

CHARLES AND RICHARD YALEM join Dr. Morton D. Pareria, surgeon-in-chief, and Dr. Stanford Wessler, physician-in-chief, in seeing the latest model for the Charles and Florence Yalem Research Building. Construction will begin in mid-1965.

Mr. & Mrs. Edison Establish \$10,000 Unrestricted Fund

Jewish Hospital received an endowment gift of \$10,000 in December from Mr. and Mrs. Harry Edison, according to Joseph F. Ruwitch, president of the hospital.

The donation will be used to establish the Mae and Harry Edison Unrestricted Endowment Fund. This contribution is especially significant with funds slated for the hospital unrestricted endowment program . . . the major source of income for the outstanding medical projects which are now being developed.

Mr. Edison, chairman of the board and treasurer of Edison Brothers Stores, Inc., is well-known in St. Louis for his business activity, civic and philanthropic endeavors.

He has been on the Jewish Hospital board of directors for many years, and

was an original sponsor of the hospital newspaper, *216*.

The Edison families have long continued to support the building, research, and educational projects of Jewish Hospital. As a tribute and in honor of Mrs. Mae Edison's parents, Tillie and Max Goodhart, a contribution designating two rooms in their memory was made, and a bronze plaque commemorating their memory was so established.

Another outstanding contribution by the Edison families were gifts during the capital funds drive, totaling \$114,461. These funds were used to help establish the Jewish Hospital heart station. The heart station was dedicated in memory of the five Edison Brother's parents, Sarah and Abram Edison.

Mrs. Ira Simon Continues Annual Gifts To Hospital

A gift of \$12,000 was presented to Jewish Hospital in December by Mrs. Ira Simon. This latest in a series of annual gifts was donated to the Ira and Herbert Simon Research Fund established in memory of Mrs. Simon's late husband and his brother, Herbert Simon, late husband of Mrs. Mildred Simon. The fund, first established at Jewish Hospital in 1960 with grants totaling \$18,000, has grown to a total of \$132,000 by the end of 1964.

This resource for unrestricted research was established by members of the Simon family to be used for the study and treatment of cancer, mental and nervous diseases, or any other diseases which the Research Committee of the Hospital Board of Directors may approve.

Pilot projects which have already been approved by the Research Committee under terms of the fund include: a study to determine the reasons why miscarriages result in women with psychiatric problems; and a study to analyze some of the biochemical characteristics of the skin to determine how to make skin grafts grow more rapidly. The latter study will also supply information about factors influencing skin cancer.

By her continuing support, Mrs. Simon, the former Laura Hartman, exemplifies a woman of generosity and kindness.

According to a close associate: "She is endowed with foresight as well as under-



MRS. IRA SIMON

standing in recognizing the value of scientific research to humanity. After having gone through the pain and agony of caring for her husband, who was afflicted with cancer, she has chosen this important way of perpetuating his memory. Laura Simon is a vivacious, well-liked woman, considerate of her family, friends and the community."

Hospital Families

Shoenbergs Contribute To Hospital Development

(The following story is one of a series in which 216 will feature individuals or families who have influenced the hospital's development through the years. Without their continuing interest, guidance and support, Jewish Hospital could not have achieved its present high standard programs of patient care, research and education.)

Moses Shoenberg and his descendants:

On June 9, 1929, the Moses Shoenberg School of Nursing was dedicated at 306 South Kingshighway. A gift of \$300,000 given by Mr. Shoenberg's widow, Dollie and his only son, Sydney, made possible the construction of a nurses residence and school of education. The building was designed for and hailed as "one of the most modern and efficient homes and nursing schools in the country."

"This building", said Dr. Frank H. Vizetelly, editor of *Funk and Wagnalls*, and main speaker at the dedication, "is typical of the spirit and high ideals of the Shoenberg family." Moses Shoenberg and his descendants have displayed a continuing philosophy of concern for Jewish Hospital.

Moses Shoenberg was one of the original contributors to the building of Jewish Hospital in 1901. Following in his father's footsteps, Sydney M. Shoenberg not only gave money for the nursing school building, but by 1951, had given a total of \$700,000. \$100,000 was given to the building fund in 1951 which contributed to enlarging the hospital by 200 beds. He donated an additional \$100,000 in 1952 to enlarge and modernize the X-ray department, as a memorial to his mother Dollie, who died February 28, 1949.

In October, 1959, a second residence for nurses was opened at 4949 Forest Park Boulevard, made possible by another Shoenberg gift of \$100,000. This dormitory for 47 nurses will continue to be used in conjunction with the main residence, until the new nursing addition is completed in 1966. During the last capital fund drive the Shoenberg family gave \$250,000. From 1920 through 1964, they have contributed a total of \$1,365,844.

Moses Shoenberg died in 1925 at the age of 73. Called the Merchant Prince, he achieved this title by serving as one of the founders of the May Department Stores Co. He was active as vice-president in the business until age 69. Born in Dayton, Ohio, he started his first business, a small haberdashery, at the age of 22.

Shortly after, he went to Leadville, Colorado where he joined his brother-in-law, David May to establish a firm known as May and Shoenberg.

In 1892, he came to St. Louis and purchased the "Famous" store; then the D. Crawford and Company; and later the William Barr Dry Goods. This was the beginning of the May Department Stores Company chain.

In addition to his department store activities, he also founded the Eagle Discount Stamp Company, and was Chairman of the Board of the Commercial Investment Trust, Inc. of New York, a director of Maloney Electric Company, and a director of the First National Bank of St. Louis. He was past president of the Federation of Jewish Charities, and of Temple Israel, and was a director of Jewish Hospital, the Jewish Sanatorium (to which he contributed a building) and the Columbian Club.

He was a member of the staff of Governor Hadley of Missouri.



SIDNEY M. SHOENBERG

His wife was the former Dollie Bernheimer of Quincy, Illinois.

In the same family tradition, Sydney M. Shoenberg is a vice-president and a director of the May Company, director of the First National Bank and the St. Louis Union Trust, a director of CIT Corporation of New York, and a member of the firm, Sydney M. Shoenberg and Company. Formerly, Mr. Shoenberg served as a director on the board of the Y.M.H.A.

As a staunch supporter of the Jewish Hospital and member of the hospital board of directors in 1923, he observed, "I owe a duty to my less fortunate brother . . . how can any thinking person who enjoys the blessings of health go through a hospital without a feeling of thankfulness at his own good fortune and a corresponding obligation to make things a little easier for those wracked with pain. And if that individual is fortunately endowed with more than his share of the world's goods, how can he resist the impulse to give a small part of his surplus wealth to provide additional and more comfortable quarters for this work."

In 1946 he was elected to the City Art Museum's Board of Control. As a benefactor of the arts, he donated many important works of art by Gainsborough, Van Dyck, Hoppner, Romney, Rodin, Utrillo, and Raeburn.

Sydney M. Shoenberg and his wife, the former Stella Hays, have three sons, Sydney M., Jr., John M., and Robert H.

Both Sydney M., Jr., and John serve on the Jewish Hospital Board of Directors. John was President of the Board from 1958 to 1963 and is now a Life Member of the board. In addition, he has served on the board of the St. Louis United Fund, the Jewish Federation, the Jewish Sanatorium, the Neighborhood Association, and has been active in the National Conference of Christians and Jews, and the Planned Parenthood Assoc.

Sydney M. Shoenberg, Jr. was active and served as treasurer in a St. Louis University campaign drive. He also served on the Community Chest Board, and is a former director of the Jewish Federation and the Y.M.H.A.

Robert Shoenberg is vice-chairman of the Red Cross, a director of the City Art Museum, and a board member at the Central Institute for the Deaf.

The three brothers are associated with their father in the investment firm of Sydney M. Shoenberg and Company, located in the Boatman's National Bank Building.

Jewish Hospital is grateful for and proud of her continuing association with the outstanding Shoenberg family of St. Louis.



MISS DOROTHY SCHMIDT

Anesthetist Helps Department Grow During Her 20 Years at Hospital

"When I came to Jewish Hospital in 1945, there was one nurse anesthetist," said Miss Dorothy Schmidt, chief nurse anesthetist who began her 20th year at Jewish Hospital last month.

"In 1946, when I was made chief anesthetist, we were left with just two girls in the department. For the first year, we went without vacation and were on call every other night and every other weekend, with no day-off afterwards.

"Very patiently I worked to add more people to the staff so we could have a day off after call. Each year there were more advances.

"When we had four surgery rooms, we needed five people. In 1965 we moved into a new surgery wing. At one time we had 10 nurse anesthetists, one for each of eight operating rooms, one off and one supervisor.

"Dr. David Littauer, then executive director, always gave me encouragement to go ahead — to get the most up-to-date equipment. With the confidence he had in me, the department was able to grow. There is a special satisfaction in working with good staff and good equipment.

"We have always been fortunate in securing good anesthetists. I felt that the standards of the hospital made a good impression.

"Today in the United States, there are over 12,000 anesthetists, from 172 schools for nurse anesthetists. I had my training at Lakeside Hospital, Cleveland, Ohio, which is connected with Western Reserve University. Founded in 1933, it was the first school for nurse anesthetists in the United States.

"Do you know how I became an anesthetist? Dr. Samuel D. Soule, obstetrician, was instrumental in this. I had been in nursing for about 5 years. Dr. Soule asked me if I'd ever thought of becoming an anesthetist. He said, 'there's a wonderful anesthetist at Jewish Hospital. Why don't you call her and ask where she got her training.'

"Well, I never did call her, but I didn't have too. Dr. Soule came back several days later and said, 'she got her training at Western Reserve University. Why don't you find out when classes start.'

"A friend and I were accepted in May that year for the eight month course. Now, by the way, that same course takes 2 years.

"Miss Florence King, Jewish Hospital's administrator at that time, came to Cleveland to an American Hospital Association meeting. She only needed one anesthetist, but because she had been so happy with her first Western Reserve graduate, she took two of us.

"It was often hard, especially those first two years. I often think about this when interviewing new anesthetists. I tell them we have excellent working conditions now, but when we are crowded, I expect them to cooperate.

"Nobody knows really when you give a good anesthesia—when you eliminate pain and have a successful surgery and post-operative course. This is just between you and the patient. But it is within yourself that the greatest satisfaction lies.

"Yet, I imagine the main reason I stayed at Jewish Hospital 20 years is the doctors I've worked with."

Products To Be Displayed At March 1 Fair

The second annual equipment fair, sponsored by the hospital central supply department will be Monday, March 1, in Steinberg Auditorium. The fair, open from 9 a.m. to 5 p.m., is being co-ordinated by Mrs. Nadean Wright, supervisor of central supply. On display will be equipment currently in use in the hospital, and new equipment which will soon be available. Instructions on proper use and care of equipment will be given as an additional feature of the exhibition.

According to Mrs. Wright, the nursing, medical and administrative staff are invited and encouraged to attend, as well as other hospital personnel. Coffee will be served to those attending.

Mrs. Wright has been supervisor of central supply for the past two years. Prior to that she was in the Jewish Hospital nursing department for twelve years.

Home Care Enters 12th Year As Successful Pilot Project

The Home Care Program of Jewish Hospital is entering its twelfth year of successful operation as one of the pilot projects in the United States. The program is a major division of the department of Long Term Care, directed by Dr. Franz U. Steinberg.

Organized in 1953 under the direction of Dr. David Littauer, then executive director of Jewish Hospital and Dr. I. Jerome Flance, it was initially designed to care for twenty-five patients in their homes. At the present time, the program has more than doubled — providing home service for an average of fifty-eight patients who receive 20,000 days of care annually.

The concept of home care for long-term patients was first carried out by Dr. E. M. Bluestone who started a program at Montefiore Hospital in New York City in 1947. In the past seventeen years, home care programs have enjoyed varying degrees of success throughout the United States. As many as forty programs have been organized in conjunction with hospitals and nursing homes.

As an out-of-hospital service, this co-

ordinated program has added a new dimension to patient care. Now persons encumbered with financial strains resulting from long illnesses, can have comparable medical and para-medical services in their own home at a fraction of the hospital costs.

In addition to the economic factors, many patients have illnesses which can best be treated at home from the standpoint of medical, social, and psychological needs.

With the emergence of Medicare, home care programs will be developing to a greater extent throughout the country, according to James O. Hepner, Ph.D., associate director at the hospital. In January the Home Care Training Center of Jewish Hospital financed by three Public Health Service grants, conducted two institutes: one for vocational counselors and another for administrators and other persons concerned with establishing like programs in their own communities.

"More and more people are recognizing the value and necessity of coordinated home care programs," Dr. Hepner said.



THE WORLD'S FIRST and only completely remote-control two-way audio closed circuit television system was installed this month at Jewish Hospital. The remote console equipment can control all of the camera action in a room far distant from the actual operation. Up to now, closed circuit TV had to be operated by a camera technician in the operating room. Use was limited due to problems involved in camera position and in lining up the exact area to be viewed. Now, the camera can be moved to one of 3 operating rooms, and it has become an important asset in teaching doctors as well as students.



THE UNIQUE TRI-PAN CAMERA, invented by George Fischer, Centurion Products, Inc. is controlled from a small console that also contains the controls for the zoom lens, two-way audio and the camera controls (brightness, contrast, focus) thereby enabling the instructor to line up the exact area and angle he wants and to magnify it up to 50 times or more. TV monitors have been installed in the surgeon's conference rooms. Upon completion of the new Steinberg Auditorium amphitheatre, additional equipment, a television projector, will be installed so an operation can be shown on a 400 square foot screen.



ELMER BAMMANN, building and maintenance department, displays the trophy he won in the fishing contest this fall at Osage Beach, Missouri, for catching a 2¼ pound crappie. (Ordinarily, a pound crappie is large.)

Musical Planned for Auxiliary Annual Meeting

Singing and dancing members of the Women's Auxiliary are invited to tryout for the original musical to be presented at the annual meeting, Tuesday, April 27, at the Meadowbrook Country Club.

Tryouts for actors, singers, dancers, prop crew and costumers will be at 10 a.m., February 17, at Temple Israel, 10675 Ladue Road.

Mrs. Donald Quicksilver, is author of the show.

Co-directing the show are Mrs. Quicksilver and Mrs. Samuel Schenberg; with Mrs. Charles Sophir, choreographer; Mrs. Al Serkes and Mrs. Gene Schneider, producers; Mrs. Kenneth Poslosky, costume supervisor; Mrs. Harold Lazaroff, properties chairman, and Mrs. Millard Routman, scenery designer.



SPACIOUS WAITING ROOM, decorated by Mrs. Frank P. Wolff, member of the Women's Auxiliary, was designed to provide both ambulatory and wheel chair patients with a comfortable place to wait for X-ray procedures. Screened-off waiting areas are available for stretcher patients.

Arteries, Veins, Brain Studied With New X-ray Techniques

"We are diagnosing more patients illnesses in radiology than ever before," said Dr. Hyman Senturia, director, department of radiology, "because of new techniques which provide information not readily obtainable by any other method."

"It is now possible to inject solutions into arteries and veins which make these structures opaque to X-ray.

"In fact, the greatest advances in radiology at the Jewish Hospital are being made in blood vessel diseases.

"For example, those patients who have difficulties with the circulation in their legs can be fully studied by these techniques, which will determine if and where a blood vessel is blocked or narrowed, what the cause of the changes are and what can be done to correct the difficulty.

"To use another example, certain diseases of the brain can best be studied after the injection of radio-opaque solutions into the vessels of the neck which are distributed to the brain. In this way, tumors, blood clots and malformations of blood vessels can be detected. The so-called "small stroke" can be studied in this way when it first occurs and when corrective surgery can be done.

"Other techniques have been developed with the use of radioactive isotopes. These radioactive materials locate themselves in a certain organ of the body and their presence is detected by a signal which is given off by the radioactive element.

"For example, a certain isotope, when injected into an arm vein, will be selectively concentrated in the brain and by mapping the signals which the isotope releases it is possible to detect and localize disease processes such as tumors or blood clots. Many body organs can be studied this way, such as the liver, kidneys, pancreas, lungs, and thyroid and the skeletal system.

"Examination of the breasts using X-ray, or "mammography" requires a special X-ray tube and super-sensitive film, but is a valuable aid to the physician in diagnosis of obscure breast diseases. Breast cancers, cysts and areas of inflammation can be diagnosed in this way with a minimal radiation exposure to the patient, when the usual methods of study leave doubt as to the correct diagnosis.

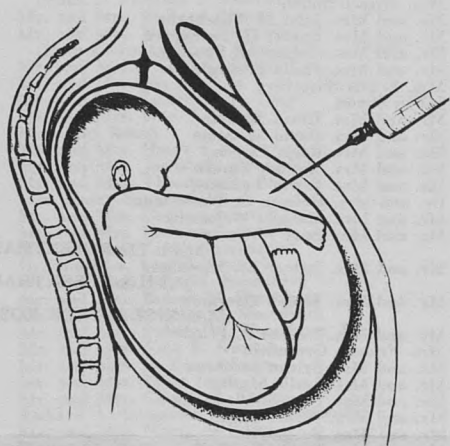
"Also, during 1965, equipment will be installed which will permit motion studies of various organs in the body. Swallowing, the beating of the heart, and moving joints will be recorded on movie film and studied on the projection screen. In this deliberate way, malfunctions and dynamic disturbances can be studied. The use of moving pictures to study dynamic functions of the body is dependent on the development of the image intensifier, an electronic tube capable of brightening the fluoroscopic image 3000-4000 times. In this way, because of the brilliance of the fluoroscopic image, preliminary dark adaption of the eyes is eliminated and direct recording of the image on movie film is possible.

"The familiar Polaroid rapid film processing has found a place in X-ray diagnosis; the film is exposed by the X-ray beam and within 60 seconds the finished film can be studied. This is a great advantage when dealing with patients under anesthesia, whose further care will depend upon the results of a single film. Previously, it took 7 to 8 minutes to develop them, thereby delaying the procedure or operation.

"In the radiation therapy section, the Cobalt source which is used for its gamma ray activity, has been replaced with a more powerful source. The original source of gamma radiation was provided by a gift of \$35,000 from the Women's Auxiliary, but, as with all radioactive material, it decreased in strength after almost 5 years of use. The replacement, a fresher, stronger source, has reduced the treatment time, but the quality of the gamma ray emitted is unchanged."



ENCLOSED RECEPTION AREA, part of the extensive remodeling just completed in the X-ray department. A compact film-viewing area is now available as well as two semi-private areas for film interpretation and consultation.



Babies Saved By Prediction Of Amniotic Tap

"Amniotic tap", recently instigated at Jewish Hospital by the departments of obstetrics and laboratories, under the supervision of Dr. Daniel Rosenstein and Dr. Phillip Goldstein, is balancing the dangers of erythroblastosis, or Rh incompatibility, against those of prematurity.

Rh incompatibility usually affects children of Rh-negative women, married to Rh-positive men, who have become sensitized to Rh-positive blood during their previous pregnancies. The production of hemolyzing antibodies grows worse from one pregnancy to another.

Conventional postnatal blood exchange transfusions will save some of these children. Some can be saved by premature delivery. Another group are so severely affected so early, that they couldn't possibly be saved by premature delivery.

Performed in the seventh and eighth month of pregnancy, the amniotic tap can accurately predict which babies will live to birth, which are anemic but can survive and which will die. More than that, it is possible to predict the actual time these babies will die.

The transabdominal tap is made on the mother to withdraw a specimen of the amniotic fluid surrounding the threatened fetus. Because hemolysis of fetal cells increases the concentration of hemoglobin breakdown products in the fluid, analysis of its optical density by spectrophotometry can show severity of fetal affliction. Thus, the obstetrician knows whether to induce the baby before his normal term.

The next step, still in the experimental stages, is to institute intrauterine transfusions to tide the baby over until it is mature enough to survive outside its mother's womb.

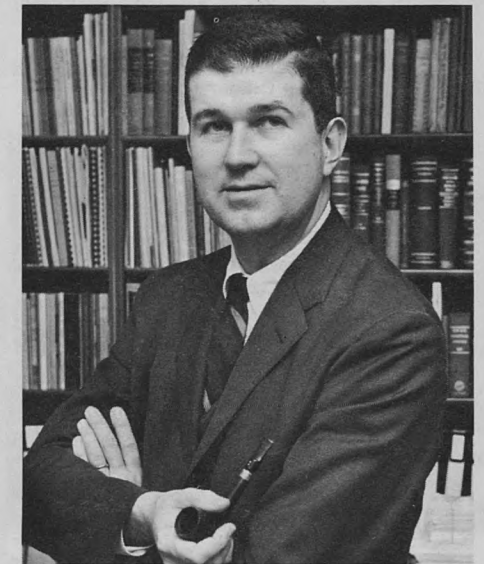


Irwin Albrecht, assistant director and controller, was appointed to the committee on accounting of the Missouri Hospital Association.

David A. Gee, executive director, was appointed to the special project committee of the Missouri Hospital Association.

David A. Gee, has been reelected as treasurer of the Hospital Association of metropolitan St. Louis.

Mrs. Phyllis Jackson, head nurse, 5 Steinberg, attended the annual convention of the National Foundation of the March of Dimes in Chicago, Illinois. Mrs. Jackson, representing Madison, County, Illinois, is a member of the Executive Director board of the National Foundation.



DAVID A. GEE, executive director, Jewish Hospital, was a guest on KMOX Radio "At Your Service", 4:10 segment, Thursday, January 14. Moderator Jack Buck interviewed Mr. Gee about hospital administration during the first portion of the program, and then directed calls to him from the KMOX listening audience.

Caller's questions included: Medicare, hospital costs, nursing shortage, and emergency rooms.

Recent appointments in nursing service are:

Miss Susan Kay Parker, R.N., appointed assistant head nurse on division 3 Steinberg.

Mrs. Nancy Safarik, R.N., appointed assistant head nurse on division 6 Center.

Miss Phyllis Widdows, R.N., appointed assistant head nurse on division 3 South.

Mrs. Betty Danzie, R.N., appointed assistant head nurse on division 2 Center.

Mrs. Mary Hirth, R.N., employed as assistant head nurse on division 7 Center.

Miss Brenda Rhoton, R.N., appointed head nurse on division 4 South, from the position of assistant head nurse on division 3 South.

Mrs. Willa Jean Nelson, R.N., appointed head nurse on division 3 Center, from the position of assistant head nurse.

Mrs. Vera Rust, R.N., appointed head nurse in the delivery room.

Miss Frances Neal, R.N., employed as head nurse on division 2 South. Miss Neal returned to Jewish Hospital from Cedars of Lebanon Hospital where she held the position of assistant head nurse.

Miss Elsie Null, R.N., appointed head nurse on division 2 Steinberg. Miss Null was previously head nurse on division 2 Center.

Miss Ruth Colvin, R.N., appointed operating room supervisor, from the position of acting operating room supervisor. Mrs. Colvin was a staff nurse in the operating room for 5 years.

Mrs. Sharon Barnhill, R.N., appointed head nurse on division 2 Center.

Dr. Morton D. Pareira Calls Transplantation Most Challenging Problem in Surgery

(The Jewish Hospital Department of Surgery, in conjunction with the Department of Surgery, Washington University Medical School, has formulated an extensive research program of transplant biology. This program has been projected as a means for a major breakthrough in transplant biology which will then be adapted for clinical transplantation. On completion of the new Yalem Research Building, approximately two floors will be devoted to transplantation research; this will be coupled with a program to train personnel in transplant techniques.

The following article is the first in a series of three, prepared for 216 by Dr. Morton D. Pareira, Jewish Hospital surgeon-in-chief, who is directing the research program. The first article of questions and answers will include background information on transplantation; the second, the history of transplant biology concluded; and the final article will outline the program to be carried on at Jewish Hospital.)

Q: Dr. Pareira, can surgical transplantation be successfully done today, and just what will it mean in relation to diseases such as cancer?

A: There is no more challenging problem to biology in general, and surgery in particular, than the possibility of successful transplantation of tissues and organs. This is not yet possible except in the case of paired organs in identical twins, a very rare circumstance indeed. Investigations into the mechanisms which underlie the rejection by one individual of the cells of another lead the investigator into the realms of genetics, immunology, bio-chemistry, bio-physics, embryology, tissue culture, radiobiology, cryobiology, oncology and moral philosophy. Understanding of this mechanism offers enormous promise not only in the fields of organ transplantation but also in the closely related fields of the origin and treatment of cancer and of those disease processes that are inherited, of which there are a great many (and, also, longevity) in mammalian species including man.

Q: Who will do this work?

A: A practical solution to the problems of clinical transplantation must be made by surgeons who have been trained in, and are working in, the field of transplantation biology in concert with basic science investigators working in this same field because surgeons, in the final analysis, not only possess the technical skills required to accomplish organ grafting but also are confronted daily with grief, sorrow, and death resulting from the present inability to transplant successfully from man to man.

Q: And are there groups like this presently at work?

A: This type of task force approach by a combined group of such individuals is not being made in this, or any, country today because of the desire of most surgeons, and the attempts by many, to achieve the final goal by artificial methods (all of which have been unsuccessful) rather than by knowledgeable applications of transplantation biology, and the resultant distrust of the clinical surgeon by the basic transplantation biologist. Currently, innumerable research grant requests in the field of transplantation biology, submitted to federal agencies by clinical personnel, are being summarily rejected because of the lack of substantive backgrounds of these individuals and groups in transplantation biology.

Q: Just for background, doctor, how did all this get started?

A: The transplantation of living cells from one individual to another is not a natural event. Indeed, from time immemorial the junction of portions of separate individuals was considered the special province of supernatural forces or deities inspired by dreams of the remarkable qualities that might be expected in creatures having capabilities normally beyond the power of a single species. The preoccupation of the ancients with such dreams was certainly great so that the modern world has inherited not only the remains of legions of sphinxes and other beasts, fashioned in metal or stone by men as copies of divine workmanship, but also a rich array of legends concerning the exploits of everything from mermaids to chimeras. Man's attempts to produce living individuals, embodying the tissues of others, by transplantation methods, likewise go back many centuries. The virtues of replacement of diseased, injured and selectively aged organs and tissues are clearly apparent and the dream of such accomplishments has persisted into modern times.

Q: What has been done? Are there any tangible results?

A: At the turn of this century organs, tissues and even portions of the body were successfully transplanted from one animal to another by physiologists working in the laboratory. In 1910 the first kidney transplantation (in a dog) was successfully accomplished; prior to that Charles Guthrie first successfully prepared the two-headed dog transplant which, several decades later, the Russians claimed as a surgical feat of their own accomplishment. Except for the grafting of skin from one person to another, no other of these intra-species exchanges were attempted by clinical surgeons because of the prohibitive operative risk attendant upon any operative procedure of such magnitude undertaken in those days when modern surgery was in its infancy.

Q: But I thought before that you said this wasn't successful?

A: Skin "homografting" (grafting from one human to another) was practiced throughout World War I and on into the early part of World War II before it was realized that homografting (as opposed to isografting in which portions of a single individual's tissues, skin for example, were removed from one portion of his body and transferred to another) was never successful. The reason for this lack of homograft survival was not understood in the early 1940's. Earlier recognition of the fact of inevitable homograft rejection had been obscured (1) because of the early death of the laboratory animal (or burned human) from "other causes"; (2) because of failure to follow-up of transplants in laboratory animals; or (3) because rejection of organs in homo-transplanted animals was considered to be failures of surgical technique. This is but another example of how truly modern "modern medicine" is.

Q: Then the first so-called "successes" weren't completely successful?

A: That's right. Beginning before the turn of this century, and concomitant with the experience in the homografting of normal tissues and organs, experimental pathologists and oncologists were homotransplanting tumors with erratic results. A pioneer in this field was the late Leo Loeb, formerly professor of pathology at Washington University School of Medicine. In 1915, C. C.

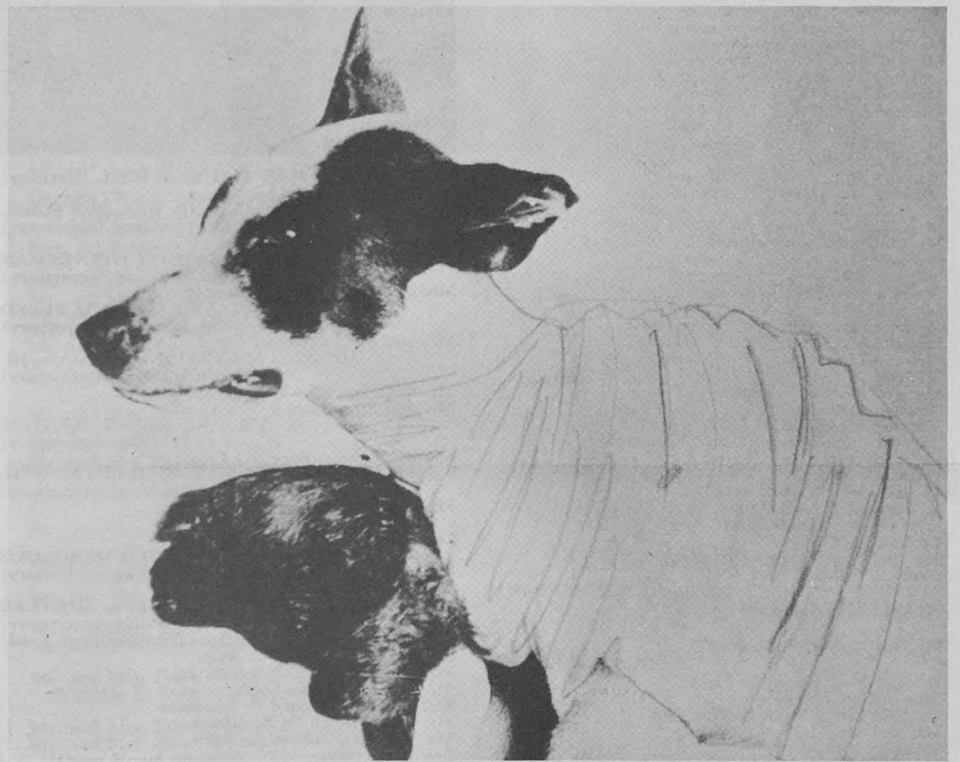
Little (the predecessor of George Snell in genetics at the Jackson Laboratory, Bar Harbour) and Tyzzer consolidated the previous hypothetical speculations that genetics was, at least in part, a determinant in the fate of tumor homotransplant. When, in more recent times, homograft rejection became recognized as a normal phenomenon of nature, it became apparent that workers in this field were elaborating principles or transplantation biology more than principles of tumor growth.

Q: How far have we come since then?

A: This is where the matter stood a mere twenty years ago and, except for some better understanding of why the homograft reaction (rejection) occurs, it is where the matter still stands. In summary, the problem which confronts our present (and the past)

abilities in this area can be stated so simply that one wonders why so many uncertainties give impasse to its solution. If a tissue or organ (or a spontaneously occurring tumor in a laboratory animal) is removed from one portion of an individual's body and transplanted by appropriate surgical techniques to another part of the body of the same individual, it may be expected to live as long as the individual who bears it. But if a similar tissue is transplanted between different individuals (other than identical twins) it may be expected to heal and function for a week or so, after which it becomes inflamed and ulcerated and eventually sloughs away.

(Why should this be so? What can be done to prevent it? These questions and others will be answered by Dr. Morton D. Pareira in the next issue of "216".)



FIRST SUCCESSFUL TRANSPLANTATION of a dog's head to neck of another dog, done by Dr. Charles Guthrie prior to 1910.

Medical Staff

David C. Shepherd, Ph.D., director of audiology and Robert Goldstein, Ph.D., director of audiology and speech pathology, and Dr. Benjamin Rosenblut, Chilean National Health Service and Hospital, Santiago, Chile, previously research fellow at Jewish Hospital, have written a paper on "Race Difference in Auditory Sensitivity" which appeared in the December issue of the Journal of Speech and Hearing Research.

Dr. Melvin M. Schwartz, obstetrician-gynecologist, was installed as secretary of the St. Louis County Medical Society.

Dr. Ben H. Senturia, director, department of otolaryngology, has made several trips to Washington, D. C. to attend conferences with officials of the Public Health Service and the Armed Forces Institute of Pathology, to lay the groundwork for activation of an Otolaryngic Training Grant, awarded by the National Institute of Neurological Diseases and Blindness to the American Academy of Ophthalmology and Otolaryngology. The goal of the program is to train physicians for academic careers in the field of otolaryngic pathology, either as a primary specialty or as a subspecialty in clinical otolaryngology. The training site selected is the Armed Forces Institute of Pathology, Washington, D. C. Dr. Senturia is project director of the grant.

Dr. Senturia, editor-librarian of the American Otological Society, Inc., attended the mid-winter Council Meeting in New York on January 9. Preceding this meeting, the council of the American Otological Society joined the councils of the Triological Society and the Laryngological Society at a luncheon.

Dr. Senturia will participate in a "Symposium on Middle Ear Effusions" sponsored by the Pittsburgh Ear, Nose and Throat Society, Pittsburgh, Pa., on February 18.

Dr. Kenneth D. Serkes, assistant director, department of surgery, has been invited to serve as a Liaison Fellow from the State of Missouri to the Committee on Cancer of the American College of Surgeons.

In conjunction with other representatives from Missouri institutions, he is working on a Tumor Registry form, a formal technique for handling data on cancer patients in the state.

The tumor Registry contains information about individual cancer patient treatment, the result of each treatment, and the necessary medical follow-up.

Dr. Marvin Mishkin, orthopedic surgeon was recently appointed a diplomate to the American Board of Orthopedic Surgery after successfully completing part two of the board examination.



LISTENING TO DR. ROBERT BURSTEIN explain the purpose of the electrophoresis unit are, from left, Mrs. Donald Rubin, past president, Mrs. Fred Weinstein, research chairman, and Mrs. Paul Gallant, president of the Life-Seekers. Formed 16 months ago, the 70-member group holds rummage sales, bowling parties and other fund-raising projects, to purchase lifesaving equipment for research projects.

Ravitch - Distinguished Surgeon - Selected For First Probstein Visiting Professorship

Dr. Mark M. Ravitch, surgeon-in-chief, Baltimore City Hospitals and associate professor in surgery, Johns Hopkins Hospital, has been chosen as the first visiting professor under the J. G. Probstein Visiting Professorship of Surgery. Dr. Ravitch will be at Jewish Hospital March 8 - 10 for formal lectures, case presentation sessions, working rounds, and press conferences. All St. Louis medical personnel are invited to hear Dr. Ravitch.

The visiting professorship was established in 1964 by a \$15,000 gift from Mr. and Mrs. Leon J. Leonson as a tribute of friendship and appreciation to Dr. Probstein, Jewish Hospital senior surgeon.

The committee designated to choose the visiting professor include: Dr. Probstein; Mrs. Naomi Wagner, daughter of the Leonson's; Dr. Morton D. Pareira, surgeon-in-chief; and David A. Gee, executive director.

Dr. Ravitch, a nationally distinguished surgeon, received his undergraduate degree from the University of Oklahoma where he was elected to Phi Beta Kappa. In 1934 he received his medical degree from Johns Hopkins University School of Medicine and was a member of Alpha Omega Alpha.

During his internship and residency at Johns Hopkins, he was selected as an Hunterian Fellow in Surgery and a William Stewart Halsted Fellow in Surgery.

In 1943 Dr. Ravitch qualified for certification from the American Board of Surgery and in 1952 from the Board of Thoracic Surgery.

He was an honorary associate consulting surgeon at Guy's Hospital, London, 1949, recipient of the scientific medal of Vishnevskiy Surgical Institute, Moscow in 1962; and was a visiting professor, Washington University School of Medicine in St. Louis, 1963.

Of local interest, he delivered the Hodgen Lecture, St. Louis Surgical Society in March 1960 and the 11th Annual Barney Brooks Lecture at Vanderbilt University in 1964.

Dr. Ravitch received special appointment to the National Institutes of Health, Surgery Study Section, 1962-65.

His societies include: American Surgical Association, American Association for Thoracic Surgery, Society for Vascular Surgery, Surgical Biology Club, American Academy of Pediatrics, and Surgical Section, among others.

Dr. Ravitch served as associate editor for Surgery, editor of *Current Problems in Surgery*, editor of *Pediatric Surgery Monographs*, consultant to *Current Medical Digest* and on the editorial board of *Review of Surgery*.

In addition to his numerous activities, he is well-known for his interest in the history of surgery and will be discussing this on an informal basis with members of the hospital staff during his visit.



DR. RAVITCH

Dr. Eisenstein Edits 2 Medical Books

Dr. Albert B. Eisenstein, medical scientist, is editing two books, both to be released in late 1965.

The council on food and nutrition of the American Medical Association asked Dr. Eisenstein to edit the third edition of "Nutrition in Clinical Medicine." Not written for the layman or even the general practitioner, the book will have 50 chapters written by 70 national and international experts.

St. Louis contributors other than Dr. Eisenstein will be Dr. Morton D. Pareira, surgeon-in-chief, Jewish Hospital, "Nutrition and Trauma"; Dr. Robert Shank, Washington University School of Medicine "The Assessment of Nutritional Status"; Dr. Lillian Recant, Washington University School of Medicine. "Nutrition and Diabetic Mellitus"; and Dr. Carl V. Moore, President, Washington University School of Medicine, "Iron and Copper, The Hypochromic Anemias".

The second book, "The Adrenal Cortex" represents Dr. Eisenstein's major interest in medicine. About a year ago, because he felt a new book should be written on the subject, he talked to publishers, then selected 17 experts to write about their specialties.

Among the St. Louis contributors are Dr. Sara Luse, Washington University School of Medicine; Dr. Thomas Frawley, St. Louis University School of Medicine; Dr. Theodore Weichselbaum, president, Biological Research Inc.; Harry Margraff, Washington University and Dr. William Daughaday, Washington University School of Medicine.

Life-Seekers Give Electrophoresis Unit To Ob-Gyn Department

A \$2800 electrophoresis unit, given to Jewish Hospital by the Life Seekers, a young women's organization dedicated to aiding research, is being used by Dr. Robert Burstein and the department of obstetrics for original research into possible allergic reactions in pregnancy.

From previous studies done in the department of obstetrics, Dr. Burstein, developed the theory that the mother may exhibit an immune or allergic reaction to her developing pregnancy. Complications in pregnancy may stem from these reactions.

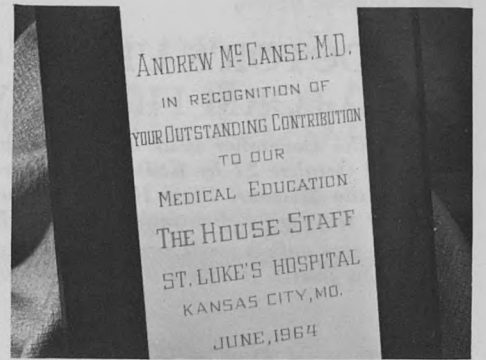
Since it is known that certain protein components in the blood plasma reflect allergic reactions, the electrophoresis unit, which analyzes these substances, will be used to establish patterns in normal and abnormal pregnancies.

It is hoped that by comparing a pregnant woman's plasma protein components with the established norms, impending abnormalities in pregnancies can be detected before the clinical signs of complications are noticed and pregnancies salvaged.

Tenenbaum Leaves \$10,000 to Hospital

A bequest of \$10,000 was left to Jewish Hospital by Harry Tenenbaum, co-founder of television station KTVI, Channel 2, and president until his death December 7, 1964.

He and his business partner, Paul E. Peltason, sold KTVI last April to the Newhouse Broadcasting Corporation. The station was sold because of the illness of Mr. Tenenbaum. Mr. Peltason is still active as an executive of KTVI.



Pareira Receives Letter

The following letter, received by Dr. Morton D. Pareira, surgeon-in-chief, is from one of his former students, Andrew McCanse.

Dr. McCanse was co-chief resident at Jewish Hospital, 1960-61, along with Dr. Charles Dart, Jr.

Presently, Dr. McCanse is in private practice in Kansas City, Missouri, and is continuing to offer his services in medical education:

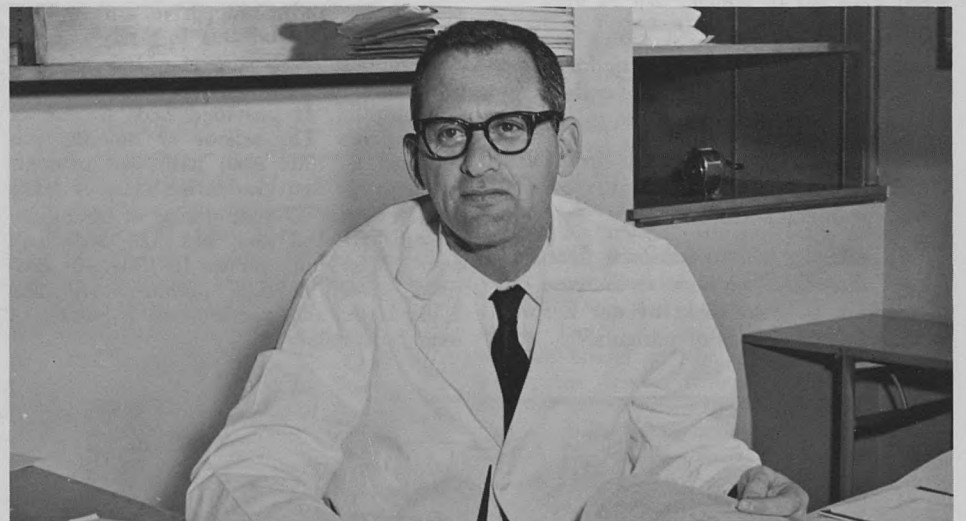
Dear Doctor Pareira:

Enclosed is the picture of the plaque I received last June, as one of four attending staff members in the various departments so honored. For the preceding three years, I held a weekly conference with the surgical house staff which included the Surgical Journal Club and case presentations. In addition, I served on the Surgical Curriculum Committee and was in charge of the scientific presentations at the Surgical Staff meetings for St. Luke's Hospital.

At the present time I am actively engaged in the teaching program at the Kansas City General Hospital and Medical Center and spend about 150 to 200 hours per year at that hospital. Kansas City General has the only approved four year surgical residency program in Kansas City, excluding the University of Kansas Medical Center, Kansas City, Kansas. This hospital is affiliated with the University of Missouri and is presently in the position of filling certain departmental positions with full time men to supplement the activities of the private attending staff which has provided the teaching services in the past. The future of the hospital looks to be most exciting.

I hope your efforts will continue to be as stimulating to your surgical residents as they were for me.

Cordially,
Andrew McCanse, MD.



DR. EISENSTEIN

A bequest naming Jewish Hospital . . .

An enduring investment in healing

Consider helping the hospital's patient care and research programs through the creation of a named unrestricted or restricted endowment fund created by will or life-income plan.

For further information, please call The Jewish Hospital, FO 7-8080, Station 494, or return this blank to: Bequest Program, The Jewish Hospital of St. Louis, 216 S. Kingshighway, St. Louis, Mo. 63110

Name _____

Phone _____

Address _____

Jewish Hospital History

DOCTOR'S URGED COMMUNITY TO FORM FIRST JEWISH HOSPITAL

(In the December issue of 216 we published a transcript of a radio broadcast presented October 27 by KSD. The feature "This Day In St. Louis" was written for KSD by the Missouri State Historical Society. Included were facts about the early efforts of the Jewish Community to establish a hospital dating back to 1878.

This was only a small part of the story. The events leading to the formal opening of the first Jewish Hospital form part II of the History of Jewish Hospital.)

Auxiliary Sponsors Newborn Photos

Mrs. M. Erwin Bry, Jr., chairman of the Auxiliary Photo-ident, reported in January on the auxiliary project, "baby photo-ident".

Each newborn is photographed in the nursery soon after delivery by a permanently mounted camera.

The women's auxiliary gives the funds from this project to Dr. Rothman, chief of obstetrics and gynecology, who, in turn, designates it for special ob-gyn equipment, research, education, and training.

In past years the funds have been used to install clocks and piped-in music for the labor rooms, new delivery tables, an instrument for detecting the radiation dosage in treatment of cancer, an instrument for cobalt treatment of cancer of the uterus, and microscopes with attached lamps.

"This has proven to be a very worthwhile and important project," Mrs. Bry commented.

Breakfast Served In Coffee Shop

Morning breakfast of eggs, waffles, sausages, bacon and ham is now offered in the Women's Auxiliary coffee shop at Jewish Hospital.

According to Mrs. Ruby Cohn, coffee shop chairman, the idea was put into effect mid-January when it was agreed there should be some place in the hospital for employees and visitors to order breakfast other than just sweet rolls after 9:30 a.m.

The employee cafeteria closes at 8:15 a.m. and reopens at 9:30 a.m. for juice, rolls, and coffee . . . as did the coffee shop before the new innovation.

The breakfast hour extends from 9:30 to 11:30 a.m. when the change-over is made for lunch.

"By offering this additional feature", Mrs. Cohn said, "we hope to increase our service not only to those of our hospital family, but to visitors of patients."



TRIPLETS WERE BORN Saturday morning, January 16, at Jewish Hospital to Mrs. Hubert Green, 26, of 4134 N. Kingshighway. Her three sons were delivered at 1:19 a.m., 1:25 a.m. and 1:30 a.m. Hubert Green, 32, works for McQuay-Norris Mfg. Co. These were number 4, 5, and 6 for the Green family. Other children are a girl 3, and twins, 21 months old. St. Louis' first baby of the year, son of Mr. and Mrs. Arnold Jaco, 1321 Fairview, University City, was also born at Jewish Hospital, at 12:19 a.m., January 1.

Toward the end of the year 1890, a feeling developed again that there was an urgent necessity for a hospital. Various instances of suffering came to public notice. Jewish Doctors, Epstein, Friedman and Jacobson, who had been devoting much of their time to the treatment of the poor called attention to the great need for a hospital. Acting on their suggestion, a small number of gentlemen met and discussed the subject.

In early 1891 a meeting was held at Addington's Hall consisting of the largest assemblage of Jewish citizens which had been brought together in many years. The meeting, composed of community leaders as well as medical personnel and lay members, was conducted as an open forum. After lengthy, animated, and at times, eloquent discussions, it was decided, upon motion of Rev. Samuel Sale, to form a permanent association, incorporated under the laws of the State of Missouri, for the purpose of collecting funds with the ultimate object of building and maintaining a hospital under Jewish auspices. The resolution carried almost unanimously.

On April 27, 1891, Missouri Secretary of State, A. A. Lesueur, granted a charter to the Jewish Hospital Association of St. Louis, Missouri. This charter gave as the object of the Corporation: "To afford medical and surgical aid, comfort and relief to deserving and needy Israelites, and to such of other denominations as the Board of Managers can provide for."

For the next few years very little was done in accomplishing the aims set forth in the 1891 charter. Finally in 1900, four civic-minded women met and formed a plan of action. Mrs. Gertrude Mathes, Mrs. Jules Weil and Mrs. Ida Kohn met at the home of Mrs. Rebecca Kahn to discuss how to create a hospital to meet the urgent health needs of the growing Jewish population in St. Louis.

These determined women were members of pioneer Jewish families; they refused to abandon the idea of a hospital, and they plunged into the effort with an enthusiasm which soon won over the Jewish community.

The first person to respond to the plea for working funds was Elias Michael, merchant and civic leader who later became one of the directors of the St. Louis World's Fair in 1904. His gift of \$10,000 started the fund-raising drive, and in 1902 the Jewish Hospital was formally opened.

A modest three story building at 5415 Delmar Boulevard was the first home of the hospital. It provided beds for about 30 patients. The school of nursing was founded in 1902 also, with five students forming the first graduating class of 1905.

Spanning a 63 year period of operation, Jewish Hospital now has 522 beds and over 200 student nurses. In 1964, the hospital served 15,622 patients, recorded 2,588 births and operated on a budget of over \$7,000,000.



DAVID A. GEE, executive director, center, presents cash prizes to the latest suggestion award winners. From left: Mrs. Barbara Lacy, public relations, suggested placing a clock in the Parkview entrance; Miss Helen Davis, rehabilitation, suggested making correct size carbon paper for bill insertion. Margaret Napper, housekeeping, suggested that room 229 be fitted with telephone facilities; Horace Jenkins, maintenance, suggested there be a sign on the ground floor indicating the Parkview entrance, and Doctor's Parking Lot.

KLAFFS SHARE KNOWLEDGE WITH CHILEAN COUNTERPARTS

"I was teaching 20 Chilean doctors."

"While I gave suggestions to their Women's Auxiliary."

Dr. and Mrs. Daniel Klaff were talking about their trip to Santiago, Chile, where Dr. Klaff, otolaryngologist at Jewish Hospital had been asked by Dr. Benjamin Rosenblut, to give a short course in rhinologic (nose) surgery at the San Juan Del Dios Hospital in Santiago, Chile.

"We have had a renaissance in this type of surgery in the past 15 years," Dr. Klaff explained. "The emphasis is to make a nose which will do its work. Naturally, this involves cosmetics or appearance. You don't begin with the outside, then fit the inside to it. It's the other way around. We must not disturb the function of the nose. It takes about 5 years of post-graduate training to do this."

"The American Rhinological Society gives courses in this country on several levels each year. It's kind of a progressive teaching program."

"This course was the first exposure these doctors had had with this type of nasal surgery. When I got there, I selected 30 patients from a larger group, to represent the types of surgery I would demonstrate, using my own instruments. The doctors were bright, eager to learn, intense. In many areas of ENT research, they are as well advanced as anyone."

While her husband was teaching, Mrs. Klaff visited the hospital and began talking with members of the Women's Auxiliary. Unexpectedly, she found herself surrounded with students as eager as her husband's.

"Their auxiliary is only two years old, with 500 members divided between 10 hospitals in the city. All the women simply adore the work. That's why they were so interested to hear all about our Women's Auxiliary."

"At first they received a lot of opposition from the doctors," Mrs. Klaff said, "who felt that they were coming to the hospital because they had nothing better to do with their time. Now, these same doctors don't see how they got along without them. They work on the floor right along with the doctors, similar to nurses aids. They have other duties too—such as running errands and being the liaison between patients, doctors and visitors."

"One woman's husband forbids her to work in the hospital," Mrs. Klaff related. "She has him take her to market each day, then walks in the opposite direction. She hides her red coat, the auxiliary uniform, until she gets to the hospital."

"My suggestions came from what our Auxiliary does here at Jewish Hospital. I told them an added incentive might be to give medals for so many hours of work. Also, to double their membership, ask each person to get a friend to join. They liked the idea of our coffee shop and gift gallery, but felt that their people are so poor, few could afford it."

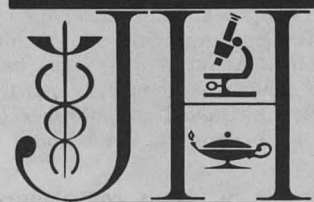
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Barbara Janes, director public relations
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THE JEWISH HOSPITAL OF ST. LOUIS

JEWISH HOSPITAL



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