dean, a good man to have on your side. Then you were designated as department chairman. Period. What did you do?

DR. BARNETT: Most of my discussions were with Abe White, who, as I mentioned before, was the chairman of the department of biochemistry and the associate dean, and who was the academic part of the dean's office. He had great hopes for the school and urged me, after we got to know one another, to come. The only other person at the school then, besides White and some people he had, was Leo [M.] Davidoff, the neurosurgeon, very prominent, and Al [Alfred] Angrist, who was a pathologist. Angrist was a friend of Kogel and

Davidoff was a friend of [Harry M.] Zimmerman, who had originally been dean before Kogel, so he was very involved with the development of the school. I was really the first unrelated clinical chairman. I decided that I did want to do it. I would make more money, and I think that had something to do with it; but that wasn't a prominent factor. I think the things we have been talking about are the reasons. I was sort of ready, and this seemed like an unusual opportunity.

DR. DANCIS: I think we can get some insight by some of the objective measures. You had no staff. You brought Lew with you, Lew Fraad, anybody else?

DR. BARNETT: There was somebody working with me in nephrology.

DR. DANCIS: Was that Helen?

DR. BARNETT: No, this was a young, foreign-trained physician, Madoka Shibuya, who was there as a fellow.

DR. DANCIS: Just those two?

DR. BARNETT: Just those two.

DR. DANCIS: Well, here I am, Henry Barnett, and I need a department. Who do I look for?

DR. BARNETT: Well, the other advantage was that the school opened with the pre-clinical departments, but the students were not getting pediatrics except for some minor participation in teaching for the first two years. So I had two years to give thought to this and to recruit. At that time we were spending summers in Putney, Vermont, and Lewis Fraad came up to visit me and I talked with him. I told him I had decided to go and about his coming with me. He said "I would like to, but you're taking on a lot of problems, you know, from my reputation politically and so forth." Anyway, I said, "Well, I'm ready to do that." He decided he would come.

You put it quite right. Here I was, as chairman of the department of pediatrics without any other chairmen, in a new school with Lewis and this young woman. Well, I guess one of the first things I did was to look at people I knew at Cornell and New York Hospital, the young people, because I had to start a clinical service. I was fortunate in getting Julian Schorr as the first chief resident and then Chet Edelmann as the second. We had a wonderful Japanese doctor, who at our rounds would sit right up front, very straight like a proper Japanese, and didn't understand a word that we were talking about. We had

some good people interested in the school for various reasons, either because I knew them or because they liked the idea of the school.

DR. DANCIS: These were local practitioners?

DR. BARNETT: No, these were house staff.

DR. DANCIS: Who was the first additional faculty member that you hired?

DR. BARNETT: I think it might have been Edna [H.] Sobel, an endocrinologist from Boston Children's [Hospital].

DR. DANCIS: She must have been very young at the time, just starting?

DR. BARNETT: No, she had worked with [Nathan B.] Talbot at MGH [Massachusetts General Hospital] and she was pretty established as a pediatric endocrinologist. She was a difficult person, but very committed. I was also on committees to select other chairmen and I helped to recruit Irv London and Al [Alfred] Gilman.

DR. DANCIS: Irv London, again for the purposes of the tape, was the chairman of medicine who came from Columbia, who had already established quite a reputation. He studied metabolic pathways. Edna Sobel had this very unfortunate physical problem which may have easily colored her personality. It was quite severe. Irv recommended her highly.

DR. BARNETT: I'm trying to think who were the initial people because Irv was already there when she came.

DR. DANCIS: This is Dancis speaking again. Just to explain, that it's an hour and a half that we've been talking. We've really run out of steam, as you can see, from the last few sentences. We decided to break off at this point and take up again at the next session.

TAPE 3, SIDE 1

DR. DANCIS: Monday, it's 10:30 am. Dr. Barnett and I are in the plans room at New York University Medical Center. This is our third meeting and we shall focus this time on Dr. Barnett's association with the Albert Einstein School of Medicine. So, let's start at the beginning, Henry. When did you first become aware of this project of starting a new medical school and who made you aware of it?

DR. BARNETT: Actually, it was Sam Levine who was a consultant for the group who were considering starting a new school. As I understood it, although I was not involved, the interest in starting a new medical school in a city where there were already four at that time was that they really wanted to have one supported by Jewish money, by Jewish philanthropy. I think from the very beginning they did not want it to be a Jewish medical school in terms of selection of staff or students. Also, at that time, Mount Sinai [Hospital] had no medical school, so the possibility would be that it would be established with Mount Sinai. However, the people who were primarily involved with its beginning, Nathaniel [L.] Goldstein and others, were mostly from an Orthodox Jewish group. They had, I think, considered doing it at Brandeis University but then didn't do it and decided to do it independently. The reason why I became interested was that I was at about that stage in my career at Cornell, where-- I'm not certain why. I think in large part because of Sam Levine. He was interested in the school and thought it would be good for me and for their school. I was about ready to take on a different kind of responsibility.

DR. DANCIS: I remain curious, Henry. Some people, obviously with wealth, wanted to have a school supported by Jewish money, the Jewish community. That was the driving force. Now, historically, establishing Jewish hospitals was because Jews had little opportunity to get into some of the major hospitals, Mt. Sinai, for example. Was that part of this?

DR. BARNETT: I think so. At least it became very apparent when we started recruiting faculty for the school that this would have been a very good reason. At that time, there were more highly desirable associate professors of any subject who were Jewish who were not being made chairman or not being promoted and there was no question that there was, throughout the country a degree of prejudice against promoting Jews to these positions. As I say, this became evident because of the ease with which we were able to recruit outstanding people who should have been at a higher level, but weren't because of this. Saul Korey was an example and other people in the department of medicine, and I think even Irv London, to a certain extent.

DR. DANCIS: This was not sufficient to attract you, for example, was it?

DR. BARNETT: No, I don't think so. I think, however, the idea of starting from scratch in a new school and particularly with some of the things I had seen at Cornell did have some appeal. I guess I should not say it did influence me because, as I think I told you, they delayed appointing Sam Levine chairman for many years. I think only because he was Jewish. Cornell, at that time, was outstanding in their prejudice against minority or religious groups. Also, as I mentioned earlier, I had major interests in medical education. My earlier focus

had been on developmental renal research and developmental physiology and on treatment of children with kidney disease and general pediatrics. But, I had been very greatly influenced by Milton Senn and was quite interested in the possibility of a broader approach toward academic pediatrics.

DR. DANCIS: I'm going to pursue this, Henry, but let's start in more general terms. We can start when Sam talked to you, or we can start on what must have been a written mission for the school. Were the goals different from other established schools?

DR. BARNETT: I don't think so. The reason I don't think so is that once I got there, the different goals of the different chairmen were so diverse that I don't think the school as a whole had any goals other than being nonsectarian and using only merit in the selection of their faculty and students. You know it was a complicated group of people.

DR. DANCIS: Well, that's not unusual. It comes down to individuals. We'll talk about that. When you decided to accept the position, were there other chairmen that had been accepted already?

DR. BARNETT: By that time, Marcus Kogel had been made Dean. He was the commissioner of hospitals of New York City. He was a very vigorous, bright and energetic person. Zimmerman was really the first temporary dean who was a much more academic person and who believed that you build a building and then get all the money you want, and then you started a school. Marcus said you start a school and then you build a building. He was that sort of person and was very effective. He was personally, in a sense, very lovable, but in an unlovable manner.

DR. DANCIS: [Laughs] I never heard him described as lovable.

DR. BARNETT: He was, but he was very direct and very straightforward. He had appointed Al Angrist, a friend of his who was a pathologist from one of the hospitals, I guess Queens General, and Leo Davidoff, who had been very instrumental in helping to get the school formed.

DR. DANCIS: The neurosurgeon from Brooklyn?

DR. BARNETT: Yes, the neurosurgeon from Brooklyn. He was the only chairman of a clinical department when I came. Abe White was head of biochemistry and was the associate dean. He was sort of the Academic Dean for Kogel. So, those are the main people whom I met when I came there. Kogel did things very quickly. He told me exactly what they were doing, what

they wanted, and that they wanted me to be chairman of the department of Pediatrics. That was it. He had decided that, I think with advice from Abe, but maybe not much more.

DR. DANCIS: I knew Kogel.

DR. BARNETT: You did, eh?

DR. DANCIS: Your description is apt.

DR. BARNETT: As a matter of fact, one of the shocking things to me was that I had told him about an internist at New York Hospital who was a marvelous clinician, greatly respected and a good teacher. I won't mention his name. He was someone whom I admired very much and I thought it might be worth Marcus meeting with him to get some of his views on this. I remember we had lunch at a Howard Johnson near the school. They talked for quite awhile. Then, Marcus said to him, "How would you like to be chairman of the department of medicine?" And I almost dropped out of my seat. This man was not my idea of the type of person who should be head of the department of medicine. But, this is the way Marcus operated.

DR. DANCIS: No search committee.

DR. BARNETT: No search committee. This was in 1954, with the opening of the school planned for 1955. I spent a good deal of that year still on the faculty at Cornell, but also at Albert Einstein recruiting other chairmen.

DR. DANCIS: You planned to receive medical students in 1955?

DR. BARNETT: No. Well, we were going to receive first-year medical students, but no clinical teaching for them until they got to their junior years. So we had two years to prepare for that.

DR. DANCIS: You had the building for their pre-clinical years?

DR. BARNETT: Right. Abe White was very important and instrumental in recruiting and in preparing the building for an academic school. He was quite a good academician.

DR. DANCIS: He was the biochemist?

DR. BARNETT: He was the biochemist.

DR. DANCIS: Did he have understanding of clinical medicine?

DR. BARNETT: Yes, yes. And very interested in our selection of clinical faculty.

DR. DANCIS: So, what did you do during those two years? Incidentally, did you have a carte blanche; did you have a budget? What constraints were there?

DR. BARNETT: As far as the department was concerned, I was not given any real constraints. I was there to develop a department of pediatrics. We were going to have responsibility for patient care in the new Bronx Municipal Hospital Center. Kogel had been Commissioner of Hospitals. This was the first instance in which the department of hospitals was supporting the development of a medical school faculty. Up until that time, when there was an affiliation between a medical school and a municipal hospital, the city paid for the laboratory and for radiology, for the non-clinical parts. But, they didn't pay anything toward the faculty of the hospital who cared for the patients. They were all volunteers. As a matter of fact, this was when Lincoln Hospital had such a wonderful reputation because of the wonderful staff of volunteer physicians. Kogel was able to arrange a contract such as developed in many schools with the city, to staff the city hospital and to provide money for salaries of clinical faculty.

I don't think I was given any idea as to what my budget would be for this. My beginning salary was \$20,000 a year, which was way above the \$14,000 I was making at Cornell after nine years; I had started at \$4,000, so that that to me was quite an increase.

Most of this time we spent actually recruiting faculty. I did this mostly with Abe White. We would go to meetings together and so forth. To me, the most important was to be the selection of the head of the department of medicine. Leo Davidoff was as fine a chairman of neurosurgery as one could have. He was an outstanding and wonderful person and although not from an academic background, he understood very well what an academic position was. I had known Irv London through other things, and although we had many differences of opinion even before this came up about medical education, I had a lot of respect for him. I think Irv was ready to move; I can't remember whether he had not been appointed chairman at P&S [Columbia University College of Physicians and Surgeons].

DR. DANCIS: He had not?

DR. BARNETT: He had not. I'm not clear, I don't remember whether this was one of the reasons why he was available. But, I remember meeting with him at our apartment on West End Avenue and his being very concerned about the fact that this was under Jewish auspices and how this was going to affect the school adversely. So, I told him, insofar as I understood, I believed that it would not; that it might affect some of the closing hours on Saturday or so forth, but insofar as selection of faculty and students, I was confident that it wouldn't.

I remember very well, Irv and I being at a meeting in Atlantic City, at one of the Spring meetings, when we were looking for a Chairman of Microbiology, as it was called at that time. I don't mind saying this, we were very interested in Bernie [Bernard] Davis coming to the school. I was disappointed in a way because I had a lot of respect for Bernie Davis, who said, in fact, that he wouldn't do it because he was afraid that all anyone would have to do is give a donation in order to get an unqualified student to come to the school. He was implying that a school under Jewish auspices would be subject to this sort of thing.

DR. DANCIS: That didn't work out that way.

DR. BARNETT: It didn't work out, as far as I know, any more than it does in any place where a son or daughter of a faculty member was given some preference, if they were really qualified. But it did not. I think Irv had a lot to do with guarding against this. He was a lot more concerned about it than I was. But, actually I can't remember when they decided that the library could be open on Saturday. That was a victory for this part of it.

DR. DANCIS: Again for the record, Bernie Davis at that time must have been chairman of pharmacology at NYU.

DR. BARNETT: Before he went to Harvard [Medical School].

DR. DANCIS: Before he went to Harvard, yes. Irv London was in the Department of Medicine and had done some outstanding work on intermediary metabolism. He then eventually went to MIT [Massachusetts Institute of Technology]. So, these were men that certainly could have made their way and would have made their way regardless.

DR. BARNETT: Absolutely. I mentioned Saul Korey before because Irv really recruited outstanding people. Saul was an exceptional person.

DR. DANCIS: Saul was a neurologist.

DR. BARNETT: Neurology, yes. But, really a genius. Later Irv was responsible for Harry Eagle coming. I think that the rapid growth of the school nationally could be attributed largely to Irv. I think our department became known nationally, but for different reasons, and a pediatric department was not as prominent as a department of medicine.

DR. DANCIS: Harry Eagle was with the department of microbiology?

DR. BARNETT: Yes, the department of microbiology

DR. DANCIS: Again, an outstanding man that attracted attention almost at once.

DR. BARNETT: Absolutely. I can remember Irv coming and getting my support for it and telling me how outstanding he was.

So, that was what I did during 1954. We also had a lot to do with setting up the pediatric section in the Bronx Municipal Hospital Center. I had talked with a few people then, the major one being, as I will continue to say, that part of the strength of the department was the fact that Lewis Fraad came as my main associate.

DR. DANCIS: Now, Lew Fraad was a superb clinician and, well, I'll go no further.

DR. BARNETT: Lew was a superb teacher in elements of pediatric care and medical care in general. Although I was almost at the other end of the academic field, I thought that one of things that we might do there better than what was being done in other schools was to teach the medical students and house staff the kind of things that Lewis Fraad was so superb at. He was an outstanding teacher and had a wonderful sense of humor. He was a charming person and all the students loved him. The other thing about Lewis is that, unlike a lot of fine clinicians, Lewis understood and had great respect for the research. He didn't downgrade research because he was not appreciated in what he contributed. I think one of the things that helped at the beginning of the department was that he had these qualities and I had the more standard qualities for an academic person in research. This was a very good and very fortunate combination.

I remember after the department had become so well known and so attractive to people in both areas, Charlie [Charles A.] Janeway [chairman at Harvard] came and visited us and was so impressed with Lewis and with what the students were getting from him. He said, "Gee, maybe I ought to find a practitioner, a clinician, for our department." I remember telling him that I

thought it would be difficult because Lewis wasn't just a superb clinician. He had a lot more than that in terms of what he was contributing to the department and to the school.

DR. DANCIS: This emphasis on teaching medical students in the early fifties was a bit unusual. Everybody was looking for investigators, researchers, in order to establish their reputation with the department.

DR. BARNETT: I suppose this was one of the things that I was trying to do in this new school. It was interesting, because by then Irv had gotten Al Gilman as professor of pharmacology and Irv's whole department didn't agree with me on the importance of Lewis' role in a medical school. Their thought was, "This was not our basic business; our basic business was research." At our faculty meetings, we used to have a real conflict about this.

DR. DANCIS: That's interesting because now, in the nineties, there's a swing back to the importance of teaching students.

DR. BARNETT: There is an anecdote that I think exemplifies what I am saying now, about when I wanted to promote Lewis from associate to full professor. Ernst Scharrer, who was the anatomist from Colorado, was an outstanding person, as was his wife, Berta Scharrer. She has recently received some awards for her work with the biology of insects. Ernst was really wonderful and we became quite good friends. When I proposed Lewis' promotion, Ernst really was angry about it. He told me he was terribly disappointed in me that I would even suggest a full professional rank for someone, as much as he liked Lewis, with his background and contribution. As a matter of fact, we broke up a developing friendship; he felt so strongly about it.

DR. DANCIS: What happened? Did he get his promotion?

DR. BARNETT: He got his promotion, finally. The other part of this story was that Irv London had voted against it, as you might expect. Several years later, Irv had one of his chief residents, a wonderful tertiary care clinician; he was not a Lewis Fraad but he was a fine faculty member who was an expert. Irv came to see me and said, "Henry, one of the things I've always been sorry about is that I voted against Lewis Fraad's promotion and I want you to know that. Now, so-and-so is coming up for promotion." Earlier this man had never done any research. For a couple of years before proposing him, Irv had him do some research in nephrology and kidney disease. So, I said, and I'm kind of ashamed of this, "You know, Irv, if this man had never done any research I

would have supported him wholeheartedly. But, the research he did is poor, in my judgment, and I don't think I can support that."

DR. DANCIS: Well, it's ironic. Well, again, for the record, that problem has not been resolved yet. People are still facing the question of the invaluable faculty member who does no research, and how to recognize it. There are devices used right here at NYU, as you know. Part of our constraints has been the association with the university. They have written out careful guidelines as to what makes a professor.

DR. BARNETT: In terms of scholarship?

DR. DANCIS: Scholarship and national reputation, which practitioners rarely have. In a way, being a new school gave you an opportunity, but I would guess that you were 40 years ahead of your time.

DR. BARNETT: Yes, although I was not representative of the Einstein faculty because what they kept telling me was, "Look, Henry, we agree with you. We should pay more attention to these things, but let's establish ourselves as an outstanding scientific institution before, and then let's do this." I'd say, "Let's do this and let's do that. Let's do them both!" But, that was a continued fight all the time in those earlier years.

DR. DANCIS: Let's pursue your efforts at recruiting a faculty then, after Lew.

DR. BARNETT: Yes. I've talked with some of our people about this because that's where I blocked last time. We didn't recruit a faculty very rapidly. I think the first full-time person was Edna Sobel, the pediatric endocrinologist from Harvard. Irv came to me and praised me for that appointment. I rather think what helped us, for reasons that I'll say later, is that very early we had an outstanding house staff of people who were very impressive to people who visited our school. Chester Edelmann, who succeeded me, was one of the early residents. Ira Greifer, who had some national recognition for his work in nephrology. The first ten residents were outstanding people.

DR. DANCIS: How did you get them?

DR. BARNETT: Our first residency staff was about half foreign medical graduates. We had a wonderful Japanese intern who understood very little English. He would sit in the front row at every one of our conferences, straight as could be, listening to every word but at the beginning I don't think he understood much of it. Julian Schorr, who had been at Cornell, was our first resident. I don't know what attracted some of the residents. It may have been that it was a school under Jewish auspices, although they weren't all Jewish.

But, they really were an outstanding group. And here again, I think Lewis was very instrumental because when they went around looking for internships and residencies, they didn't meet many people like Lewis. It so happened that of the first ten residents, I think four or five ended up doing research in academic medicine once they got there. When we invited people to come to speak, whom we were also interested in as faculty members, I think they were impressed with the spirit in the department between Lewis and myself, but also with the attitude of the residents who did a lot of the recruiting. Among those people, the prominent ones, which was mostly after 1960, were really outstanding people. Abe [Abraham M.] Rudolph, John Robbins, Heinz Eichenwald and other outstanding people. I think they were attracted to our department through the combination of things that I have been talking about.

DR. DANCIS: Now, let's again for the record, go back over those names because some people may not know them. You mentioned Abe Rudolph.

DR. BARNETT: Abe Rudolph, who had come from Boston Children's [Hospital], from Harvard and was doing creative research there in cardiac physiology and was equally outstanding as a clinician and teacher. He visited us and we were all very impressed with him, as everybody has been who has known him. I don't remember how John Robbins was recruited, but he was there for two or three years.

DR. DANCIS: He came from here, didn't he? He was a student here, but I don't know what happened after that. John Robbins, just received the [Albert] Lasker [Clinical Medical Research] Award for his work on vaccines.

DR. BARNETT: For his work on Hemophilus b influenza vaccine.

There are others: [Emile M.] Scarpelli, who was in pulmonary physiology and [J. Gordon] Millichap in neurology. We weren't helped really very much by the department of medicine. As a matter of fact, they criticized some of our appointments as not being up to their standard. Not Abe, Edna, or John, but others they did criticize. Then, I don't exactly remember the year, but an important person in the development of the department was Harry Gordon who had been chairman of the department of pediatrics at [University of] Colorado. He had been at Mt. Sinai Hospital and had come from Yale [University]. I had known Harry through a variety of meetings and so forth.

DR. DANCIS: You missed him at Cornell. He had spent some important years there.

DR. BARNETT: He left the year I came. He and Sam did very basic work on the metabolism and clinical care of premature infants at Cornell. He left to become chairman at Colorado.

DR. DANCIS: That's how I remember it.

DR. BARNETT: Yes, and then, he had hoped to go from Colorado to Yale but he was not appointed as chairman at Yale, so he left Colorado and came to Mt. Sinai in Baltimore as head of pediatrics. That's where he was when I recruited him.

DR. DANCIS: There were big problems in Colorado at the time with practitioners and academicians and I think he may have been disappointed. So he came in as a member of the faculty.

DR. BARNETT: Yes, as a member of the department, and also to apply for the [Rose F.] Kennedy Center that was established during the Kennedy administration, for research in mental retardation and human development. As you will remember, one of Kennedy's sisters was mentally retarded. The whole family was interested in this and they set up a large fund for establishment of centers. And Harry, who by then had attained considerable national importance with the government for various things, came to our department and to the school with the purpose of applying and establishing a Kennedy Center at Einstein. He brought [Harold] Nitowsky, a pediatric geneticist and several others.

DR. DANCIS: Nitowsky was a student of his in Baltimore.

DR. BARNETT: That's correct.

DR. DANCIS: When you said Sinai, you meant Sinai in Baltimore?

DR. BARNETT: Yes, in Baltimore, that's right. And by then the department was pretty broad and pretty well established. Before aid came, the major research work was in nephrology, which I was still doing with Chester Edelmann, Ira Greifer, and Adrian Spitzer. A fairly large group took over and I think we achieved a very favorable position in terms of intern and resident recruitment. This was a period when departments at other academic centers in New York were not at their strongest point, at least from our view. Rusty was retiring, Emmett was retiring, and so forth.

DR. DANCIS: Also, recruiting faculty of that caliber. Just about everybody that you have mentioned has achieved considerable prominence.

DR. BARNETT: Yes.

DR. DANCIS: Recruiting faculty now is so difficult. The requirements imposed by the recruitment process is so expensive and the capable people are not that numerous. What was different at that time?

DR. BARNETT: I don't know. I was the sort of chairman who tended to be non-directive, you know, and once they got here I left them alone. They raised their own money and, I don't know, it was just a different period. I think a part of what was different was that support for research through NIH [National Institutes of Health] was fairly easy to obtain. We didn't have much of a University budget and most of these people like Abe and John and the others were actually supporting themselves.

DR. DANCIS: Let's stop here. We're almost at the end of this tape.

TAPE 3, SIDE 2

DR. DANCIS: We are now on the second side of the third tape of the interview with Dr. Barnett, and I interrupted you at that point.

DR. BARNETT: I'm just looking at a list I made here where I neglected to mention in our discussion some of the important people. One was Larry [Lawrence T.] Taft who later became chairman in New Jersey and the other was Arnold Einhorn who was one of our early residents. [Laughs] There is quite a story on Einhorn, but he played a central role in our taking over the pediatric service at Lincoln Hospital. That was the forerunner of an academic department taking responsibility for a city hospital other than their major city teaching hospital such as Bronx Municipal Hospital Center. Kogel wanted it. The rest of the heads of our clinical department heads, like Irv, did not; they thought it was a mistake, although later they did do it.

DR. DANCIS: This is really a conflict there in vision as to what an academic institution should be involved.

DR. BARNETT: Exactly. And I don't know, I think in ways I might have been not given a completely free choice because Kogel wanted it.

DR. DANCIS: You mean Lincoln Hospital?

DR. BARNETT: Lincoln. Lewis was all in favor of it because it had a strong community and political kind of effect.

DR. DANCIS: It fit his philosophy.

DR. BARNETT: And I was not against it and since we didn't have any conflict about it, we did it.

DR. DANCIS: Since we're into Lincoln, it is a digression, but an interesting one. Let's expand on it a little. I remember when Arnold took over Lincoln; it was a model of what academic trained individuals could do with the community service hospital.

DR. BARNETT: Absolutely.

DR. DANCIS: And then something happened.

DR. BARNETT: [Laughs] Well, the house staff was primarily foreign graduates and Arnold, with his European training, bright as could be, marvelous teacher, marvelous clinician and a hard worker, he taught and got the most wonderful kind of response of caring for patients and was recognized throughout the community and so forth. It was a pleasure to go and make rounds there. Then, a group of people who applied to us for internship also visited Lincoln. There's a book written about this by Fitzhugh Mullan, who is now high up in the United States government health service, called *White Coat, Clenched Fist*, and it's a history of what happened at Lincoln. They recruited some of the top-notch graduates in the country to form a house staff of American graduates at Lincoln. Outstanding people, you know, and all very politically oriented.

DR. DANCIS: You would think a marvelous thing for the hospital.

DR. BARNETT: That's right; and in most ways, it was. They did wonderful things. But Arnold was dethroned. They admired him and they learned a lot from him, but he was objecting to some of the things they were doing politically in terms of medical care.

DR. DANCIS: What does that mean?

DR. BARNETT: I think in some of their -- I'm not sure I can explain it, it is explained in this book -- I think an outreach kind of thing for the community, going out into the community and bringing patients in to the Lincoln Hospital care system. I'm not explaining this, I don't think I can, but there developed a real conflict between Einhorn and the collective.

DR. DANCIS: This was in what period? The '60's still?

DR. BARNETT: The 60's, it was during the . . .

DR. DANCIS: Part of the 60's unrest?

DR. BARNETT: Yes, absolutely.

DR. DANCIS: It went on in Willowbrook too.

DR. BARNETT: Yes, that's right.

DR. DANCIS: It follows a similar pattern where a group of very bright, but very politically motivated ideologues, idealistic but ideologues, that brook no modification of their thinking, take over. Unfortunately, as history has shown again and again, they take over and then they leave after having destroyed the institution. That happened at Lincoln, as I remember.

DR. BARNETT: No, it really didn't. I know in Fitzhugh Mullan's book, I was interested to see what my position was there. I had supported the collective, and that created a terrible schism between Einhorn and me. It was just awful.

DR. DANCIS: You had their support. Did they have your support?

DR. BARNETT: Yes, I did support them.

DR. DANCIS: You thought they were doing the right thing?

DR. BARNETT: Yes.

DR. DANCIS: So my interpretation is wrong then? In terms of their actually, in their idealism, destroying the fabric of the institution.

DR. BARNETT: Well, Einhorn finally left during which time they were still doing positive things there. And, what's her name? The woman there who's still around. I don't know, I can't go into this too much. I've loaned the book to somebody. If I can get it I'll read it again if you want to go into this more. Historically, I think it's an interesting thing. Anyway, Einhorn took a long sabbatical and then he left Einstein and went to Children's National Medical Center in Washington where he's done a wonderful job. There now is an Einhorn Lecture there and we've reestablished our firm professional and warm personal relationship.

It was a turbulent period at Lincoln, but later the department of medicine did take responsibility for the service there and it has been productive.

DR. DANCIS: Did they have the same problem in medicine?

DR. BARNETT: No, because of the head of the medical service there. Actually it's the one I mentioned before [laughs], one who did some renal work. He's still at the school, a good person.

But it was a difficult period. There were a lot of things in the newspaper about it, and it was very painful to me.

DR. DANCIS: Let's come back to your department. And in reviewing some of the names, they were all, I think, investigators of the first rank.

DR. BARNETT: Yeah, the ones I mentioned were. Julien Hoffman was with Rudolph, and each of them brought in really fine people. Another name on this list is Katy [Katherine] Lobach and [Gertrude] Stein, people who were in a way raised professionally by Lewis; with strong support from me.

DR. DANCIS: Katy Lobach has become quite important in the [New York] Academy [of Medicine].

DR. BARNETT: Yes, and she's very important in the Department of Health. She is deputy commission and she's in charge of all the clinics. She's a very wonderful person. Still very active. So that that part of the department also flourished. I had more to do with the investigators.

DR. DANCIS: Explain what you mean by "that part" of the department?

DR. BARNETT: Well, the ambulatory care. It was really general comprehensive primary care more than just the traditional clinical part. We can talk a little about this later because it's one of the things I think still has to do with the future. The tertiary care was done more and more by the systems specialists. We took care of the renal patients, Abe took care of the cardiac patients, and so forth. So that this was the ambulatory primary care section of the department.

DR. DANCIS: The teaching, which was so prominent in your mind, continued to be part of Lew Fraad and his group?

DR. BARNETT: No, we all were involved in the teaching, but it became more segmented. If you want to go in to that now, I could describe two conferences Norman ran for the [Josiah] Macy [Jr.] Foundation.

DR. DANCIS: Norman Kretchmer?

DR. BARNETT: Yes, Norman Kretchmer, who invited me. One of these was on obstetrics and one on pediatrics. I gave a paper there that I'm ambivalent about but that was not well received at that time, and I'm not sure that it would be now either. I said that I thought primary care and tertiary care are becoming almost separate disciplines and that ultimately, almost from the beginning maybe, the education and training of people for these different disciplines needed to recognize this. And I believe this to a certain extent. When I was in England, for example, the exact opposite was happening. As you know, in England the pediatricians were all consultants and the family doctor took care of the children. That had begun to change in England to where the family doctor was partly primary care and partly specialist. I thought it was going in the wrong direction; I thought they had been in the direction we ought to go. But this we can talk about at another time if you would like.

DR. DANCIS: I really would like to come back to that, but I'm afraid we'd lose the thread of your experience with the medical school. When you took over as Chair, you commented that you were anxious to bring to it your sensitivity to behavioral/psychiatric problems. Did you do that?

DR. BARNETT: Yes, I think we did. Again, I think this was part of the attraction of the department. The head of child psychiatry, Joseph Cramer, became one of my best friends; he was very interested in pediatrics and I was interested in what he could do for pediatrics. We put a lot of emphasis in the residency training program on seminars that he ran, and I can give you two examples of why this didn't work too well. It's part of what we were talking about before in terms of specialization. One day during these Friday afternoon conferences, I saw somebody leaving and I said, "Why are you leaving?" He said, "Look, I'm sorry. I know two years after I'm in practice, I'll be sorry I left that seminar, but right now I have a child with meningitis that I have to go see," and I knew what he was saying. The second thing was that we established a buddy system between a pediatric resident and a child psychiatry fellow, where certain patients would be assigned to the pair, patients with mixed problems, pediatric patients with strong psychiatric problems. This was a complete failure because the psychiatric fellows said "Well, the reason I left pediatrics was because I was tired of trying to handle these problems without the proper training, and I just won't be brought back into that situation."

DR. DANCIS: Was there disappointment on the pediatric side too?

DR. BARNETT: Yes. Because they had a child with meningitis. During that period of training, where they're seeing a lot of sick, complicated physical patients, they just are not ready to do the other.

DR. DANCIS: Was Joseph Cramer originally a pediatrician?

DR. BARNETT: No. No, after his general psychiatric training he took child psychiatry training at [University of] Rochester with [John] Romano.

DR. DANCIS: The reason I asked that question is Senn was a pediatrician, who became interested in behavioral aspects in pediatrics. The Bakwins were pediatricians; Langford was a pediatrician; and they all dove into behavioral aspects. They did it, I think, because they didn't trust the child psychiatrist to take care of their children. They thought they could do it better, would you agree?

DR. BARNETT: I think that may have been the reason why they did it. I don't think -- on the other side of this -- that any one of the three could handle more serious psychiatric problems.

DR. DANCIS: They wouldn't try to.

DR. BARNETT: No. No, well I knew Milton wouldn't.

DR. DANCIS: Here again you have specialization, don't you?

DR. BARNETT: That's right.

DR. DANCIS: Problems that the pediatrician sees which are multiple but have behavioral psychiatric aspects and then the very serious ones that they would not touch. Maybe that was part of the problem in bringing Cramer into your department?

DR. BARNETT: That he wasn't a pediatrician?

DR. DANCIS: He wasn't a pediatrician. He wasn't tuned in to the child who wouldn't go to school, the child who insisted on vomiting when things are going wrong or held his stool back -- wasn't tuned in to those problems.

DR. BARNETT: Well, it was a great 15 years.

DR. DANCIS: What was outstanding in your mind about those 15 years?

DR. BARNETT: Well, I think that I was proud of what we were accomplishing and, as I said, I was very nondirective with everybody. During the last seven or eight years, in addition to being chairman, I was very involved with the International Study of Kidney Disease in Children. I enjoyed very much the things I was doing during that time.

DR. DANCIS: We have some time left before I think I've over-fatigued you. Let's come back then to the more general questions on which we touched. We talked about the relation of primary care and specialized care and you had some thoughts about that.

DR. BARNETT: Well, I may have given more thought to this recently than I did then. What I began thinking during the last years that I was in academic medicine was that the discipline of primary ambulatory care and the discipline of specialized system disease care are two different disciplines. Other people have said the same thing, but I was thinking pretty strongly about it and it's been reinforced since I've been at the Children's Aid Society. And it's getting more and more difficult for the same person, for the revered clinical pediatrician, to handle almost everything. They never thought they could; they've used specialists. I think in ways that neither of them are trained properly for their roles. I think when the education and training, through the residency in pediatrics as they stand now, include both primary care and specialized care, that they come out of that into practice not knowing enough about either of them to do the job they should be doing, or the job that's needed.

DR. DANCIS: Well, the specialists go on for further training.

DR. BARNETT: The specialists do, yes. And the specialists, I don't think, can do primary care and I don't think the person in primary care can do very much of specialized care. Actually, we wrote a book on nephrology for the non-nephrologist saying, "If every practicing pediatrician knew this much nephrology, they can handle 90% of the problems and they can know when to refer them." You can tell I am very ambivalent about this, and I think this is so. I think that the properly trained ambulatory primary care pediatrician can learn enough about screening for system disease. And they can learn what they can handle. But I think their major interest and their major education and training should not be this; it should be in the increasingly complex and broader knowledge of good primary care, including the same sort of thing particularly for psychologic things that Bakwins and Sam and others were doing.

This idea which is certainly not new has been confirmed to me by my experience at the Children's Aid Society where we are dealing with certified

nurse practitioners who were trained for the primary care and preventative care and so forth, with some training as to when they needed help. My experience has been that the pediatricians as they are trained with this mixture of the two, tertiary care and primary care, when they come into practice, are not prepared to do a lot of the things that they are being asked to do. They're not able to take care of the children who are referred to the specialist, and they're not very happy with their role. This is in contrast to the pediatric nurse practitioners who are doing what they were trained to do. So I don't know, this is an unsolved problem.

DR. DANCIS: I don't think you're as ambivalent as you say, I think you have some clear thoughts about that. Do you think then that the training of the pediatrician, which involves exposure to serious medical problems, that aspect of it is unnecessary?

DR. BARNETT: No, overemphasized. I think the four years of medicine and the three or four years of residency training in most services, including our own, has too much emphasis on tertiary care and not enough on primary care.

DR. DANCIS: Of course it is a problem. It may interest you to know that when I came back from the army preparing to go into practice, I decided I needed more training in behavioral pediatrics and I went looking for something like that, but it didn't exist.

DR. BARNETT: This happened to me when I practiced at Los Alamos. That's why I came back looking for a job with Milton Senn. Instead of which Sam Levine said, "No, continue to do kidney physiology."

DR. DANCIS: Fifteen years brings us to about 1970 when you left your Chair?

DR. BARNETT: '55 to '72 I was professor and chairman; and then in '72 I became a university professor and that's when I gave up the chair.

DR. DANCIS: What's a university professor?

DR. BARNETT: Well, it's a retired professor but still active; Emeritus is retired. I became emeritus in '81, but from '72 to '81 I was university professor.

DR. DANCIS: What were your duties?

DR. BARNETT: From '70 to '72 I was an associate dean; I had left the chairmanship. And then I became from '72 to '81, a university professor. Well,

this is a role where you have no teaching or administrative responsibilities. You can do what you please.

DR. DANCIS: What did you do?

DR. BARNETT: During a large part of that I was still working on the International Study of Kidney Disease in Children. And I was teaching, etc.

DR. DANCIS: You were involved with continuing your epidemiological studies?

DR. BARNETT: Yeah.

DR. DANCIS: That was a major contribution. It's become a pattern of things.

DR. BARNETT: Oh, it's very common now and there are all kinds of complexities. [Laughs] Again, it's a highly specialized field and I was an amateur, really, but we did do a lot of original things, not only in terms of international study, but also in terms of controlled clinical trials in chronic disease. There were real experts in controlled clinical trials in infectious diseases before that time but not many, at least in pediatrics, in a chronic illness such as kidney disease. Those 20-year follow-ups, which are being done on these kids, will be invaluable material.

DR. DANCIS: They've developed a new name for it I learned a few months ago; evidence-based medicine. Have you heard that?

DR. BARNETT: Yeah. Terrible term. All medicine is evidence-based.

The Academy now has a Henry [L.] Barnett Award for nephrology and Jay Bernstein, who was the pathologist in the ISKDC, is getting it this year. I don't know if you know Jay. He was so pleased.

DR. DANCIS: He's in the Chicago area, now isn't he?

DR. BARNETT: No, he's in Michigan.

DR. DANCIS: I keep thinking Chicago is in Michigan; it isn't really.

[Laughter]

DR. BARNETT: One of those places. It was really wonderful. And the international flavor of it. Renée Habib was a French pathologist and she was a real firebrand. You don't know her. Jewish Frenchwoman, she was a

Moroccan. There's a picture of me at the blackboard and she's saying in French, "You're fucking flies." [Laughs]

DR. DANCIS: In French? [Laughs]

DR. BARNETT: In French.

DR. DANCIS: You said there's a Henry Barnett Award? Who gives it?

DR. BARNETT: The Academy. It used to be the Nephrology Award and three years ago it was named the Henry L. Barnett Award.

DR. DANCIS: The Academy of Pediatrics?

DR. BARNETT: The Academy of Pediatrics.

DR. DANCIS: Did you have much association with the Academy?

DR. BARNETT: Not very much, no. I think McCrory was the first recipient and Clark West got one and now Jay's getting one.

DR. DANCIS: Good people.

DR. BARNETT: Yeah. There's a Milton [J. E.] Senn Award [and Lectureship] in the Section on School Health.

DR. DANCIS: Very good. Okay, let's move on. Did you use those years as a University Professor to promote your interest in international nephrology?

DR. BARNETT: Right. Most of these publications of the International Study were done during that period when I was a university professor.

DR. DANCIS: That must have been an equally satisfying period in your life.

DR. BARNETT: Oh yes, it was. Lewis was acting head of the department for a while during that time and then Chet Edelmann became chairman. In '81 I went to the Children's Aid Society. I had been a member of their Board of Trustees. As health became more important in foster care -- the whole field in which they were working -- they were looking for a medical director who would spend more time. I was coming back from a pediatric meeting in San Francisco and decided I'd found one. It was a very fortunate choice.

DR. DANCIS: This was in 1981? And you've been there for 15 years?

DR. BARNETT: 15 years, right.

DR. DANCIS: You work in 15-year segments. Tell us a bit about Children's Aid.

DR. BARNETT: Well, it's a remarkable institution that was established almost 150 years ago, right after the Civil War, by a Reverend named Charles Loring Brace. He was a minister, but sort of an intuitive social worker. Between that time up until -- well, for the next 40 years almost -- they had a program where the so-called "street rats" in the City of New York, these homeless kids of the City of New York, were moved to families in the country. A program called the "orphan train." It was a fascinating thing. There is a documentary about it; there have been several, but a recent quite good one.

A lot of mistakes were made dividing children and some of them went to places where they weren't treated well, but on the whole it was good. I think 100,000 children during that period were sent to homes, essentially they would be foster homes, in the middle west. There now is an organization of these orphan train kids. Well, there are a few that were really on it, but mainly their children. They have annual meetings. They met in New York two years ago and it was a fabulous meeting.

DR. DANCIS: Let's dig back a little bit into history. It sounds very much like Spence-Chapin and I think it would be the same period of time. As I remember, Chapin did farm out the children all across the country.

DR. BARNETT: I didn't know that, really?

DR. DANCIS: Yes, they tell the story that when he retired he traveled across the country stopping to see some of his projects and it was like a victory trip for him. Do you know the details to whom were they sent? You know, it was a big opportunity for exploitation.

DR. BARNETT: Yes. I don't know how they made the selection. It was done through what are now the social workers, and I think there was considerable investigation into the families that were selected. They applied and were selected and then children were assigned to them. There are very prominent people; one of them became a Governor. We met a man when the group met in New York two years ago, he said he always thought his mother really must have loved him because she left him in a cradle at Grand Central Station; he was all dressed up.

DR. DANCIS: Well that was the period after the orphanages, rather grim conditions for these children.

DR. BARNETT: Oh yes. But anyway, the Children's Aid Society is a purely New York organization. They've had wonderful directors. Philip Coltoff, the present director, is a very bright, creative person. He's a social worker with a real feeling for kids and also an exceptionally good administrator. He's very busy in Washington now.

In addition to a foster care and adoption service, we now have a number of community centers in Manhattan. We have two convalescent homes, one on Staten Island and one in Westchester, which are summer camps for kids. A lot of effort has been put recently into school health programs. We have now four schools, all in Manhattan. Actually a new school is being built, the first one that's been built for a long time in New York, at 150-something and Broadway. When we build these new schools in cooperation with the Department of Education, facilities for a community center are built into the school so that it's part of the school. These community centers are open from 8 in the morning till 11 o'clock at night, Saturdays and Sundays and all days. What we've done is to hire teachers as staff members of these after school community centers so that it's really part of the whole school process.

DR. DANCIS: Sounds like a wonderful idea.

DR. BARNETT: It's unbelievable.

DR. DANCIS: Have you had experience with it now?

DR. BARNETT: Oh, yes. The oldest one now is four years old and we're just opening two new ones. The Departments of Education and Health consider it as "the" major step forward in the whole field.

DR. DANCIS: What's Children's Aid's role in that? That sounds like the Board of Education.

DR. BARNETT: No, they run the community center part. What's the name of the previous commissioner who fought with [Mayor Rudolph W.] Giuliani? Anyway, he was very interested and this was done with him. And it got community support. They worked very hard getting community support, getting support of the superintendents of the schools so that it really is a wonderful thing, Joe, to see these kids.

DR. DANCIS: What does it do? It provides recreation facilities?

DR. BARNETT: It provides health for one thing and it provides counseling and athletic things. Our independent centers have swimming pools and gyms, and so forth.

DR. DANCIS: And Children's Aid has established such centers?

DR. BARNETT: That's right.

DR. DANCIS: And the clientele for it is the community?

DR. BARNETT: Yes. The medical clinics, the staffing of them, has been taken over by the Visiting Nurse Association and we have a very good clinic for foster care and adoption, all in one building.

TAPE 4, SIDE 1

DR. DANCIS: It is November the 15th, 1996, 10:00 am. and I'm seated with Dr. Barnett in the Plans room at NYU Medical Center. This is our fourth meeting.

Henry, I'm glad we're meeting now because there are several aspects of what you told me that I would like you to expand upon, and let's start with the department. In my opinion that was a most unusual opportunity and also most unusually successful endeavor. First, it was the Bela Schick Department of Pediatrics. How did you arrive at that name?

DR. BARNETT: I did not actually suggest it, but I was very pleased when it was decided to name it after Bela Schick. It was a time when he was still living, although not active professionally, and we have wonderful memories of him. He used to make rounds with us once a week when we first started. He would arrive with his wife, Katherine, in their convertible; with Bela sitting in back because there was an Irish setter sitting next to Katherine, who was driving and who wouldn't let Bela sit there. Bela didn't mind this very much.

Bela had a wonderful sense of humor and his rounds were extraordinary. Two of the things I recall very well is that when we presented a premature infant, he said he didn't like the premature infants to be closed up like that. He wished that I would get Dr. [Charles] Chapple in Philadelphia, who had developed the incubator, to make one large enough for the pediatrician to get into so they could stop subjecting these babies to it. [Laughs]

Another thing which was really quite remarkable: we presented a baby who had congenital syphilis and Bela, who had written a book on congenital syphilis,

examined it and looked at it and failed to make the diagnosis, which embarrassed him very much. We told him we had no trouble, because we had read his book on congenital syphilis. [Laughs] But he was a delightful person. It's too bad that oral histories weren't being done at that time, because an oral history of Bela would be a real treasure.

DR. DANCIS: For the audience, I'm afraid memories are so short, a few words about who Schick was.

DR. BARNETT: Well, I mentioned that Bela Schick had developed a test for immunity to diphtheria, which had saved the lives of innumerable children. Although he was not trained as a scientist, he did make real contributions, which was unusual at that time for a clinician of that standing.

DR. DANCIS: I was impressed by the longevity of his interest and curiosity. I don't know how old he was when he went out to Brookdale [University Hospital and Medical Center], but he was not a young man and yet he had the vigor to develop another department.

DR. BARNETT: Absolutely, he was remarkable in every sense of the word.

DR. DANCIS: But more about your department, Henry.

DR. BARNETT: Well, I mentioned some of the outstanding people and I failed to mention some that I would not like to neglect because they were very important to the department and important to me. Outstanding among these was Dr. Herbert Birch, a really outstanding, innovative, original developmental psychologist whose work in many fields of learning disorders and so forth was real basic to what has followed since.

DR. DANCIS: Was he an MD?

DR. BARNETT: He was an MD. There now is a Herbert G. Birch Services that is following up the kind of research that he did. He died very young, unfortunately because he had so much to give. He was the kind of individual who was so knowledgeable. [Laughs] He knew as much about the cost of women's underwear as he did . . .

DR. DANCIS: That must have been very invaluable.

DR. BARNETT: [Laughs] It was very hard not to bring up a subject that Birch either knew or thought he knew, but he was a serious, serious, productive investigator in an original field at that time.

DR. DANCIS: I heard so much about him, I'm sorry I never knew him.

DR. BARNETT: He was charming, just charming. A second person is Dr. Marshall Horwitz who had been at NIH. He was a pediatrician trained both in basic science and in infectious diseases. He is still in the department and works as a clinician and an infectious disease consultant, but he also now is chairman of the department of molecular biology and is doing very fundamental work. His wife, interestingly enough, is chairman of the department of molecular pharmacology and they are a marvelous couple who are still our very good friends.

We mentioned John Robbins who had just gotten the Lasker Award when we last met. I also didn't mention Lawrence Taft, a pediatric neurologist who became chairman of the department at the Robert Wood Johnson Medical School in New Jersey. And, another person who was important in the department was David Carver in infectious disease who succeeded Larry as chairman at the Robert W. Johnson Medical School.

I just mention these people because they were important to the department and they were important to me. And, as I'll mention later, this period of recruiting and getting to know and helping this wonderful group of academic pediatricians was a source of very great satisfaction to me as it had been to Sam when I was in his department.

DR. DANCIS: Let's move on. Thanks for that addition, but we also didn't hear enough about your international activities. I know you were much involved and I'd like to hear more about it.

DR. BARNETT: Yes, well, my taste for this really began as early as 1950 when I was with Sam at Cornell and he asked me to join him on an infant metabolism team that went to the Netherlands and Sweden. This was my first taste of foreign travel, or foreign visits on a professional level. This particular visit was very memorable for both me and Shirley because Bela Levine [Sam Levine's wife] was along and we all had a wonderful time. [Laughs] This was the beginning of this interest, which we talked at some length about during the period of the ISKDC, where we had clinics throughout Europe, and throughout the world, really. We did a lot of travel.

DR. DANCIS: Tell me more about those clinics.

DR. BARNETT: You remember we discussed when I was on sabbatical to London School of Hygiene and Tropical Medicine, we organized a cooperative

international study of clinical trials of kidney disease in children. There were participating clinics throughout Europe, Israel, and Japan. We held two or three meetings a year of the entire group to assure accuracy of the data collected. This permitted me, personally, to do a lot of international work, which was a source of great satisfaction.

DR. DANCIS: I know this was your brainchild, Henry, but I can't visualize how you accomplished it. You were in London, got this thought of epidemiological research, what was the next step that caught the fascination of these people.

DR. BARNETT: During that time I met some of the people in England, Gavin Arneil and Dick White in Birmingham and we got the support of Burroughs Wellcome Foundation. Then when I got back, with the real help of Chester Edelman, Ira Greifer, and Adrian Spitzer, we invited clinics to participate and to attend the meetings. This was hard work. It was sort of an uncharted field at that time. Controlled clinical trials had really not been done in chronic diseases, such as kidney disease, and we had many difficult problems; but it was successful. We did 8 or 10 trials and we are now having follow-ups of 20 years on some of the children who were admitted to these trials.

DR. DANCIS: Were the cluster of clinics limited to your own here or did they expand through the States and other parts of the world?

DR. BARNETT: No, there were many in the States. In addition to Europe, I mentioned there was one in Israel; they developed some in Japan. They were really pretty widely spread throughout the world at that time.

DR. DANCIS: Japan, there are such major differences in language and culture. How did you manage that?

DR. BARNETT: Well, it was done mostly through a single person, Fumio Yamashita who was in Kurume City in Kyushu and who had a great interest in what was going on in the rest of the world and particularly in the United States. He and a few others in Japan, Dr. [Noboru] Kobayashi and some of the better known pediatricians at that time, were very interested in participating in this. On several visits to Japan I participated in their organizing a Japanese Society for Pediatric Nephrology and a group there. This was a wonderful thing.

It was interesting in various visits to Japan. At that time the only English textbook that had been translated into Japanese was the first edition of the Holt and McIntosh that I had edited alone. Everyplace I went I was

recognized, because it was the most widely used and the only complete textbook of pediatrics. This was quite nice.

DR. DANCIS: In the previous tape you also mentioned visiting Melbourne in Australia. Was this part of the group?

DR. BARNETT: Yes, one of our nephrology research fellows had come from Australia. When he returned, he started a group there which participated in the ISKDC. They invited me as the [Alfred] Felton Bequest visiting professorship; I think it was 1978. We had a very nice visit there and a nice stop in Tahiti on our way home. [Laughs]

DR. DANCIS: How long was your visit?

DR. BARNETT: It was a couple of weeks. And we've maintained contacts with them and with most of the people who participated in the ISDKC, from Finland, Israel, and France.

DR. DANCIS: Was your activity in these various countries limited to the kidney and this endeavor?

DR. BARNETT: Our meetings usually lasted several days and then there was also a lot of socializing. We all became very good friends and we also took advantage of being wherever the meeting was being held to add on a couple of days of cultural interests so that it was a wonderful thing.

The International Pediatric Nephrology Association (IPNA), which was started, I think, with this group of 12 or 14 or 20 clinics now has meetings every three years. Interestingly, I got a letter this week saying that Dr. [Richard N.] Fine at [SUNY] Stony Brook has applied for the next meeting of the International Pediatric Nephrology Association to be held in New York City in the year 2001, which sort of shocked me. It's going to be in honor of Ira Greifer who has contributed to the Association very much for its 13 years in existence and they are asking me to be honorary chairman. I replied that I would be most honored and delighted, if I were still here. [Laughs] It has grown, as all of these special things have, tremendously. The National Kidney Foundation, which is now more the adult group, their meetings now are 5 or 6 thousand people.

DR. DANCIS: Kidneys are here to stay, aren't they?

DR. BARNETT: [Laughs] Kidneys are here to stay, yes. But it raises a point. In my Presidential address at the American Pediatric Society [Barnett HL. Presidential address: Challenges facing the American Pediatric Society in

1982. Annual Meeting, Washington, DC. *Pediatr Res.* 1982;16:807-9], I point out the difficulty this was posing for people, which is going to increase now with decreased funding from NIH for travel, as to whether someone deeply involved in one of the specialty groups is going to attend the meetings of the American Pediatric Society and the Society of Pediatric Research which includes everything. Or are they going to attend the meeting of their specialized group if they are not in the same place? This poses a real problem.

DR. DANCIS: It does. And I'd like to get your thoughts. After all you started your research career back, as I recall, as a medical student, which would be in '36, '37, '38, and you spanned enormous changes. Could you give us your reflections about that?

DR. BARNETT: Well, apart from which meeting you are going to attend. In my own experience, and as I see other investigators, I think the time when a pediatrician who is interested in doing research and has received some training to do it is able to accomplish what's needed in a particular field is past. It certainly was true, Joe, of your career, and Norman Kretchmer who had a PhD in biochemistry. I did research, with less training, really, in kidney physiology. I think in all these fields that the basic mechanisms which are being explored for the things that we were describing, or at least that I was describing in the physiology of the kidney, are getting so basic that the idea of one person being able to do all of these things is getting more and more difficult. I think what pediatric investigators have brought to the field is the idea of development. Now, I think studying developmental processes has become of interest to the internists, to the obstetricians and also to the basic scientists whose goals are studying the mechanisms of development. I think this is fine because there is a lot to learn and there's a lot to be gained from learning more about it. But I don't think that one or the other can do it by themselves. I don't think the basic scientist can really know how things they're discovering apply to clinical medicine and I don't think the clinical investigator who is in a position to know how their findings can be applied to clinical medicine can himself do all the basic science that's required. I believe that more and more cooperation is going to be necessary, and I think it's being done in many places. Even the physicists are getting involved, as you know.

DR. DANCIS: Do you see this happening in a sort of ad hoc way or an organized way?

DR. BARNETT: I don't know; it may be either. I believe it will be very individual depending upon the field and so forth. It has in a sense been done in an organized way in the kidney. There now is a group headed by Adrian Spitzer that is really concerned with development of the kidney. They are meeting

periodically with people from all over the world, including both clinical investigators and basic scientists.

DR. DANCIS: I'd like you to try to picture a forecast. Here you have a resident in pediatrics that is interested in nephrology and wants an academic career. How does he go about it now?

DR. BARNETT: Well, I think, Joe, he does pretty much what they've been doing. After his clinical training, residency training in the clinical aspects of nephrology, he then takes a research fellowship learning the principles of the underlying basic science. But at the same time I would hope that, more and more, he does this in a group that is working very closely with basic scientists who have this as their major concern, just as he has clinical investigation as his major concern.

DR. DANCIS: What would be the impact on a pediatric department of something like this? You know, you developed a comfortable group of nephrologists who carried on after you quit. What would you do now? You're describing a very much larger type of effort.

DR. BARNETT: Yes, well, I'm not sure it has to be a lot larger. I think the orientation has to be different. As they've done in that group, they will realize that they must include either basic scientists or others working within the school in what they're doing. As we discussed earlier in terms of children's hospitals, this relates to whether a department of pediatrics should be in a medical school or separated. Although a children's hospital has some advantages, in the other aspect of this, I think they would have great disadvantages. [Laughs]

DR. DANCIS: Well, I'd like to hear you talk more about where you think this is all taking us, how you've seen it develop.

DR. BARNETT: Well this is pretty much the way I think it will be in research. I think we did talk before in terms of clinical pediatrics, that the discipline of system specialists and the discipline of pediatric primary care providers are getting more and more diverse. I think each of them needs the other, but I think that in the future the training of one or the other has to diverge earlier in the course of their training than it does at present. Currently all pediatricians are trained, both in medical school and in their residency training, for tertiary pediatrics including all of the specialties. The ones who are going to become system specialists take postgraduate training or post residency training. What is beginning to happen is that the ones who are really going to be academic primary care teachers also take post residency training.

I think that's too late. I don't think they both have to go through four years of medical school, four years of residency and then diverge. I think that maybe earlier in their careers, if they know which way they're headed, they need to start altering the type of training they're getting. And it's not an irreversible thing. I remember years ago where some people who were trained and were doing brilliant clinical medicine suddenly became interested in some investigative problem and became quite productive. One of the joys of being a physician, which I mentioned in an AOA [Alpha Omega Alpha] lecture, is the ability to change careers.

DR. DANCIS: It's going to get harder as it gets more specialized, isn't it?

DR. BARNETT: Right.

DR. DANCIS: Well, do you see an impact on the direct care of children of all of this divergence you're talking about?

DR. BARNETT: Yes, I believe so, particularly in the primary care field. I think that pediatricians who go into practice will have knowledge of complicated system diseases, so that they can recognize them and know when to get help. But I think they need more training in the principles of primary care; especially in the psychosocial, socioeconomic aspects. It's the kind of training that pediatric nurse practitioners are getting and I think they're a good model for this. Not only are they better trained in those areas than most pediatricians coming out of the standard four years of residency training, mostly on tertiary care, but they also are more satisfied with what they're doing because they are doing what they are trained to do.

DR. DANCIS: Well, where in this overall scheme is the primary care pediatrician then?

DR. BARNETT: Well, there are a number of them now and I think a good model for that are the adolescent physicians who have received more training in the principles of primary care including psychosocial and social work. They're the ones, I believe, who provide a model that should be applied more to all pediatricians.

I have just written an editorial for a paper that's going to appear next month in the *American Journal of Public Health*, called "Don't Ask, They Won't Tell," having to do with preventive medicine among adolescents. [Barnett HL. Annotation: Preventive screening for health risks among adolescents. *Am J Public Health*. 1996;86:1701] This was a careful epidemiologic study, but a rather superficial one because all it did was to count the number of times that

pediatricians in five different settings asked the questions that are recommended for preventive care of adolescents. These include psychosocial and sexual questions and so forth. And, among the private pediatricians it was as low as 15% who asked these questions. In the editorial I wrote -- or the annotation, it's not complete enough to be an editorial -- I note that there are reasons for this. First they're not equipped to do this; secondly, it takes more time than they have. When I mentioned this to an adolescent physician they said, "This is our business, this is what we do." Well, I think all pediatricians need more of the kind of training that the adolescent physicians have had to deal with all of pediatrics. They need to ask the questions having to do with psychosocial, sexual, child abuse; the things that are a major concern now in pediatrics.

DR. DANCIS: Well, if the nurse practitioner/clinician, whom you say is better equipped, were to take over a great part of primary care, where does the primary care pediatrician fit into the picture?

DR. BARNETT: Well, his advantage over the PNP (pediatric nurse practitioner) is that he is able both to recognize and, in many instances, to handle adequately the problems of system disease. The nurse practitioners are pretty well trained to recognize it but then they have to refer it to somebody else, often a specialist. So, I still think there'll be a place for pediatricians as we're training them now, if they're better trained in the primary care aspects. For example, I don't think all patients with any type of kidney disease have to be referred to a kidney specialist. I think the pediatrician now as we're describing him can know and quite adequately take care of a large proportion of children with kidney disease. That's probably a better way to do it than if PNP's were doing all the primary care because then I think so many patients would be referred to the kidney disease specialist, who would become their doctor and then he cannot handle the other things they need. So, I think there'll be a place, and an important place, for a properly trained pediatrician.

DR. DANCIS: I see.

DR. BARNETT: I don't know. I'm talking as if I really know, or as if I'm a lot more certain about these things than I am, but this is the direction I see.

DR. DANCIS: Another part of your experience that I'd like you to talk about, Henry, is your work with The Children's Aid Society (CAS). I'm less interested in what your work is and more interested in the perspectives that you've gained by working with an organization like that. Let's start again with the role of the pediatrician in an organization like that and what its future might be.

DR. BARNETT: I'm a little bit embarrassed to be talking so authoritatively about pediatricians and basic scientists, but I have had these different experiences and, although I don't feel real confident about my opinions, I do have them. So with that proviso, I will also tell you my impressions about the role of the pediatrician in a child welfare agency such as CAS.

I came to CAS with the usual doctor's attitude toward social workers, which is not a very fair one, e.g., not appreciating the things they can do, not asking help which we could have gotten and so forth. Although I was never very antagonistic about social workers, I realized when I came to The Children's Aid Society, which is primarily a social service agency, that there were many problems that I saw as a pediatrician but that I knew very little about. I also felt that many of these problems were ones that I couldn't and shouldn't try to handle. Social service has a whole different background, a whole different training, a whole different role for the problems presented by children coming to an agency like CAS. These are mostly severely neglected children, many from drug abusing parents and those with many other problems. I now believe that the major responsibility for these children is that of a person trained in the social services.

When I came there, there was one pediatrician who was there a half day a week. Increasingly, as it has happened at CAS, the physical health problems of these children have become better recognized or become increased to where it really does take the skills of a pediatrician working with a nurse practitioner and primarily with a social worker. I know of pediatricians in practice who work closely with social workers who are handling the problems that the pediatrician is not trained to handle. I think this may become more common, at least in certain settings, in a poor urban section of a city. Even in the suburbs the children are presenting problems now that are beyond the capability of the pediatrician to handle. I think he needs help and I think the social worker is the one who can do this. I haven't explained this very well, but I must say that for me as a pediatrician working at an agency like CAS with a very close relationship with social service people, I have learned a lot from them and I think the children are getting better care than I could possibly give them myself.

DR. DANCIS: Traditionally the social services were made available to the poor, because their social problems were so extreme and they are made available to the poor through our clinics, in the hospitals, aid stations and in philanthropic organizations like CAS, but they are not available to the solo practitioner or the group practitioners. They don't incorporate social services; they wouldn't know how to support them. But you say now that the need for their services in the suburbs where you have middle income

and better is growing. How can that be done? You said that some of your practitioners do it.

DR. BARNETT: I think people trained as social service workers are eager to do this with the pediatrician and I don't know how the finances of this would be handled. I don't have much experience with this, but I can see situations even in families with better circumstances, where a social service worker would be very helpful to the pediatrician in handling the real problems of the family with a disturbed child where the major problem is that of social service rather than pediatric care.

DR. DANCIS: You're hinting at a fascinating reversal in attitudes. We've been exhorted in our clinics to make the clinic more like the private practice office. Now you say the private practice office should become more like our clinics where we have social services available.

DR. BARNETT: Well, I don't know, Joe. I don't have any strong ideas about this as to where it's going or where it should go.

DR. DANCIS: But I think you feel it should and I think you're probably right.

TAPE 4, SIDE 2

DR. DANCIS: This is side 2 of Tape 4 continuing our interview of Dr. Barnett.

Let me ask you this final broad subject. We're talking of 60 years, Henry, of involvement in pediatrics in many forms. Can you review your experiences and tell me about your satisfactions and disappointments over this long period of time?

DR. BARNETT: Well, I preface this by saying that I have very great respect for the Bela Schicks of that time and the present pediatrician who, throughout his career, and up until he's ready to retire at an advanced age, has had a rewarding kind of life and made it productive; and also for the pediatric investigators who have, and we know some of them, continued to do productive investigative work throughout their life. As you know from what we've discussed, I've made many career changes during this time and I'm glad I've been able to and I feel fortunate that I have. But I'm not recommending this as the only way to have really as rewarding a professional career as I think I have had; and I do think that it has been.

As I've mentioned, during a large part of this, I was very concentrated and got my greatest satisfactions and rewards from research during which time I was also taking care of children with kidney disease as a systems specialist and

feeling very satisfied. This was a great reward. I won't try to look into the reasons why the career changes were made, but we've discussed some of them. This occurred before I left Cornell where I had found really great satisfaction with Sam Levine as a model in recruiting and helping younger people in their careers. The new department at Einstein was successful and I felt very rewarded from this. It was during this time also that I took over the editorship of *Pediatrics* from Drs. Holt and McIntosh.

DR. DANCIS: You're talking about the book.

DR. BARNETT: The textbook, *Pediatrics*. This was hard work but also very rewarding and I got great pleasure and great satisfaction from having done it. And I've mentioned that in Japan it was a great entree, but the success of the book and the usefulness of the book were in themselves a source of great satisfaction.

After about 20 years as Chairman of this department, I had a few years which were probably the least satisfying and rewarding as an Associate Dean during a somewhat difficult time, administratively, in the history of our school. I really did not feel that I was either suited for this nor did I enjoy it. I was a pretty good second person for a strong team, but I certainly was not very happy with the kinds of things that a Dean has to do and it was about this time that I was wondering what to do when. As I said, on the whole I loved what I'd been doing for 40 years, but I was tired of loving it. I was given the opportunity to come to the Children's Aid Society as a Medical Director and for the last 15 years now this has been a very rewarding and satisfying second career. So, I sound sort of Pollyanna-ish, but on the whole I feel that I've had a very productive and fortunate and rewarding professional life for these 60 years.

DR. DANCIS: That's a wonderful thing to be able to say. You have touched on many of these satisfactions except for your satisfaction in the Children's Aid. Maybe before we close you can tell me why that has given you so much pleasure.

DR. BARNETT: Well, I think it fulfills a lot of the social views that I've had since my mother had her nursery school in Clayton, Missouri. The Children's Aid Society is doing so many things that are really needed and are innovative. I've certainly have not played a leadership role because, as I was saying before, most of the things they are doing are not medical things; they're social things, but I've been very glad to be a part of this. When I became medical director, I was on the board and we were looking for a medical director and I found one, who was myself. Two years ago I was asked if I knew any elderly retired pediatrician who would want to work on the van doing vision and hearing screening of preschool and Head Start children and I said, "I think I've found

one," and I've been doing this for the last two years. And this has brought me back to actually being with children, which I enjoy. This has been very rewarding.

DR. DANCIS: Well I want to thank you, Henry, personally and for the Academy for a remarkable record.

DR. BARNETT: Thank you, Joe. I've enjoyed it and I've appreciated your help in my doing this.

END

Index

A

Adler, Alfred, 3
Alamogordo, New Mexico, 10
Albert Einstein College of Medicine, 14, 15,
20, 21, 25, 26, 29, 32, 36, 38, 42, 61
Alving, Alf S., 6
American Academy of Pediatrics, 48
American Pediatric Society, 13, 55
American Society of Nephrology, 19
Angrist, Alfred, 27, 31
Arneil, Gavin, 22, 54
atomic bomb, 9, 10, 11
azathioprine, 22, 23

B

Bainbridge, Georgia, 1
Bakwin, Harry & Ruth, 14, 44
Barnett, Shirley, 4, 8, 9, 11, 53
Barr, David Preswick, 14, 15
Bernstein, Jay, 23, 47, 48
Birch, Herbert, 52, 53
Brace, Charles Loring, 49
Bronx Municipal Hospital Center, 32, 34, 40
Burroughs Wellcome, 22, 54

C

Carver, David, 53
child behavior, 12
Children's Aid Society, The, 4, 25, 45, 46, 48,
50, 59, 60, 62
children's hospitals, 15, 57
Clayton, Missouri, 4, 62
Colorado, 7, 35
Coltoff, Philip, 50
Columbia University, 4, 14, 24, 29, 33
Cornell University Medical College, 12, 13,
14, 15, 18, 19, 24, 25, 26, 27, 28, 29, 30, 32,
33, 37, 38, 53, 61
Cramer, Joseph, 43, 44

D

Darrow, Daniel C., 24
Dartmouth College, 2, 5
Davidoff, Leo M., 27, 31, 33
Davis, Bernard, 33, 34
Detroit, Michigan, 1, 2
developmental pediatrics, 12, 14

E

Eagle, Harry, 34
Edelmann Jr., Chester M., 19, 20, 23, 28, 37,
39, 48, 54
Eichenwald, Heinz, 17, 37
Einhorn, Arnold, 39, 40, 41, 42

F

Farr, Lee E., 7
Fine, Richard N., 55
Fraad, Lewis, 26, 27, 28, 34, 35, 36, 40, 43

G

Gellhorn, Alfred, 5
Gilman, Alfred, 29, 35
Giuliani, Rudolph W. (Mayor), 50
glomerular filtration rate, 6
Goldstein, Nathaniel L., 29
Gordon, Harry H., 12, 14, 16, 17, 38
Graham, Evarts Ambrose, 15
Greifer, Ira, 23, 37, 39, 54, 55

H

Habib, Renée, 48
Hare, Kendrick, 19
Harper Hospital, 1
Hartmann, Alexis F., 5, 6, 7, 15, 16
Hawkin, Dave, 8
Heinbecker, Peter, 5
Hemplemann, Louis H., 8, 9, 10
Henry L. Barnett Award, 47, 48
Hoffman, Julien, 42
Holt Jr., L. Emmett, 24, 25, 39
Holt Sr., L. Emmett, 24
Horwitz, Marshall, 53
Howland Award, 13, 16

I

International Pediatric Nephrology
Association, 55
International Society of Developmental
Renal Physiology, 17
International Study of Kidney Disease in
Children, 21, 22, 23, 24, 45, 47, 53, 55

inulin, 6

J

Jacobi, Abraham, 24
Janeway, Charles A., 35
Japan, 11, 20, 23, 54, 62
Japanese Society for Pediatric Nephrology,
21, 54
Jews (treatment of), 3, 4, 18, 19, 26, 29, 30, 33,
37

K

Kerr Glass Manufacturing Company, 2
kidney, 6, 7, 17, 19, 20, 22, 46, 47, 54, 55, 56,
59, 61
Kobayashi, Noboru, 54
Kogel, Marcus, 21, 27, 31, 32, 40
Korey, Saul, 30, 34
Korsch, Barbara, 17
Kretchmer, Norman, 17, 43, 56
Kurume, Japan, 21, 54

L

Langford, William S., 14, 44
Levine, Bela, 53
Levine, Samuel Z., 12, 13, 14, 15, 16, 17, 18,
19, 24, 25, 26, 29, 30, 38, 46, 53, 61
Lincoln Hospital, 32, 40, 41, 42
Lobach, Katherine, 42
London School of Hygiene and Tropical
Medicine, 21, 22, 54
London, Irving M., 15, 17, 29, 30, 33, 34, 35, 36,
37, 40
Los Alamos, 7, 8, 11, 46

M

MacArthur, Douglas (General), 11
Marriott, W. McKim, 15
McCance, Robert A., 20
McCroly, Wallace W., 19, 48
McIntosh, Rustin, 24, 25, 39
McKibbin, Dorothy, 8
Millichap, J. Gordon, 38
Montefiore Hospital, 17
Mullan, Fitzhugh, 40, 41

N

Nagasaki, Japan, 11
National Institutes of Health, 16, 17, 19, 39,
53, 56

National Kidney Foundation, 55
New York, 1, 4, 6, 7, 13, 14, 15, 20, 31, 39, 49,
50, 55
New York Hospital, 12, 24, 28
New York University, 12, 14, 20, 34, 36
Nitowsky, Harold, 38, 39
Nolan, Jim, 8

O

Oliver, Jean, 17, 18
Oppenheimer, J. Robert, 8, 9, 11, 12
orphan train, 49

P

Pediatrics (textbook), 62
pediatric nurse practitioner, 59, 60
Perley, Anne M., 6
Piel, Carolyn Forman, 19

R

Rabi, Isidor Isaac, 10, 11
race riot, 3
Reid, Donald, 21, 22
Rivers, Thomas M., 7
Robbins, John, 37, 38, 39, 53
Rockefeller Institute, 7
Romano, John, 44
Ronconi, Ethel, 5
Rose F. Kennedy Center, 38
Rotblat, Joseph, 11
Rudolph, Abraham, 37, 39, 42, 43

S

Scarpelli, Emile M., 38
Scharrer, Berta, 35
Scharrer, Ernst, 35
Schick, Bela, 51, 52, 61
Schloss, Oscar, 16, 18
Schorr, Julian, 28, 37
Schreiner, George, 19
Schulman, Irving, 17
Senn, Milton J., 12, 13, 14, 30, 44, 46, 48
Shannon, James A., 6
Shawn, Ted, 2
Shibuya, Madoka, 28
Slotin, Louis, 10
Smith, Alice Kimball, 11
Smith, Carl, 17
Smith, Homer W., 6, 20, 24
Sobel, Edna H., 28, 29, 37
Society of Pediatric Research, 56

Spence-Chapin, 49
Spitzer, Adrian, 17, 20, 39, 54, 56
St. Denis, Ruth, 2
Stein, Gertrude, 42

T

Taft, Lawrence, 19, 39, 53
Talbot, Nathan B., 28
training (pediatric), 58
Tulsa, Oklahoma, 2, 3

U

U.S. Army, 9
University of Michigan, 3

V

Van Slyke, Donald D., 7

W

Washington University, St. Louis, 4, 5, 15, 17
Weisskopf, Victor, 11
West, Clark, 48
White, Abraham, 21, 27, 31, 32, 33
White, Dick, 54
White, Harvey Lester, 5, 6, 19
White, Richard H. R., 22
Widdowson, Elsie, 20
Wigman, Mary, 2

Y

Yamashita, Fumio, 20, 21, 22, 54

Z

Zimmerman, Harry M., 27, 31

CURRICULUM VITAE

HENRY L. BARNETT, MD

Date of Birth: June 25, 1914

Education:

1931-32	Dartmouth College, Hanover, New Hampshire	
1932-34	Washington University, St. Louis, Missouri	BS
1934-38	Washington University School of Medicine	MD
1964-65	London School of Hygiene and Tropical Medicine, London, England. Course in Epidemiology and Medical Statistics	

Clinical Training:

1938-39	Intern, St. Louis Children's Hospital, St. Louis, Missouri
1939-40	Assistant Resident, St. Louis Children's Hospital, St. Louis, Missouri
1940-41	Resident, St. Louis Children's Hospital, St. Louis, Missouri

Academic Appointments and Professional Positions

1941-43	Instructor, Department of Pediatrics, Washington University School of Medicine, St. Louis, Missouri Attending Physician, St. Louis Children's Hospital, St. Louis, Missouri
1946-50	Assistant Professor, Department of Pediatrics, Cornell University Medical College, New York Assistant Attending Pediatrician, The New York Hospital, Cornell Medical Center, New York
1950-55	Associate Professor, Department of Pediatrics, Cornell University Medical College
1955-72	Professor and Chairman, Department of Pediatrics, Albert Einstein College of Medicine of Yeshiva University, Bronx, New York
1955-64	Director, Pediatric Service, Bronx Municipal Hospital Center, Bronx, New York
1970-72	Associate Dean for Clinical Affairs, Albert Einstein College of Medicine of Yeshiva University, Bronx, New York.
1972-81	University Professor, Albert Einstein College of Medicine of Yeshiva University, Bronx, New York
1981-	Emeritus Professor of Pediatrics, Albert Einstein College of Medicine of Yeshiva University, Bronx, New York
1981-	Medical Director, The Children's Aid Society, New York, New York

Military and Government Service

- 1943-46 First Lieutenant and Captain, Medical Corps, Army of the United States
- 1946 Consultant, Manhattan Project
- 1950 Member, WHO Infant Metabolism Team to the Netherlands and Sweden
- 1967 Member, WHO Scientific Group on Pediatric Research, Geneva
- 1972 Consultant to Cento Meeting on Pediatric Education and Family Planning, Ankara, Turkey
- 1974 Consultant to the National Institute of Child Health and Human Development, N.I.H.
- 1974-82 Member, Board of Maternal, Child, and Family Health Research, National Research Council, NAS
- 1987 Mayoral Commission on Child Health, New York City

Certification and Awards

- 1943 Diplomate, American Board of Pediatrics
- 1949 E. Mead Johnson Award for Research in Pediatrics (by action of the American Academy of Pediatrics)
- 1965 George Frederick Still Memorial Lecturer, British Pediatric Association
- 1969 Lester Hoening Memorial Award, Kidney Foundation of New York
- 1973 Alumni Citation, Washington University, St. Louis
- 1976 The 20th Samuel W. Clausen Lecture, Rochester, New York
- 1977 David M. Hume Memorial Award, National Kidney Foundation
- 1978 Felton Bequests Visiting Professor, Melbourne, Australia
- 1984 John Howland Award and Medal of the American Pediatric Society
- 1987 Russell J. Blattner Lectureship, Baylor Alumni Association
- 1988 John P. Peters Award in Clinical Nephrology of the American Society of Nephrology
- 1990 Citizen of the Year Award, Greater New York Chapter of NAPNAP
- 1992 The Children's Aid Society Trustee Award
- 1992 Kidney Award of the American Academy of Pediatrics
- 1993 Henry Barnett Award of the American Academy of Pediatrics
Established for contributions to pediatric nephrology
- 1995 Doctor of Science, Honoris causa, Yeshiva University

Membership in Scientific Societies

- 1937 Sigma Zi
- 1938 Alpha Omega Alpha (Washington University School of Medicine)
- 1938 American Association for the Advancement of Science
- 1943 American Academy of Pediatrics

1946	Society for Pediatric Research (President, 1956/60)
1947	Society for Experimental Biology and Medicine
1948	Harvey Society
1949	American Pediatric Society (president, 1981/82)
1950	American Society for Clinical Investigation
1952	American Physiological Society
1955	New York Academy of Science
1960	American Society of Nephrology (Founding Member)
1967	British Paediatric Association (Honorary Member)
1969	American Society for Pediatric Nephrology (President, 1970)
1970	Association of American Physicians
1972	National Turkish Pediatric Association (Honorary Member)
1977	Societe Francaise de Pediatrie (Corresponding Member)
1987	Institute of Medicine, National Academy of Science

Membership on Scientific and Editorial Boards

1955-57	Pediatrics
1960-62	American Journal of Diseases of Children
1968-74	Advisory Board, International Pediatric Association

Positions Held in Voluntary Foundations

1955-	National Kidney Foundation; Kidney Foundation of New York (Member of Medical Advisory Boards)
1965-	Foundation for International Child Health (Chairman, Medical Advisory Board, Member of Board of Directors)
1965-	Foundation for Child Development (Formerly Association Aid Crippled Children - Member, Council and formerly Board of Directors)
1971-	Committee on Scientific Affairs, Kidney Disease Institute of the State of New York
1976-81	The Children's Aid Society (Trustee and Member of the Health Services Advisory Committee)
1987	New York Academy of Medicine, Committee on Public Health, Chairman, Subcommittee on Child and Adolescent Health

Original Communications

1. Hartmann AF, Perley AM and Barnett HL: A study of some of the physiological effects of sulfanilamide. I. Changes in the acid base balance. *J Clin Invest.* 17:465, July 1938.
2. Hartmann AF, Perley AM and Barnett HL: A study of some of the physiological effects of sulfanilamide. II. Methemoglobin formation and its control. *J Clin Invest.* 17:699, November 1938.
3. Barnett HL, Hartmann AF, Perley AM and Ruhoff MF: The treatment of pneumococcal infections in infants and children with sulfapyridine. *JAMA.* 112:518, February 1939.
4. Bozlis GS and Barnett HL: Sulfanilamide in the treatment of scarlet fever. *J Mo Med Assoc.* 37:137, April 1940.
5. Barnett HL: Renal physiology in infants and children. I. Method of estimation of glomerular filtration rate. *Proc Soc Exp Biol Med.* 44:654, June 1940.
6. Barnett HL, Perley AM and McGinnis HG: Renal physiology in infants and children. II. Insulin clearance in newborn infant with extrophy of bladder. *Proc Soc Exp Biol Med.* 49:124, August 1942.
7. Barnett HL, Powers JR, Benward JH and Hartmann AF: Salicylate intoxication in infants and children. *J Pediatr.* 21:124, August 1942.
8. Barnett HL, Perley AM and Heinbecker P: Influence of eosinophile cells of hypophysis on kidney function. *Proc Soc Exp Biol Med.* 52:114, March 1943.
9. Barnett HL, Perley AM, Forbes CB and Goldring D: The use of sulfapyrazine in infants and children. *Am J Med Sci.* 206:599, November 1943.
10. Beamer PR, Smith EB and Barnett HL: Histoplasmosis. *J Pediatr.* 24:270, March 1944.
11. Barnett HL: A note on experiences with a rooming-in arrangement for newborn infants in a small hospital. *J Pediatr.* 31:49, July 1947.
12. Barnett HL and Fellers FX: A simple quantitative method for intravenous infusion of small volume of fluid. *Science.* 106:401, October 1947.
13. Barnett H, Simons DJ and Wells RE, Jr.: Nephrotic syndrome occurring during Tridione therapy. *Am J Med.* 4:760, May 1948.
14. Barnett HL, Hare K, McNamara H and Hare R: Measurement of glomerular filtration rate in premature infants. *J Clin Invest.* 27:694, November 1948.
15. Vignec AJ, McNamara H and Barnett HL: The use of a supplemented milk for infant feeding. *Am J Dis Child.* 76:154, August 1948.
16. Barnett HL, Hare K, McNamara H and Hare R: Influence of postnatal age on kidney function of premature infants. *Proc Soc Exp Biol Med.* 69:55, October 1948.
17. Barnett HL, McNamara H, Schultz S and Tompsett R: Renal clearance of sodium penicillin G, procaine penicillin G, and inulin in infants and children. *Pediatrics.* 3:418, April 1948.
18. Fellers FX, Barnett HL, Hare K and McNamara H: Change in thiocyanate and sodium 24 spaces during growth. *Pediatrics.* 3:622, May 1949.

19. Barnett HL, McNamara H, Tepper W, Shuman B and Siragusa H: Effects of aluminum hydroxide gel and calcium lactate on serum bicarbonate. *Proc Soc Exp Biol Med.* 71:562, 1949.
20. Barnett HL and McNamara H: Electrolyte balances in a male infant with adrenocortical insufficiency and virilism. The effect of desoxycorticosterone acetate and salt therapy with special reference to potassium. *J Clin Invest.* 28:1948, November 1949.
21. Levine SZ, Barnett HL, Bierman CW and McNamara H: Effect of ACTH and some adrenocortical steroids on the metabolism of tyrosine and phenylalanine in premature infants. *Science.* 113:311, March 1951.
22. Barnett HL, Forman CW, McNamara H, McCrory WW, Rapaport M, Michie AJ and Barbero G: The effect of adrenocorticotrophic hormone on children with the nephrotic syndrome. II. Physiologic observations on discrete kidney functions and plasma volume. *J Clin Invest.* 30:227, February 1951.
23. Rapaport M, McCrory WW, Barbero G, Barnett HL, Forman CW and McNamara H: Effect of corticotropin (ACTH) on children with the nephrotic syndrome. *JAMA.* 147:1101, November 1951.
24. Lauson HD, Forman CW, McNamara H, Mattar G and Barnett HL: Effect of corticotropin (ACTH) on glomerular permeability to albumin and on blood antidiuretic hormone concentration in children with the nephrotic syndrome. *Am J Dis Child.* 83:87, January 1952.
25. Barnett HL: Effect of ACTH in children with the nephrotic syndrome. *Pediatrics.* 9:337, March 1952.
26. McCrory WW, Forman CW, McNamara H and Barnett HL: Renal excretion of inorganic phosphate in newborn infants. *J Clin Invest.* 31:357, April 1952.
27. Barnett HL and Vesterdal J: The physiologic and clinical significance of immaturity of kidney function in infants. *J Pediatr.* 42:99, January 1953.
28. Barnett HL, Vesterdal J, McNamara H and Lauson HD: Renal water excretion in premature infants. *J Clin Invest.* 31:1069, 1952.
29. Mattar G, Barnett HL, McNamara H and Lauson HD: Measurement of glomerular filtration rate in children with kidney disease. *J Clin Invest.* 31:938, October 1952.
30. Lauson HD, Forman CW, McNamara H, Mattar G and Barnett HL: The effect of corticotropin (ACTH) on glomerular permeability to albumin in children with nephrotic syndrome. *J Clin Invest.* 33:657, April 1954.
31. McNamara H and Barnett HL: Renal excretion of electrolytes in premature infants during administration of sodium salts of un-reabsorbed anions. *J Clin Invest.* 33:744, May 1954.
32. Korsch B, Fraad L and Barnett HL: Pediatric discussions with parent groups. *J Pediatr.* 44:703, 1954.
33. Tudvad F, McNamara H and Barnett HL: Renal response of premature infants to administration of bicarbonate and potassium. *Pediatrics.* 13:4, January 1954.
34. Sereni F, McNamara H, Shibuya M, Kretchmer N and Barnett HL: Concentration in plasma and rate of urinary excretion of amino acids in premature infants. *Pediatrics.* 15:575, May 1955.

35. Levine SZ, Barnett HL, Shibuya M and Barber JK: Isosexual precocity in boys including a case of a gonadotropin-producing teratoma. *Adv Pediatr.* 8:53, 1956.
36. Kretchmer N, Levine SZ, McNamara H and Barnett HL: Certain aspects of tyrosine metabolism in the young. I. The development of the tyrosine oxidizing system in human liver. *J Clin Invest.* 35:236, February 1956.
37. Edelmann CM, Jr., Barnett HL and Troupkou V: Renal concentrating mechanism newborn infants. Effect of dietary protein and water content, role of urea and responsiveness to anti-diuretic hormone. *J Clin Invest.* 39:1062, 1960.
38. Korsch B and Barnett HL: The physician's role with the child and his family. *J Pediatr.* 58:707, May 1961.
39. Drescher A, Barnett HL and Troupkou V: Water balance in infants during water deprivation. *Am J Dis Child.* 104:366-379, October 1962.
40. Edelmann CM, Jr., Greifer I and Barnett HL: The nature of kidney disease in children who fail to recover from apparent acute glomerulonephritis. *J Pediatr.* 64:879, June 1964.
41. Stark H, Barnett HL and Edelmann CM, Jr.: Renal effects of hypercalciuria in immobilized children. *Proc Soc Exp Biol Med.* 118:870-2, 1965.
42. Edelmann CM, Jr., Barnett HL and Stark H: Effect of urea on concentration of urinary nonurea solute in premature infants. *J Appl Physiol.* 21:1021-5, 1966.
43. Barnett HL: Pediatric nephrology: scientific study of kidneys and their diseases in infants and children. *Arch Dis Child.* 41:229-37, 1966
44. Edelmann CM, Jr., Barnett HL, Stark H, Boichis H and Soriana JR: A standardized test of renal concentrating capacity in children. *Am J Dis Child.* 114:639-44, 1967.
45. Abramowicz M and Barnett HL: Sex ratio of infant mortality. *Am J Dis Child.* 119:314-5, 1970.
46. Abramowicz M, Barnett HL, et al: Controlled trial of azathioprine in children with nephrotic syndrome. A report for the International Study of Kidney Disease in Children (H.L. Barnett, Director). *Lancet.* 1(7654):959-61, 1970.
47. Churg, Habib R and White RHR: Pathology of the nephrotic syndrome in children. A report of the International Study of Kidney Disease in Children (H.L. Barnett, Director). *Lancet.* 1299, 1970.
48. Barnett HL, Greifer I, Spitzer A and Edelmann CM, Jr.: Classification of glomerular disease in children. *Pediatr Ann.* 3:22, 1974.
49. Greifer I and Barnett HL: Maintenance hemodialysis and kidney transplantation in children. The role of the primary physician. *Pediatr Ann.* 3:82, 1974.
50. Report of the International Study of Kidney Disease in Children (H.L. Barnett, Director). Prospective controlled trial of cyclophosphamide therapy in children with the nephrotic syndrome. *Lancet.* 2:423, 1974.
51. Ibid: Nephrotic syndrome in children: Prediction of histopathology from clinical and laboratory characteristics at time of diagnosis. *Kidney Int.* 13:159, 1978.

52. Ibid: The nephrotic syndrome in children: A randomized trial comparing two prednisone regimens in steroid-responsive patients who relapse early. *J Pediatr.* 95:239-43, 1979.
53. Ibid: The primary nephrotic syndrome in children: Identification of patients with minimal change nephrotic syndrome from initial response to prednisone. *J Pediatr.* 98:561-4, 1981.
54. Ibid: The primary nephrotic syndrome in children: Clinical significance of histopathologic variants of minimal change and of diffuse mesangial hypercellularity. *Kidney Int.* 20:765-71, 1982.
55. Ibid: Early identification of frequent relapsers among children with minimal change nephrotic syndrome. *J Pediatr.* 101:514-8, October 1982.
56. Barnett HL: Research needs in pediatric nephrology and urology. *Am J Dis Child.* 132:1082-4, 1978.
57. Barnett HL: International Study of Kidney Disease in Children. *Nippon Jinzo Gakkai Shi.* 21:1141-4, 1979.
58. Barnett HL: Presidential address: challenges facing the American Pediatric Society in 1982. Annual Meeting. Washington, DC. *Pediatr Res.* 16:807-9, 1982.
59. Barnett HL: Acceptance of the John Howland Medal and Award of the American Pediatric Society for 1984. *Pediatr Res.* 18:1283-4, 1984.
60. Barnett HL and Edelmann CM, Jr.: Development of pediatric nephrology. *Am J Kidney Dis.* 16:557-62, 1990.
61. Ruff HA, Blank S and Barnett HL: Early intervention in the context of foster care. *J Dev Behav Pediatr.* 11:265-8, 1990.

Books and Chapters in Books

1. *The Atomic Bombings of Hiroshima and Nagasaki*, Manhattan District Report, 1946.
2. Barnett HL, Forman CW and Lauson HD: The nephrotic syndrome in children. In Levine SZ (ed.): *Adv Pediatr.* Vol. V (Chicago, Year Book Publishers, Inc.), 1952.
3. Barnett HL and Sereni F: Kidney function tests in infants and children. *Pediatr Clin North Am* 2:191, February 1955.
4. Barnett HL: Nephrosis in children (current concepts). *Mo Med.* p. 77, September 1956.
5. Barnett HL: *Panel on Water and Electrolyte Metabolism in Infant Metabolism.* New York: MacMillan Co., 1956.
6. Barnett HL: *Panel on Isotopes in Metabolism in Infant Metabolism.* New York: MacMillan Co., 1956.
7. Barnett HL: *Discrete Kidney Function in Young Infants. The Rate of Postnatal Development: Infant Metabolism.* New York: MacMillan Co., 1956.
8. Barnett HL: *Mechanisms Involved in Tetany of the Newborn: Infant Metabolism.* New York: MacMillan Co., 1956.

9. Levine SZ, Barnett HL, Shibuya M and Barber JK: Isosexual precocity in boys including a case of gonadotropin-producing teratoma. *Adv Pediatr.* 8:53, 1956.
10. Barnett HL: The child with nephrosis. *Management of the Handicapped Child*, Chapter 12. New York: Grune and Stratton, 1957.
11. Kretchmer N, Barnett HL and Shibuya M: Current problems associated with the nephrotic syndrome in children. *Mod Probl Pediatr.* VI:273, 1960.
12. Holt LM, McIntosh R and Barnett HL: *Pediatrics*. New York: Appleton-Century-Crofts, February 1962.
13. Edelmann CM, Jr., and Barnett HL: Treatment of children with the nephrotic syndrome. *Current Pediatric Therapy*, edited by S.S. Gellis and B.M. Kagan. Philadelphia: Saunders, 1963.
14. Edelmann CM, Jr., and Barnett HL: Chronic renal insufficiency. In *Current Pediatric Therapy*, edited by S.S. Gellis and B.M. Kagan. Philadelphia: Saunders, 1964, p. 367.
15. Barnett HL and Drescher AM: Disease of the kidney--evaluation of renal function. *A Manual of Pediatrics*. Calcutta: WHO Orient Longmans Ltd., 1963.
16. Edelmann CM, Jr., and Barnett HL: The nephrotic syndrome. In *Current Pediatric Therapy*, edited by S.S. Gellis and B.M. Kagan. Philadelphia: Saunders, 1966, p. 455.
17. Edelmann CM, Jr., and Barnett HL: Chronic renal insufficiency. In *Current Pediatric Therapy*, edited by S.S. Gellis and B.M. Kagan. Philadelphia: Saunders, 1966, p. 456.
18. Barnett HL (ed.): *Pediatrics*, 14th ed. New York: Appleton-Century-Crofts, 1968.
19. Edelmann CM, Jr., and Barnett HL: Pediatric nephrology. In *Diseases of the Kidney*, edited by M.B. Strauss and L.G. Welt. Boston: Little, Brown and Co., 1971, p. 1349-1421.
20. Edelmann CM, Jr., and Barnett HL: Diseases of childhood. In *Encyclopedia Britannica*, 1972.
21. Barnett HL and Einhorn AH (eds.): *Pediatrics*, 15th ed. New York: Appleton-Century-Crofts, 1972.
22. Walcher DW, Kretchmer N and Barnett HL (eds.): *Food, Man and Society*. New York: Plenum Press, 1976.
23. Barnett HL: Objectivos y resultados del Estudio Internacional de Enfermedades Renales en Ninos. In *Temas Selectos de Nefrologia*, edited by F. Mota. Mexico, 1975, p. 563.
24. Barnett HL: Randomized controlled trials in evaluating the effectiveness of health care. In *Chronic Childhood Illness: Assessment of Outcome*, edited by G.D. Graves and I.B. Pless. DHEW Pub. No. (NIH) 76-877, 1976.
25. Rudolph AM, Barnett HL and Einhorn AH (eds.): *Pediatrics*, 16th ed. New York: Appleton-Century-Crofts, 1977.
26. Walcher DW, Kretchmer N, and Barnett HL: *Mutations -- Biology and Society*. New York: Masson Pub., 1978.
27. Bernstein J, Barnett HL and Edelmann CM, Jr.: Glomerular diseases: introduction and classification. In *Pediatric Kidney Disease*, edited by C.M. Edelmann, Jr. Boston: Little, Brown and Co., 1978, p. 586-93.

28. Barnett HL, Edelmann CM, Jr., and Bernstein J: Persistent hematuria and proteinuria. *Ibid.* p. 593-7.
29. Edelmann CM, Jr., Barnett HL and Bernstein J: Chronic glomerular nephritis. *Ibid.* p. 644-5.
30. Barnett HL, Schoenman M, Bernstein J and Edelmann CM, Jr.: The nephrotic syndrome. *Ibid.* p. 679-95.
31. Barnett HL, Schoenman M, Bernstein J and Edelmann CM, Jr.: Minimal change nephrotic syndrome. *Ibid.* p. 695-711.
32. Paneth NS, Barnett HL, Stein ZA and Susser MW: Epidemiologic principles in the study of human development. In *Biomedical and Social Bases of Pediatrics*, edited by N. Kretchmer and J. Brassel. New York: Masson Pub., 1981.
33. Gautier B, Edelmann CM, Jr., and Barnett HL: *Pediatric Nephrology and Urology for the Practitioner*. Boston: Little, Brown and Co., 1982.
34. Barnett HL: Philosophy and ethics of multicenter international controlled clinical trials in children. In *Pediatric Nephrology*, edited by J. Brodehl, J.H.H. Ehrich. New York: Springer-Verlag, 1984, pp. 30-35.
35. Shelov SP, Mezey AP, Edelmann CC and Barnett HL. *Primary Care Pediatrics*. Norwalk, CT: Appleton-Century-Crofts, 1984.
36. Barnett HL, Warguska-Reilly M and Kuehne EA: The role of pediatric nurse practitioners in a child welfare agency: a pediatrician's view. In *Nurses, Nurse Practitioners: The Evolution to Advanced Practice*, edited by M.D. Mezey, D.O. McGivern, et al. New York: Springer Publishing Co., 1992.

Reviews, Comentarries and Letters to Editors

1. Barnett HL: Lobar pneumonia: specific treatment by chemotherapy. *Proc Amer Acad Pediatr.* 16:254, February 1940.
2. Barnett HL: Clinical comparison of sulfanilamide and sulfapyridine. *Proc Amer Acad Pediatr.* 16:396, March 1940.
3. Barnett HL (Chairman): *Pediatric Research Conference on Calcium and Phosphorus Metabolism*. Columbus: M & R Laboratories, 1952.
4. Barnett HL and Metcoff J: Renal disease in children: summary of round table discussion. *Pediatrics* 15:353, March 1955.
5. Edelmann CM, Jr., and Barnett HL: Renal tubule transport of water in disturbances of cellular metabolism in infancy. *Report of the 32nd Conference on Pediatric Research*. January 1959, p. 86.
6. Barnett HL: Some clinical views of the physician-patient relationship, Chapter 10: Report of the Second Institute on Clinical Teaching. *J Med Educ.* Vol. 36, no. 4, part 2, April 1961.
7. Barnett HL, Breed ES, Knowlton AI, Kossman CE and Farber SJ. Potassium therapy. Transcription of a panel meeting. *Bull NY Acad Med.* 32:21, January 1962.
8. Barnett HL, Edelmann CM, Jr., and Stark H: Rate of urea excretion as a factor in renal water conservation. *Excerpta Medica Int. Cong. Series No. 78, Proc. Of the Second Int. Congress of Nephrology*. Prague, August 1963.

9. Barnett HL: Presentation of John Howland Award and Medal of the American Pediatric Society to Dr. Samuel Z. Levine. *J Pediatr.* 65:992-1001, December 1964.
10. Barnett HL and Bernstein J: Clinicopathological conference: Albert Einstein College of Medicine, Bronx, N.Y. *J Pediatr.* 73:936, December 1968.
11. Barnett HL, Fraad LM, Gordon HH and Kretchmer N: Samuel Z. Levine. *Pediatrics.* 49:780, 1972.
12. Barnett HL, Belmont I and Eisenberg L: Herbert Birch. *Pediatrics.* 52:141, 1973.
13. Barnett HL and Edelman CM, Jr.: Letter: Is randomization always random? *Pediatrics.* 53:583-4, 1974.
14. Barnett HL: Please do not throw away your old eyeglasses (letter to the editor). *N Engl J Med.* 301:1066-7, November 1979.
15. Barnett HL: Academic departments of obstetrics: a pediatrician's view. In *The Current Status and Future of Academic Obstetrics*, edited by J.Z. Bowers and E.F. Purcell. New York: Josiah Macy, Jr., Foundation, 1981.
16. Barnett HL: The future of academic pediatrics (discussant). In *The Current Status and Future of Academic Pediatrics*, edited by E.F. Purcell. New York: Josiah Macy, Jr., Foundation, 1981.
17. Barnett HL: Don't politicize health services for poor children (letter to the editor). *New York Times*, August 1989.
18. Ruff H, Blank S and Barnett HL: Early intervention in the context of foster care. *Developmental and Behavioral Pediatrics* 11:265-7, October 1990.
19. Barnett HL: Annotation: preventive screening for health risks among adolescents. *Am J Public Health.* 86:1701, 1996.

Abstracts

1. Barnett HL, Perley AM, Forbes GB and Goldring D: The use of sulfapyridine in infants and children. *Intern Med Dig.* 44:115, February 1944.
2. Barnett HL, McNamara H, Hare RS and Hare K: Inulin urea mannitol and PAH clearance ratios in premature infants. *Fed Proc.* 7: March 1948.
3. Hare K, Ungewitter L, Barnett HL and McNamara H: Observations on the structure and function of the glomerulus in premature and full-term infants. *Fed Proc.* 7:1, March 1948.
4. Fellers FX, Barnett HL, McNamara H and Hare K: Decrease in the radiosodium and thiocyanate spaces during growth. *Fed Proc.* 7:1, March 1948.
5. Barnett HL, Hare K, McNamara H and Hare R: Measurement of glomerular filtration rate in premature infants. *Am J Dis Child.* 77:113, 1949.
6. Hare K, Goldstein H (by invitation), Barnett HL (by invitation), McNamara H (by invitation) and Hare R (by invitation): Renal excretion of creatinine in man. *Fed Proc.* 3:67, 1949.
7. Barnett HL, McNamara H, Hare K and Hare R: Metabolic observations in an infant with congenital adrenocortical insufficiency with virilism. *Am J Dis Child.* 79:1123, June 1950.

8. Rapaport M, McCrory WW, Michie AJ, Barbero G, Barnett HL, Forman CW and McNamara H: Effect of corticotrophin in children with nephrotic syndrome: clinical observations on thirty-four children. The effect of cortisone in four. *Am J Dis Child.* 72:248, August 1951.
9. Lauson HD, Forman CW, McNamara H, Mattar G and Barnett HL: Effect of corticotropin (ACTH) on glomerular permeability to albumin and on blood antidiuretic hormone concentration in children with the nephrotic syndrome. *Am J Dis Child.* 83:87, January 1952.
10. Laupus WE, Barnett HL, McNamara H, Norton EWD and Bousquet FP: Further observations on retrolental fibroplasia, including measurement of the intra-arterial blood pressure in premature infants. *Am J Dis Child.* 84:749, December 1952.
11. Barnett HL, Vesterdal J, McNamara H and Lauson HD: Regulation of renal water excretion in premature infants. *Am J Dis Child.* 84:481, October 1952.
12. Mattar G, Barnett HL, McNamara H and Lauson HD: Measurement of glomerular filtration rate in children with kidney disease. *Am J Dis Child.* 84:629, November 1952.
13. Tudvad F, McNamara H and Barnett HL: The renal response of premature infants to administration of bicarbonate and potassium. *Am J Dis Child.* 86:612, November 1953.
14. Barnett HL, Tudvad F and McNamara H: Renal excretion of bicarbonate and potassium in premature infants. *Fed Proc.* 12:10, March 1953.
15. Edelmann CM, Jr., Troupkou V and Barnett HL: Renal concentration ability in newborn infants. *Fed Proc.* 18:1, March 1959.
16. Drescher A, Barnett HL and Troupkou V: Water balance during water deprivation in infants on high and low protein diets. *Am J Dis Child.* 100:703, 1960.
17. Barnett HL: An international cooperative study of renal disease in children. *Pediatr Res.* 1969.