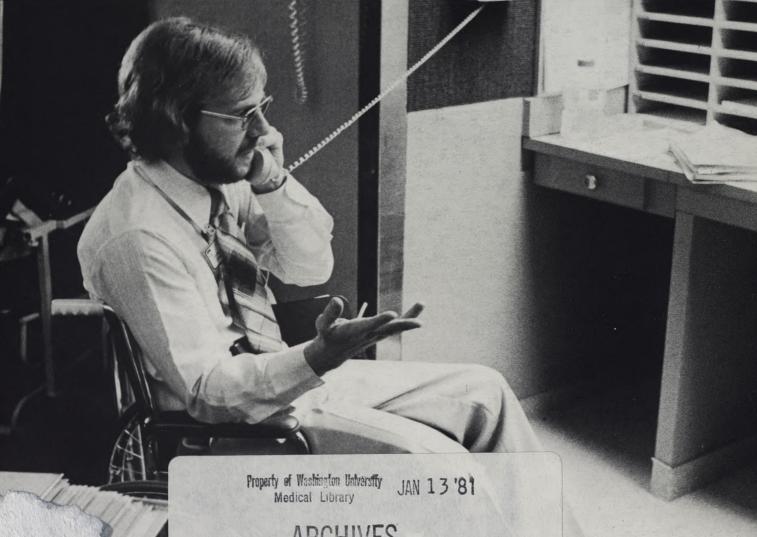
December 1980

Kent Robinson, M.D.—an intern unlike any other. (See page 16.)



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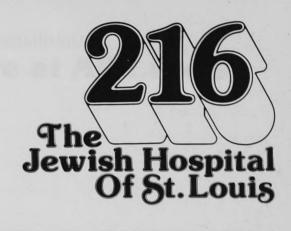
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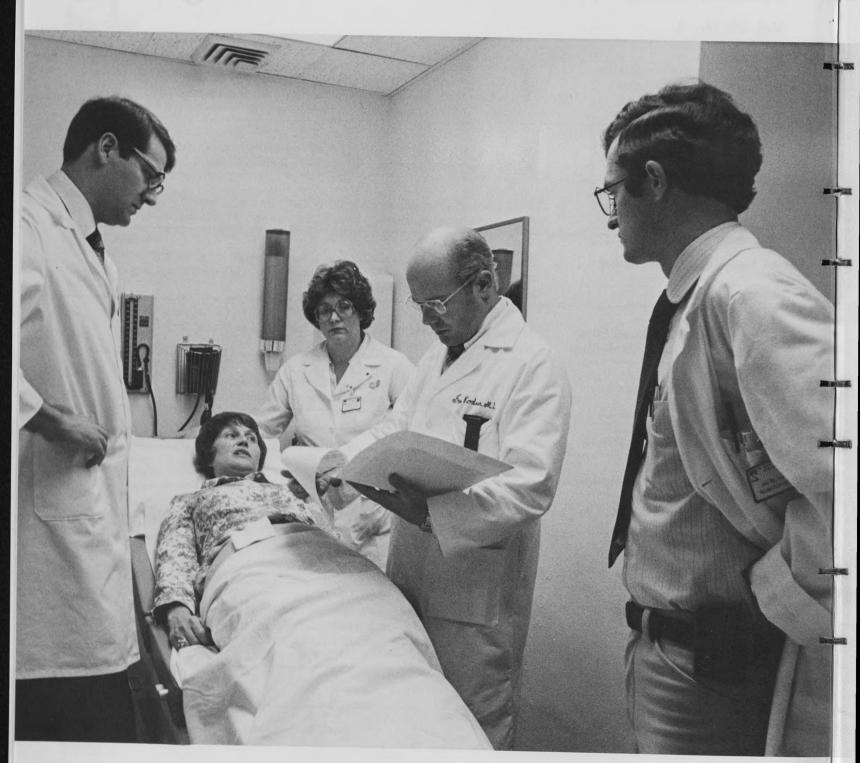
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## **A Community Publication**

Vol. 29, No. 4

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## From Surgery to Sensitivity:

## **Ostomy Care at All Levels**

By Denise Pattiz Bogard

This is where the entire process begins: in the operating room. Colo-rectal Surgeon Robert Fry, M.D., (right) instructs Colon and Rectal Resident John Roe, M.D., on the specialized surgery of cancer of the rectum. There are 30,000 ostomates in St. Louis.



Stomy: the unspoken operation. The one people prefer not to discuss, or, if necessary, they speak of it in hushed whispers. Candor about mastectomies has become acceptable; but when such men of stature as the 39th president of the United States, Jimmy Carter, or baseball great George Brett were beset by hemorrhoids, the press reacted with embarrassed twitters.

As Elnore Sturm, enterostomal therapist at Jewish Hospital, herself an ostomate, says, "This (an ostomy) concerns a bowel habit, and you just don't discuss bowel movements and urinary habits. It is a subject that here in America is taboo."

Yet cancer involving the colon or rectum is second only to lung cancer as the most common internal carcinoma, with more than 100,000 cases detected annually. Similarly, inflammatory bowel diseases are afflicting more people each year.

Authors Barbara Dorr Mullen and Kerry Anne McGinn, R.N., comment in *The Ostomy Book:* "Usually, the whole process of digestion is so automatic and so efficient that we forget its marvelous complexity. Occasionally there is a massive breakdown in the system. The intestine may be blocked, completely or partially, by cancer, injury or birth defect. Or food may rush through the digestive tract so quickly that there is little chance for nutrients to be absorbed; in several inflammatory bowel diseases, the person may be starving. In all these cases, an ostomy may become necessary."

#### **Definition of an Ostomy**

An ostomy, basically, is the special passageway a surgeon constructs, commonly through the abdominal wall as an exit for feces or urine to relieve a medical problem. An ostomate is a person who undergoes one of three general ostomy procedures: a colostomy—the rerouting (permanent or temporary) of the colon or large intestine; an ileostomy—a detour in

Drs. Fry, Kodner and Roe (from left) examine ileostomate Joyce Taylor during the colon and rectal department's Wednesday out-patient clinic. Enterostomal therapist student, Kathy Hammock, of Arkansas, looks on as part of her training for certification from the hospital's eightweek school.

Enterostomal Therapist Elsie Null cleans and rebandages the stoma of patient Jim Peoples Jr. during the out-patient clinic.

the ileum (the last section of the small intestine), and a urostomy—a general term covering a number of different surgical procedures to redirect urine to the outside of the body when the bladder must be bypassed or removed.

The new opening created during ostomy surgery and visible on the abdomen is called a stoma. The stoma permits expulsion of waste, but does not have the firm muscle control of an anal or urinary sphincter; therefore, voluntary control of bowel movements or urination is impossible and must be replaced by wearing an appliance —a man-made pouch, usually of thin flexible plastic or rubber, which adheres to the skin over the stoma to hold feces or urine until a convenient time for disposal.

Estimates suggest that approximately 89,000 ostomies are performed annually in the United States. There are more than 30,000 ostomates living in St. Louis, with an average of 700 St. Louisans undergoing the surgery each year. Yet, tragically, despite the growing numbers of persons needing the procedure, proper facilities and care are not available in the majority of health-care centers.

"Investigations reveal that of patients who have had ostomy surgery, approximately 50 percent of them do not achieve the quality of life possible for them because they have not been able to acquire adequate care and control of their ostomy," writes Ira J. Kodner, M.D., of the Jewish Hospital Section of Colon and Rectal Surgery. "It has been further shown that in the vast majority of cases, this problem exists because of a lack of facilities to care for patients with ostomies and because of a lack of understanding and education at the time their surgery was initially performed."

## Difficult Adjustments Required

Ostomy surgery involves a major change



in the excretory system, after which several adjustments are required. The patient's self-body image is temporarily destroyed. The ostomate is fearful about odor and leakage. There is the concern with finding a proper-fitting appliance and developing an appropriate diet. Doubts about resuming a normal lifestyle, or sex life, plague the patient. Unfortunately, many ostomates who do not receive the proper instruction, as Dr. Kodner observed, never

Cancer involving the colon or rectum is second only to lung cancer as the most common internal carcinoma, with more than 100,000 cases detected annually.

Such was the case with Jewish Hospital Enterostomal Therapist Elnore Sturm, who remembers her own difficult post-surgery years with clarity.

"When I had my ileostomy in 1969, there was no specialized enterostomal (stoma care) therapy offered by any of the hospitals. For the first years after my operation, I did not know another ostomate or much information about my condition." She wore an ill-fitting appliance that leaked and caused skin problems. "I attached the heavy, rubber, smelly pouch with cement, which caused a burning sensation for at least half a day after changing my bag—that is, if the bag had not already popped off from my becoming too active."

"I can see why Jewish Hospital is a referral center. The care I've gotten here is so much different from the care I ever had before."

Dr. Kodner reassures patient Barbara Monroe of her readily improving condition during his daily rounds.



Years later, Mrs. Sturm discovered the Ostomy Association in St. Louis, where she met others who had conquered similar difficulties through enterostomal therapy. "After hearing the stories of other ostomates and of their struggling, it became apparent I could be of help." Mrs. Sturm quit her secretarial job, went through LPN training and completed an enterostomal therapy program at Cleveland Clinic under the sponsorship of Jewish Hospital. Eight years later, she is one of several persons whose concern and enthusiasm has enabled The Jewish Hospital of St. Louis to gain recognition as one of the country's leading referral centers in colon and rectal care. Resources available to ostomy patients here include an enterostomal care center, a colo-rectal surgical team, an outpatient clinic and close association with both the United Ostomy Association and the American Cancer Society.

#### History of Ostomy Care Here

The ostomy program at Jewish Hospital began with Sam Schneider, M.D., who felt that ostomates were not getting proper overall care. It was under his direction that arrangements were made for the enterostomal therapy training of Mrs. Sturm. The hospital now claims two additional enterostomal therapists: Elsie Null and, most recently, Dianne Benz.

Dr. Schneider also was influential in interesting then-resident Dr. Kodner in colon and rectal surgery. Following his five-year residency at Jewish Hospital, Dr. Kodner

travelled to Cleveland in 1974 for one year to train in colo-rectal surgery. Dr. Kodner has since been joined by **Robert Fry, M.D.**, who also received specialized training in Cleveland.

In keeping with the hospital's emphasis on education, provisions have been made for the teaching of colon and rectal care at all levels. Several years ago, the hospital implemented a one-week course to instruct personnel from other hospitals on the advancements in ostomy care. Dr. Kodner says that nearly every hospital in the bi-state area has sent a representative through Jewish Hospital's course, and some persons have travelled from as far away as Canada to train here.

In 1978, Jewish Hospital began one of only 10 or 15 enterostomal therapy schools in the country. The program is an accredited, eight-week school, which allows graduates to be certified by the Enterostomal National Association.

In its most recent advancement, the department this year was granted a colon and rectal residency training program, one of only 26 in the country. Dr. Kodner believes Jewish Hospital received the certification because "the patient load is great enough and the hospital and community support strong enough.

"Since the ostomy programs began, our colon and rectal patient load has probably doubled and the geographic area served has increased significantly. It has become apparent Jewish Hospital is a leader in the care of the patient with colon and rectal diseases."

#### Colon and Rectal Residency

The hospital's residency in colon and rectal surgery provides specialized training in surgical and academic aspects of managing related diseases. One resident is selected per year to work with the surgeons in all areas of colon and rectal treatment. The residency also is one of the few

"Since the ostomy programs began, our colon and rectal patient load has probably doubled and the geographic area served has increased significantly."

With the hospital's emphasis on teaching, Enterostomal Therapist Elnore Sturm (center) carefully explains advanced techniques to newly certified therapist Dianne Benz. Patient Jane Jones, of Cape Girardeau, looks on with interest as the therapists discuss proper-fitting appliances.

of its kind to be university-related: in addition to being taught the surgical subspecialty, the resident learns how to instruct others on colo-rectal care.

John Roe, M.D., is Jewish Hospital's first colon and rectal resident. Dr. Roe received his education at the Medical College of Ohio, and he completed his five-year residency at the California Air Force Medical Center. Dr. Roe is studying this year under colon and rectal surgeons Drs. Kodner and Fry, Samuel Freund, M.D., and Gordon Philpott, M.D., after which he will return to the Air Force to perform surgery and instruct others.

In reviewing his first four months of the residency, Dr. Roe says he believes the strengths of Jewish Hospital's program include the emphasis on teaching and the broad-based patient load.

"There is a good exposure to all the problems a colon and rectal surgeon sees. There is an excellent balance between cancer, inflammatory bowel disease and common anal-rectal problems. But the most important factor anywhere is personnel, and Dr. Kodner and Dr. Fry are very interested and even excited about teaching and taking care of the difficult cases."

Dr. Kodner adds: "In addition, the enthusiasm and expertise of the gastroenterologists at Jewish Hospital have greatly contributed to the advancement of this program in all aspects."

The granting of a rare fellowship is indicative of a department's eminence. Likewise, the national notoriety achieved by Dr. Kodner and Dr. Fry illustrates their



professional mastery. But in any health-care institution, the true testimony of a program's success must come from the patient—the patient who, because of a staff's medical advances and personal sensitivities, can live longer, more comfortably and with a higher quality of life.

"The Care I've Gotten Here"

Barbara Monroe, of Granite City, Ill.,

Tragically, despite the growing numbers of persons needing the ostomy procedure, proper facilities and care are not available in the majority of health-care centers.

suffered from Crohn's Disease, an inflammatory bowel disorder, for four years. Recently, she was referred to and operated on by Dr. Kodner. The surgery required construction of a colostomy. A week after the operation, she already was feeling healthier, her spirits were high and her optimism strong.

"I never knew much about Crohn's Disease. Now it's been explained to me by Dr. Kodner (and by her gastroenterologist, Carl Lyss, M.D.), and I'm more comfortable about it.

"When I first heard about the disease and the bag I would have to wear, it was all very frightening and horrifying. But



Dianne Benz discusses ostomy bags and applications with new colostomate Barbara Monroe, of Granite City. It is Mrs. Monroe's first day of instructions, and while she admits to being frightened, she also says: "The therapists are really helpful; they can answer all my questions. They've made me much more comfortable."

meeting Elnore (Mrs. Sturm) helped. When you meet someone who has had it, you feel it's not just you it's happening to. Just to have someone who deals exclusively with this sit down and tell you it will be O.K. is reassuring. It's more important emotionally than physically; you're going to learn to take care of yourself, but it's hard to learn to accept it.

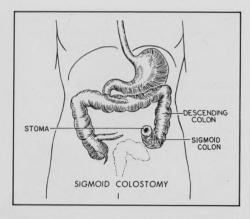
"I can see why Jewish Hospital is a referral center. The care I've gotten here is so much different from the care I ever had before."

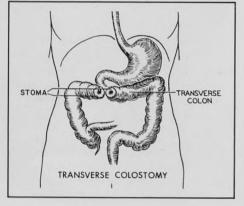
An ostomy, or any colon and rectal problem, is not pleasant—the patient often is in pain, frightened and anxious about the drastic change in personal appearance and "personal plumbing." The Jewish Hospital Colon and Rectal Department has taken great strides to assure that at least this hospital's ostomates receive specialized, thorough attention and care at all levels.

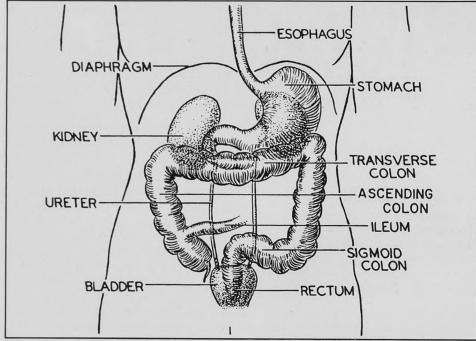


Ms. Benz reviews the irrigation process with Mrs. Monroe—a situation that could be embarrassing, but instead is treated with sensitivity and expert care.

## **A Glossary of Ostomy Terms**







**Appliance:** A pouch or device worn over the stoma to collect feces or urine. There are two basic types: disposable—worn several days then discarded; reusable—washed and stored between wearings.

**Blockage:** An obstruction in the digestive or urinary tract, which comes from undigested food or from a tumor, trauma or surgical damage. A urinary tract blockage is often a birth defect or may come from a tumor or trauma.

**Colitis:** Inflammation of the colon (large intestine).

Colostomy: Surgical opening of the colon (large intestine). Accounts for 65 to 75 percent of all ostomy surgeries. May involve: *a permanent colostomy*—loss of part of colon and rectum, where portion of remaining colon is brought through abdominal wall to form single stoma; *temporary colostomy*—performed to allow lower part of colon and/or rectum to heal

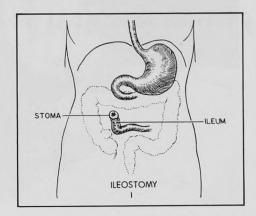
or rest, two stomas are created; **sigmoid colostomy**—the most common colostomy, a surgical opening in upper end of sigmoid colon, stoma is on left side of abdomen; **transverse colostomy**—opening in transverse colon, stoma is located on upper abdomen, usually a temporary procedure.

**Crohn's Disease:** An inflammatory bowel disease, which attacks deep lining of the small or large bowel. In some cases, an ileostomy may become necessary.

**Digestive Tract:** Includes the mouth, esophagus, stomach, small intestine, large intestine (colon), rectum and anus.

**Diverticulitis:** Inflammation of pouches found in diverticulitis; condition may lead to temporary transverse colostomy.

**Diverticulosis:** The abnormal outpouching of the bowel wall, frequently found in persons over the age of 40. Usually this condition causes no trouble.



**Enteritis:** Any inflammation of the intestine.

**Enterostomal Therapist:** A nurse or technician who has received formal training in the management of stomas and draining wounds, and who is certified by the International Association for Enterostomal Therapy.

**Feces:** Bodily wastes which are discharged through the anus, or the colostomy or ileostomy stomas.

**Fiberoptic Colonoscopy:** Visual examination of part or all of colon with fiberoptic colonscope, a lighted flexible tube, several feet long, which can be passed around loops and curves of colon. Polyps can be removed by instrument; usually done by gastroenterologist.

**Gastroenterology:** The branch of medical study concerned with the study of the physiology and pathology of the stomach, intestines and related structures such as the esophagus, liver, gallbladder and pancreas.

Ileal Conduit: Commonly known as the "Bricker Loop" or "Ileal Loop," the operation which allows urine to pass from kidneys through passageway made of short segment of ileum (small intestine) to the outside of the body. Procedure performed when patient's bladder may no longer be used because of disease or defect.

**Ileitis:** Inflammation of the small intestine (lleum).

**Ileostomy:** Accounts for 10 to 15 percent of ostomy surgeries, the surgical opening in the ileum portion of the small intestine. Entire colon and rectum may be removed, but rectum sometimes remains. The end portion of the ileum is brought through abdominal wall to form a stoma, from which feces are eliminated. Appliance must be worn at all times to collect feces.

**Inflammatory Bowel Disease:** Overall term for several diseases which attack the intestinal tract. Most common diseases are ulcerative colitis and Crohn's Disease.

**Irrigation:** For colostomates, an enema through the stoma, whereby water causes the bowel to expel wastes.

**Ostomy:** A surgical opening, commonly in the abdomen; a shortened description for colostomy, ileostomy or urostomy.

Ostomy Association of St. Louis:

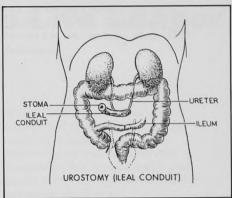
The local branch of the United Ostomy Association, located at 2276 Grissom, originally was known as the Colostomy, Ileostomy Rehabilitation Organization. Founded in 1962 through the sponsorship of the American Cancer Society, the Ostomy Association of St. Louis was originated to meet the common needs of ostomy patients to learn to adjust to the physical and emotional aspects of radical surgery that resulted from an ostomy. This local branch meets on the second Monday of each month at Deaconess Hospital. Dues are \$8 per year, which also makes the individual a member of the United Ostomy Association and covers the cost of the Ostomates Quarterly magazine. For more information, call 567-9730.

**Perineal Wound:** A large gap where the anus used to be; posterior wound which occurs when rectum and anus are removed in an ileostomy.

**Polyp:** Benign tumor of the bowel; in some cases may be considered "precancerous."

**Sigmoidoscopy:** Visual examination, with a 10-inch or longer lighted tube, of the anus, rectum or lower section of the sigmoid colon.

**Skin Barrier:** Can be any one of several substances used to cover the skin around the stoma to protect it from urine and feces. Can be powders, pastes, sprays, pliable sheets, etc.



**Sphincter:** Circular muscle constricting an orifice; the sphincter in the anus provides bowel control and the bladder sphincter controls urine.

**Stoma:** End of the ureter, ileum or colon, which can be seen coming through the skin; the opening from an ostomy from which urine and feces are expelled. Can be seen on the abdomen; usually protrudes 1/2" to 11/4" or longer, and is similar in look to a mouth.

**Ulcerative Colitis:** Inflammation of the colon (large intestine), in which ulcers form in the intestinal lining. Severe cases may lead to an ileostomy.

**United Ostomy Association:** The national organization that coordinates and assists the affiliated member organizations, now numbering over 200, with headquarters in Los Angeles, Ca. (See "Ostomy Association of St. Louis".)

**Urinary Tract:** System in the body composed of kidney, ureters, bladder and urethra. Urine is made in the kidneys, passes down ureters, is collected in the bladder and passes outside through the urethra.

Urostomy: Accounts for 10 percent of all ostomy surgeries, it is any one of several surgical procedures to divert urine away from diseased or defective ureters, bladder or urethra. In a urostomy, new passageway for urine is formed through the abdominal wall to outside the body. Appliances are worn at all times. Four types: nephrostomy-a tube is inserted from outside the abdominal wall into the kidney to drain urine, almost always a temporary ostomy; ureterostomy-one or both ureters are brought through the abdominal wall, performed for temporary or permanent ostomy; ileal or colonic conduitsee "Ileal Conduit"; vesicostomy-bladder is brought to abdominal wall and opening constructed directly from the bladder to outside the body.

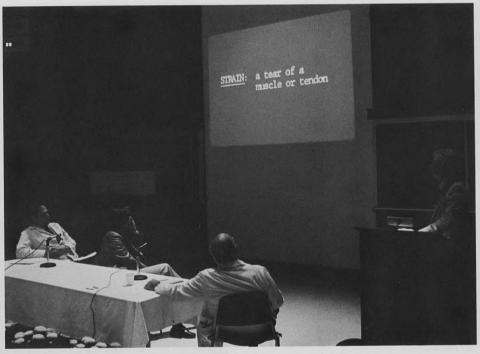
From left, Charles Reich, M.D., John Hirsch, M.D., and Charles Mannis, M.D., spoke on stress, diet and exercise, respectively.





## 'Living Better to Live Longer'

William Peck, M.D., moderated the question and answer session which followed the physicians' presentations. Members of the audience wrote their questions on slips of paper, which were passed to Dr. Peck and addressed to the appropriate physician(s).

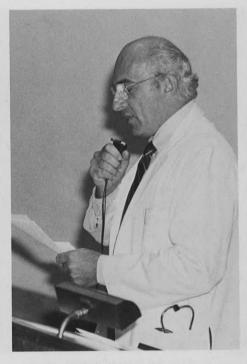


The upsurge in exercise is resulting in an increase in the number of orthopedic injuries. Dr. Mannis discussed a variety of injuries and how to prevent them.

It is no wonder more than 200 women attended this year's annual fall auxiliary meeting. The program, "Living Better to Live Longer," featured four noted hospital physicians who spoke on diet, exercise and coping with stress. And, as panel monitor William Peck, M.D., said, "Obviously we all want to live longer and live better."

Auxiliary President Lillian Dickler (Mrs. Donald) opened the meeting by thanking the program co-chairmen Barbara Wagman (Mrs. Lee) and Maxine Levy (Mrs. Harold), and by announcing the nomination of Phyllis Langsdorf (Mrs. Kenneth) as new auxiliary president. Mrs. Langsdorf will take office in the spring.

Dr. Peck introduced the physicians. John Hirsch, M.D., talked about diet and nutrition; Charles Mannis, M.D., orthopedic surgeon, discussed exercise, and Theodore Reich, M.D., psychiatrist-inchief, spoke on coping with stress.



### **Sobering Facts About Obesity**

Dr. Hirsch began his topic with some sobering statistics about obesity: more than half of all women over the age of 40 are obese, "obese" being 20 percent or more over ideal body weight.

Dr. Hirsch warned that "most diseases are more deadly if you are overweight; therefore, it is important to bring your weight down so as not to risk obesity."

Unfortunately, dieting is not easy, and maintaining your weight loss can be even more difficult. "People want dieting to be easy—that's why fad diets are so popular. But if one good diet existed, then that's all there would be." Instead, there are a myriad of fad diets and diet medications—all of which Dr. Hirsch warned against because "none of them work as well as three regular meals a day. With most fad diets, all you're doing is padding someone's pocket."

The program, "Living Better to Live Longer," attracted near-record attendance: more than 200 members attended the annual fall meeting held in the hospital's Steinberg Amphitheater.



Auxiliary members were treated to a mini-lunch in the Brown Room after the program.

"Most importantly, don't lose weight by starvation early in the week and overeating on weekends. It's just not healthy," Hirsch warned.

"Basically, you can't lose until you're ready to lose."

#### Upsurge in Exercise - and Injuries

Dr. Mannis discussed the other half of weight and body control, exercise. Dr. Mannis reviewed the current cultural emphasis on physical well-being, illustrating its widespread appeal with several slides citing these statistics: 10 to 15 million Americans play tennis; 10 million are playing racquetball, and there are at least 20 to 25 million joggers in the United States. In addition, fitness centers and health spas are sprouting up all over, attracting large numbers of exercise-conscious Americans.

"The problem is that with increased activities, we're also seeing an increase in injuries," Dr. Mannis said. These injuries may come in the form of a strain, sprain or stress fracture, of the neck, back and knee.

According to Dr. Mannis, people suffer injuries when they exercise without being strong enough, flexible enough, aggressive enough, or if they have not allowed a previous injury to heal completely. To prevent such injuries, the physician advised people to stretch before AND after exercising; to build up their strength slowly by not attempting to do too much too quickly, and to always wear the proper shoes and other necessary apparel.

#### **Dealing With Daily Stress**

Dr. Reich continued the program with a discussion on coping with stress in daily life.

"Stress is difficult to define—everyone has their own idea of what causes stress, but it is hard to define. We all have stress all the time, and our ability to cope with stress is really very remarkable."

Dr. Reich said four types of stress exist. One form, acute stress, occurs when people put themselves in a stressful situation by worrying a lot about things or placing unrealistic expectations on themselves or their lifestyles. For these people, Dr. Reich recommended distraction, relaxation or a change in their cognitive style so as to view themselves more tolerantly.

Temporary stressful situations exist in everyone's life. Bereavement is a particularly stressful time. Again, Dr. Reich recommended relaxation and distraction, but he also encouraged the bereaved to face up to their grief and deal with it rather than to bury their feelings, which will only resurface with a greater impact later.

A stressful job that becomes a lifestyle is another form of daily stress. Dr. Reich said that while some people can successfully handle the constant stress, these persons should still take time away from their jobs to relax.

The fourth and most difficult form of stress to treat is the period of reduced ability to cope. When one's ability to cope with stress decreases, a vicious circle can ensue, whereby he may lose his marriage or job, thereby adding more stress and further intensifying his inability to cope. Dr. Reich said these persons should seek therapeutic help early before their situations become too drastic and out of control.

And for those persons who have a loved one going through a stressful time, Dr. Reich advised that you offer patience, love, understanding and help to the person so they can relax and be distracted from their problems.

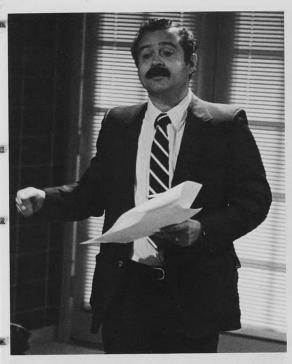
Following the program and 40-minute question and answer panel session, the guests walked from the hospital's Steinberg Amphitheater to the Brown Room, where they were treated to a nutritious lunch, a distracting fashion show and very little exercise.



Modeling a fashionable fall outfit is Margo Prinz (Mrs. Kurt). Auxiliary members served as models, the Gift Gallery as fashion supplier.

# Auxiliary Fall Seminar

# Suicide: Who Commits It, When and Why



"Suicide is obviously a decision: people think about it and say, 'I'd be better off dead and now is the time to do it,'" said Richard Wetzel, M.D., at the auxiliary fall seminar



If someone you love threatens to commit suicide, don't take the warning idly—he or she may be more serious than you think. Nearly 80 percent of all persons who commit suicide have talked about it, and nearly 30 percent have communicated such thoughts for one year before taking their lives.

"As psychiatrists and psychologists, we sometimes try to get family members appropriately upset (if someone threatens suicide) because too many people feel if someone talks about it, they're less likely to do it," warned Richard D. Wetzel, Ph.D.

Dr. Wetzel was guest speaker at the first auxiliary fall education seminar, held at the home of **Mimi Vittert** (Mrs. D. Bruce) on Oct. 29. A researcher on the subject of suicide, Dr. Wetzel discussed "The Pressure Point" with approximately 35 women present. Mrs. Vittert and Sue Carp (Mrs. William) are co-chairmen of this year's seminars.

Many of the auxiliary members asked questions during and after the guest speaker's sobering presentation.

## Determining Factors on Suicide Rates

According to statistics compiled and distributed by Dr. Wetzel, age, sex and race are important factors in suicide rates: older white males are the most likely group to commit suicide; white females are less apt than white males to take their lives; non-white males have a risk about equal to white males before the age of 40 to commit suicide, but are much less likely than white males to do so after age 40, and non-white females are the least probable of any group to kill themselves. (See graph on page 15).

Dr. Wetzel and George E. Murphy, M.D., also have been studying the effects of cohort—any group that shares something in common—on the suicide rate. Evidence suggests that certain groups of

people born during specific years have higher suicide rates (see accompanying graph). "We're using this study to try to predict future suicide rates, so we can predict the next 40 years and see which groups to watch out for." The presence of the cohort effect suggests social factors present before age 15 may increase or decrease life-long susceptibility to suicide.

Nearly 95 percent of suicide victims have some sort of "psychiatric disorder," which Dr. Wetzel defined as "the kind of problems where someone seeks help from a psychiatrist or psychologist." Most of these persons have primary affective disorder—a mood disorder such as mania or depression. The remaining five to six percent who kill themselves are not psychiatrically ill, but two-thirds of that group are afflicted by a fatal illness, usually cancer.

One study cited by Dr. Wetzel concludes that among those persons who have attempted suicide at least once and who have a primary affective disorder, these factors were predictive of subsequent suicide: they all were loners, having had few friends in life; they were unable or unwilling to ask for help, and they believed they had one serious problem that could not be resolved.

Alcoholics account for one-fourth of all suicides. Unlike with depressed persons, age and sex make little difference in the alcoholic suicide rate. "It seems the timing when alcoholics kill themselves is related to what's going in their immediate lives or environment," Dr. Wetzel explained. "People who commit suicide because they are depressed usually do it because of what's going on inside themselves."

#### Why Suicide?

Why does someone decide to take his or her own life? The one unifying concept, Dr. Wetzel suggests, may be the idea of hopelessness. Suicidal persons usually have a negative view of themselves, a

Dr. Wetzel discussed the contributing factors which determine suicide rates: sex; age; race; year born; alcoholism, and genetic inheritance.



negative view of their environment and, in particular, a negative view of the future.

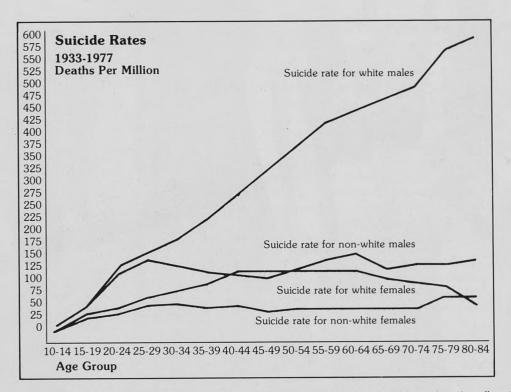
There still is not a lot known about the effects of genetically inherited depression and its affect on the suicide rates. In an adoption study conducted in Scandinavia, it was determined that in the population as a whole about one percent of individuals kill themselves; among those whose natural parents were depressed and committed suicide, 14 percent killed themselves. This suggests that genetic factors may contribute to risk of suicide, although it is highly unlikely they cause suicide directly.

The tragedy is when someone who merely wants to cry for help actually does kill himself or survives, but injures himself in the attempt and must live the rest of his life in a seriously impaired state. Similarly, children of alcoholic parents have a much higher proportion of alcoholism, and, subsequently, they too may have an increased suicide rate.

"Obviously, suicide is a complex thing. It appears there is something genetic involved and something environmental involved. The important thing is not to decide which is which as much as how they relate and contribute to the suicide rate—and what to do about it."

One study of particular interest to Dr. Wetzel concerns suicide notes. About one-third of all persons who commit suicide leave notes. A study in Seattle examined suicide notes which said the victims were killing themselves because they were dying of cancer. The autopsies revealed that only 50 percent of them had cancer; the other 50 percent probably felt tired, suffered from severe weight loss and were unmotivated because they were depressed, not cancer-ridden.

"Obviously, suicide is a complex thing. It appears there is something genetic involved and something environmental involved. The important thing is not to decide which is which as much as how they relate and contribute to the suicide rate—and what to do about it."



Suicide note studies also have shown that young persons in their 20s and 30s who take their lives tend to be angry at others; persons in their 40s and 50s are angry at themselves, and older people tend to be lonely or sick.

#### Those Who Die and Those Who Live

"Then, there is the difference between those who attempt suicide but survive and those who actually kill themselves," Dr. Wetzel continued. "Suicide is a very premeditated action, and those who have 'success'—and I apologize for the use of the word—generally have thought carefully and planned ahead for their death. They have planned how, when and where to kill themselves, and they often leave instructions for the survivors as a last way of controlling what takes place after they are gone."

One example: a spouse's note taped to a locked bathroom door, "Honey, please

don't open the door. Let the police do it."

In contrast, attempters usually reach a suicidal decision impulsively, quite often as a result of some crisis that has occured in their lives within the last 24 hours.

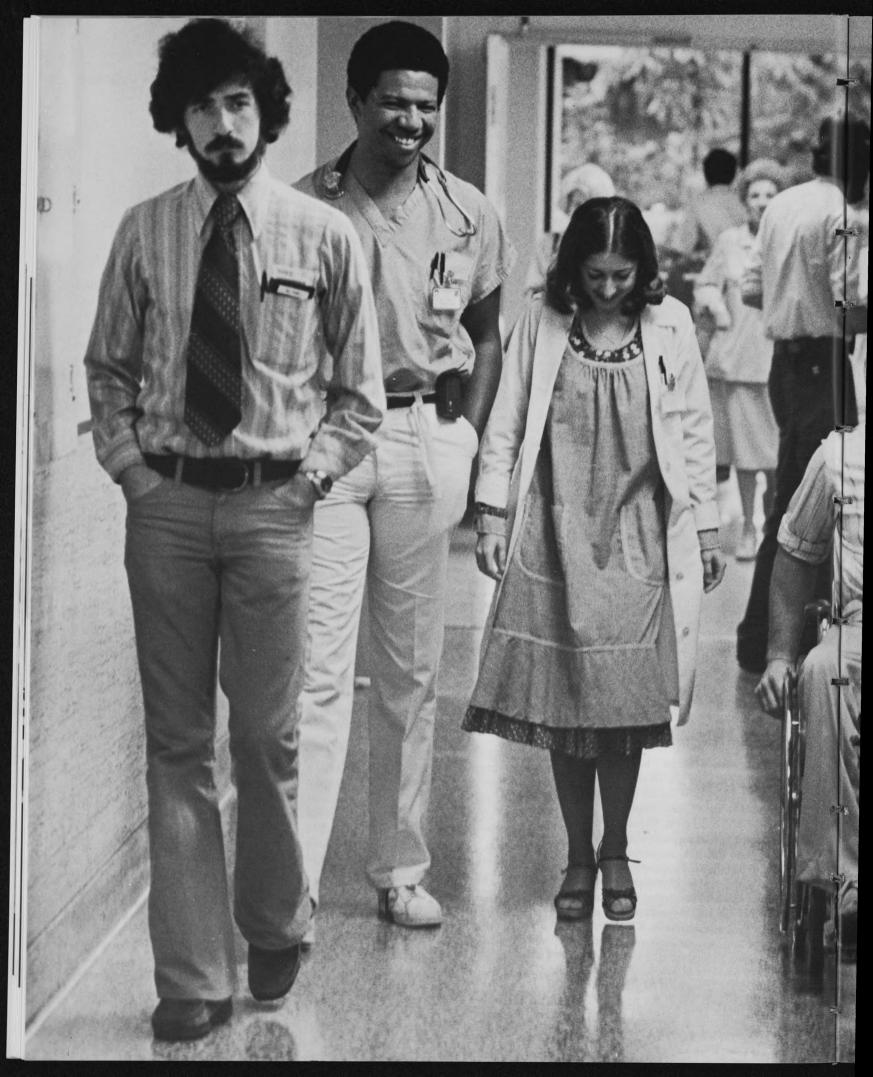
Statistically, "successful" suicide ratios are 3:2 men, with an average age of 50; attempters are 3:2 women, with the average age of 35. Men most commonly kill themselves with a gun; women usually commit suicide by taking an overdose of drugs.

Of those who attempt suicide and survive, Dr. Wetzel believes 20 percent of them do not want to die, but they are trying to bring about a change in their environment; 20 percent actually do want to die, and the other 60 percent are ambivalent and they simply do not care if they live or not.

The tragedy is when someone who merely wants to cry for help actually does

kill himself or survives, but injures himself in the attempt and must live the rest of his life in a seriously impaired state.

In conclusion, Dr. Wetzel again warned the guests to take all suicide threats seriously. "Suicide is obviously a decision: people think about it and say, I'd be better off dead and now is the time to do it." He admitted that it is sometimes difficult to distinguish between a 'serious' depression and a mere mood change. But, as Dr. Wetzel said, it is better to be cautious and seek help early rather than risk the death of a loved one.





## An Intern Unlike Any Other

In most ways Kent Robinson, M.D., is like any other young intern. But one factor does distinguish him from the rest—he travels by wheelchair. Accompanying him to lunch are, from left, medical student, Gary Mermel, Intern Reginald Ishman, M.D., and Senior Resident Babs Ellzey, M.D.

Kent Robinson was not one of those boys in your neighborhood who, toy stethoscope in hand, idly dreamed of becoming a doctor. Mainly, when it came time to make a career choice, Kent wanted a challenge and a job he could do every day without becoming bored. Medicine seemed the logical choice. In that regard, Kent is not unlike most interns at Jewish Hospital; the profession, by nature, attracts bright, ambitious, highly motivated persons. One factor does distinguish Kent Robinson, M.D., from the rest—he is confined to a wheelchair, paralyzed from his mid-back down.

Though official records are unavailable, members from both the American Medical Students Association and the Association of American Medical Colleges believe Kent is the nation's only paraplegic to go through medical school. But he sees nothing unusual in the statistic. "I don't think of myself as something special. I've been in this wheelchair so long that I don't even think about it anymore."

At 16, an automobile accident left Kent with a broken back. He was hospitalized for three months and confined to a wheel-chair for life. With extra studying and some help from friends, he was able to graduate high school with his classmates.

The accident changed Kent more than physically. He became more serious, more determined to "really use my head." He worked hard at college, excelled in his preparatory pre-med courses and completed his undergraduate studies in three years. "The accident probably guided me into med school. I probably wouldn't have wanted to put that much time into it otherwise. I wasn't serious enough."

But getting into medical school was no easy task. "I can't say all the places that turned me down did so because of my wheelchair." Being an out-of-state appli-

cant or having completed college in three years might have gone against him, too. However one medical school administrator conceded that Kent had the academic qualifications but still refused him admittance because he doubted anyone in a wheelchair could handle the curriculum. Did Kent argue his case? "How could I?" he replied. "How did I know they weren't right? I was only 20 years old."

Kent proved them wrong when he was accepted to the University of South Alabama College of Medicine and excelled beyond anyone's expectations, scoring in the top three percent on the national board examinations. His biggest medical school barriers were not academic ones, but in getting "people to deal with me as a person and not as someone in a wheelchair."

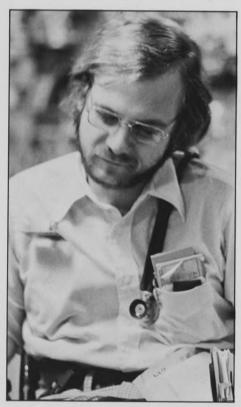
In considering his internship, Kent visited Jewish Hospital, was impressed by the program, applied and was accepted.

Saturday night, June 7, 1980, Kent and Melodie Robinson were married back in Kent's hometown of Mobile, Ala. The following morning, at age 25, Kent graduated from medical school. The next day, he and his new wife began packing for the move to St. Louis. Two weeks later, they had relocated, bought a home in Creve Coeur, and Kent had started his internship.

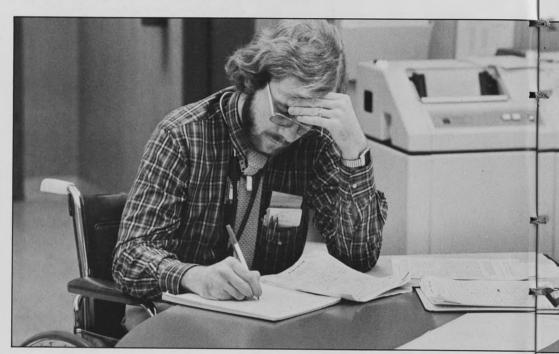
Kent's first six months have not been without their difficulties, but his struggles have mostly been the same as those confronted by every intern. He is perpetually exhausted, away from his wife a great deal and trying to learn as much as possible in only a year's time. In regard to his wheelchair, he is completely nonchalant. In fact, he is a little disappointing to anyone expecting a sensational story about a struggling paraplegic fighting against incredible odds. Instead, this is an account of a hardworking, compassionate professional, who happens to be in a wheelchair.

## "It's tough being an intern, whether you walk around or roll around."

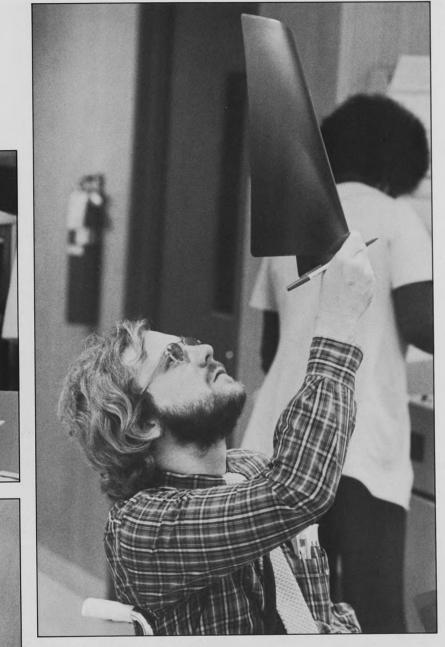
"Scut work," dealing with the mounds of patient paper work, is the curse of an intern, and it eats up much of the working day. "I get very frustrated by how much I want to know, and need to know, but I don't have time to study."



A 36-hour day comes to an end. Kent has spend one of his two days per week on call, with only a few hours of sleep during the interim. "It's pretty tough," Kent admits. "But those guys are tired, too. I don't think I'm any more tired than anyone would be going through this schedule."







As an internal medicine intern, Kent's duties include a near-daily assessment of X-ray images.

It is the morning after a long shift. Kent is exhausted and slightly despondant, having spent two days at the hospital with little chance to sleep or relax. "All you can say about any internship anywhere—I don't know what you can compare it to, maybe a boot camp. You just try to survive, you just try to keep your sanity and get by from day to day."

Wheelchair or not, Kent is expected to maintain the same grueling pace of any intern, which includes daily patient rounds beginning at 7:30 a.m., a massive amount of paper work, daily team conferences, attending rounds every other day, a weekly clinic, and being "on call"—a 36-hour shift—every third day.

While working in the intensive care unit, Kent figured he was spending 108 hours a week at Jewish Hospital. From there he was transferred to the emergency room, and when he began working there only 86 hours, he felt like he no longer had a full-time job. "Somebody somewhere must have decided an intern needs to be up all the time and not getting enough rest. But that's the philosophy of an internship—to do as much as possible."

Every other day brings attending rounds, when internal medicine interns share their patient problems and experiences with other interns and the team leader. Here Kent recounts a case to the professor in infectious disease, Harvey Liebhaber, M.D., right rear.

### **Kent Robinson**

"Sometimes I think my own experience makes me more sensitive to patients, but it can have the opposite effect, too...I can't understand and have no patience for those who choose not to help themselves."

Kent has developed a close rapport with many interns, such as Steve Arnold, M.D. He says his relationship with others is based on factors intrinsic to his personality, not his disability.

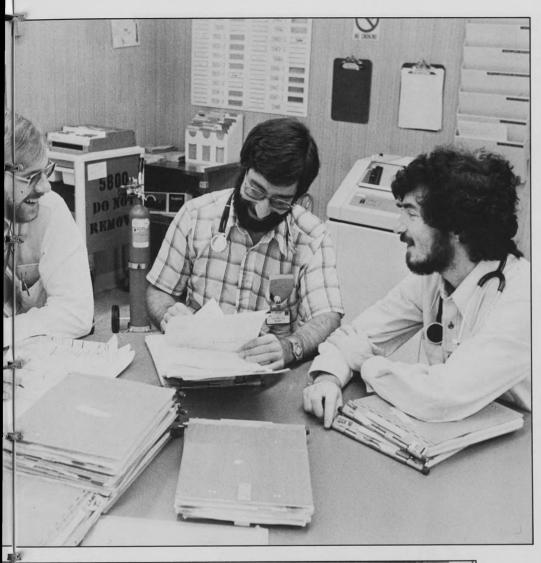


Kent takes the time to reassure a patient. No matter how tired or busy he is, he says, he tries to remain compassionate.

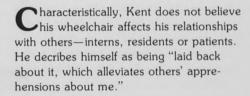








Humor and friendship help make the otherwise tedious "scut work" tolerable and even, at times, enjoyable.



There is no denying, though, that Kent's disability does influence his own attitude towards patients. "Sometimes I think my own experience makes me more sensitive to patients, but it can have the opposite effect, too. I can understand what others are going through, but I can't understand and have no patience for those who choose not to help themselves. I have no tolerance for self-pity, but that doesn't ever keep me from being compassionate."

Junior Resident Mike Sineway, M.D., has worked extensively with Kent, advising him throughout his internship. He thinks Kent's rapport with patients and interns is "good, very good, in fact. No one seems to treat him any differently than anyone else. Kent does his work, and he does it very well. He's a good intern. That's the most important thing I can say."



Much of Kent's day and rounds are spent in the company of fellow team members. From left, Gary Mermel, third-year medical student, Senior Resident Stan Biel, M.D., Radiology Intern John Clouse, M.D.

## **Kent Robinson**

"It is more difficult for Kent in some ways... but he overcomes it. Some people are working here with sore backs or knees...he works with a wheelchair."

Negotiating the noon-hour lunch line is not easy for anyone, much less someone who must balance a tray and manage a wheelchair at the same time.



A narrow elevator door can be a tight squeeze for Kent unless he pilots his wheelchair just right. He believes the hospital is "extremely accessible," but the wheelchair inevitably makes getting around more cumbersome.





Careful construction planning, even with something as simple as water fountain design, can make a big difference to the disabled.



Sitting all day in the wheelchair is uncomfortable. To relieve stress and reposition himself, Kent periodically takes a moment to stretch out.

Rent is mobile, relatively unhampered by his disability. Still, there are the inevitable difficulties. Traveling through crowded hallways, waiting for elevators, balancing a lunch tray, fumbling for correct change—all of the annoyances that afflict everyone in a busy hospital are magnified for Kent.

Yet Kent calls Jewish Hospital's accessibility "very good." According to Physical Therapy Director **Dick Roettger**, the hospital underwent construction changes in 1974 to make most areas accessible to the rehabilitation patients it serves. The first floor of the garage has several parking spaces reserved for the disabled; three of the main hospital entrances have ramps. Many of the water fountains and restrooms were replaced for improved accessibility.

Junior Resident Mike Sineway, M.D., admits that "it is more difficult for Kent in some ways. Just the physical part of him getting around and getting to the labs is a little more difficult for him. But he overcomes it. Some people are working here with sore backs or knees or with bad headaches; he works with a wheelchair, and he gets around pretty well."

Dr. Sineway is right. Kent does overcome the obstacles, seemingly all the obstacles. That is why he excels as an intern. An intern unlike any other.



Day's end. Each morning Kent parks in a specially reserved space. The hospital's electric doors are just 50 feet away.

Program Chairman Ron Ross welcomed Associates members and outlined the evening's events.



# Second Annual Rx-Rated Film Festival:

## **Appraising Alcoholism**

Among almost 50 Associates members attending were, from left, William Merritt, David Pasternak and Jerry Goodman.

The Jewish Hospital of St. Louis'
Associates In Medicine (AIM) held its
Second Annual Rx-Rated Film Festival
Oct. 1 in the hospital's Brown Room. This
year's theme: Alcoholism.

The first of three films, "The Secret Love of Sandra Blain" dramatized an alcoholic housewife whose addiction began with an occasional glass of wine "for relaxation." The film followed her through a strained family and subsequent divorce, ending at a local treatment center.

"Short-Distance Runner" portrayed a teenage alcoholic, chronicling "David" from his first drink at age 11 through his alcoholic high school years and bouts with blackouts.

"Guidelines" was an engaging film lecture by a Catholic priest and former alcoholic, Father Martin. The lecture was a dramatic, and at times humorous, discussion of attitudes toward the recognition and treatment of alcoholism.

The Associates In Medicine of The Jewish Hospital of St. Louis acts as the hospital's public relations arm and presents four programs each year. For membership information, call the Associates office, 454-7240.





Complimentary refreshments were served before and after the program.







Rabbi Lawrence Siegel, hospital chaplain, leads Rosh Hashanah services for patients and employees.

## The High Holiday Season

From left, employees Keith Nash, security; Bernice Jones, R.N., OB/GYN clinic; David Baygents, publications assistant, and Barbara Tarantola, patient relations, curiously examine the sculpture.





Traditionally the Jewish holidays are observed at The Jewish Hospital of St. Louis, and this year was no exception. As usual, Rabbi Lawrence Siegel, hospital chaplain, conducted Rosh Hashanah and Yom Kippur services for patients and employees in the J.G. Probstein Chapel.

Throughout Sukkot, the Messing Courtyard in the Shoenberg Pavillion housed the symbolic sukkah, which was on display for patients, visitors and employees. Maintenance workers built the wooden framework, and then the sukkah was decorated with greenery, fruits and autumn vegetables to capture the essence of the harvest.

A montage of rusted guns arranged on a 100-year-old wood-handled plow was stationed in the Shoenberg Lobby and attracted much attention. The sculpture was on loan from a Chicago museum and brought to Jewish Hospital under the supervision of Rabbi Siegel and the Missouri Committee for Handgun Control.

Designed by Chicago artist John Kearney to acknowledge the thousands of victims of handgun violence, the structure illustrates the biblical theme "and they shall beat their swords into plowshares," which calls for the end to armed fighting and a beginning of a season of harmony among men.

Rabbi Siegel explains: "The sukkah, our festive harvest booth, is an ancient symbol of peace and divinely insured security. This sculpture, inspired by the Hebrew prophets' vision of an end of violence, compliments the theme of the Sukkot celebration."

Decorating the sukkah are, from left, Jonathan Zeffren, Rabbi Siegel and Mitchel Wolf, M.D., director of the department of ophthalmology and president of Young Israel.





# Jewish Hospital Revis Brefs

David A. Gee, hospital president, was appointed by Health and Human Services Secretary Patricia Harris to serve on the technical panels which will prepare background papers for the approximately 1,800 voting delegates expected at the Nov. 30-Dec. 4, 1981 HHS sessions. Gee, a member of the WHCoA Advisory Committee, was appointed to the health services and long-term care committees. He is one of 119 individuals across the country selected to serve on the panels.

Joseph F. Ruwitch, Jewish Hospital board member, has been named as the representative from Missouri to the American Hospital Association National Advisory Council. The council consists of one board of directors member from one of each of the 50 states and advises the American Hospital Association in matters relating to legislation and national health care policy. Ruwitch's term of office will be for two years.

#### **Medical Staff Notes**

**Nabil Abboud, M.D.,** attended a meeting of the Society of Cardiovascular Anesthesiologists at Kiawah Island, S.C. The topic was "Anesthesia and Open-heart Surgery."

Charles B. Anderson, M.D., coauthored a paper with G.A. Sicard, J.S. Melzer, A.R. Morrison and E.E. Etheredge on "Thromboxane B2 and Renovascular Resistance During Hypothemic Pulsatile Perfusion," which appeared in *Transplan-*

In observance of Rosh Hashanah, Jewish Hospital operating rooms were closed to elective surgeries. Nursing staff members used the break to conduct in-service and interdepartmental education, sponsoring tours and demonstrations. At left, nurses discuss the vena cava umbrella, a device used to filter blood clots. Above, observers got a chance to look through the operating microscope, often used for eye surgery.

tation Proceedings. Dr. Anderson presented the paper to the Transplantation Society at their July conference in Boston. Dr. Anderson also authored "Radiologic Diagnosis in Surgical Management of Vascular Access Fistulas," which appeared in Vascular Access Surgery, and co-authored with M. Levin and I. Boniuk "The Prevention and Treatment of Diabetic Complications" for the May edition of Archives of Internal Medicine. Dr. Anderson has been elected to membership in the American Surgical Association.

Saul Boyarsky, M.D., gave a speech entitled "Urodynamics: Past and Future" at the First Joint International Meeting of the International Continence Society and Urodynamics Society, in Los Angeles, Ca. Dr. Boyarsky served as honorary chairman of the meeting.

William J. Catalona, M.D., co-authored a paper with D. Kadmon and D.B. Crane on the "Effect of Mini-dose Heparin on Lymphocele Formation Following Extraperitoneal Pelvic Lymphadenectomy" for the Journal of Urology. With T.L. Ratliff and R.E. McCool, Dr. Catalona co-authored "Con A-activated Suppressor Cell Activity in Peripheral Blood Lymphocytes of Urologic Cancer Patients," which appeared in the Journal of National Cancer Institute. Dr. Catalona also co-authored a paper with A.M. Baskies, P.B. Chretien, J.F. Weiss, R.W. Makuch, R.A. Beveridge and H.E. Spiegel on "Serum Glycoproteins in Cancer Patients: First Report of Correlations with In-vitro and In-vivo Parameters of Cellular Immunity," which appeared in Cancer. Before the American College of Surgeons in Atlanta, Ga., Dr. Catalona gave a speech entitled "Characterization of Interferon Induced in Human Lymphocytes by Staphylococcal Protein A." Dr. Catalona also presented "New Tests for Prostate Cancer and Immunoloci Assessment" at the Prostatic Cancer Seminar in Atlanta.

Gustave Davis, M.D., co-authored a paper with M.M. Hawrisiak on "In-vitro Cultivation of the Fetal Guinea Pig Inner Ear," which appeared in the November-December issue of *Annals of Otology*. Dr.

Davis also presented "In-vitro Models for Congenital Cytomegalovirus Labyrinthitis" at the Ear Research Institute Electron Microscopy Symposium in Los Angeles, Ca., and "Pathology of Neonatal Temporal Bones" at the Pediatric Pathology Club in St. Louis.

Jerome J. Gilden, M.D., attended a concentrated course on reconstructive surgery of the hips in childhood and adulthood at the Harvard Medical School, Boston, Mass.

Jerome S. Grosby, D.D.S., spoke on "Dental Treatment of Patients with Cardiovascular Disease" for radio broadcast by station WRTH, St. Louis.

Theodore Hahn, M.D., co-authored a paper with L.R. Halstead, B. Strates, B. Imbimbo and D.T. Baran on the "Comparison of Subacute Effects of Oxazacort and Prednisone on Mineral Metabolism in Man" for the June edition of Calcified Tissue International. Dr. Hahn also presented a speech on Anticonvulsant Osteomalacia to the Gordon Conference on Bones and Teeth, in Meriden, N.H.

Jack Hartstein, M.D., served as a visiting professor of ophthalmology at the University of Texas Medical School, San Antonio Branch. He was also the guest speaker at an ophthalmology conference sponsored by the Baptist Memorial Hospital System in San Antonio, where he spoke about extended-wear contact lenses and intraocular lenses in Aphakia.

Aaron Hendin, M.D., attended a convention at the American College of Cardiology in Jackson Hole, Wyo., on cardiac emergencies.

James O. Hepner, Ph.D., has been granted the Silver Medal Award of the American College of Hospital Administrators. The award is presented annually to an outstanding executive in a non-hospital position and recognizes exceptional administrative performance, contributions to the health-service field, effective interorganizational relationships, managerial creativity and problem solving. Dr. Hepner has also edited a book, Hospital Administrator-

Physician Relationships—Case Studies in Health Administration, for the C.V. Mosby Company, St. Louis. Dr. Hepner was recently elected a Missouri regent for a three-year term of the American College of Hospital Administrators.

Barry Hieb, M.D., co-authored a paper with S. Thanavaro, R.E. Kleiger, R.J. Krone, V.R. DeMello and G.C. Oliver on the "Effect of Electrocardiographic Recording Duration on Ventricular Arrhythmia Detection after MI" for the August edition of Circulation.

Sidney Kasper, Ph.D., spoke on "The Independent Practice of Child Psychology" before the psychology department of the U.S. Veterans Administration Hospital, Jefferson Barracks.

Donald J. Krogstad, M.D., co-authored a paper with R.M. Smith, R.C. Moellering, Jr., and A.R. Parquette on "Visualization of Cell-Cell Contact During Conjugation in Streptococcus Faecalis," which appeared in the February edition of the *Journal of Bacteriology*. Dr. Krogstad also presented a speech, "Susceptibility Testing Symposium," for the Washington University Continuing Medical Education Program.

Marvin E. Levin, M.D., has been appointed consultant in endocrinology for U.S. Pharmacopeia, and has been elected chairman of research for the American Diabetes Association, St. Louis affiliate. Dr. Levin spoke on saving the diabetic foot at the Case Western Reserve University, and at the Cleveland Diabetes Seminar on advances in the pathogenesis and management of diabetes mellitus. Dr. Levin also spoke on diabetic peripheral vascular disease at the Southern Illinois University Continuing Medical Education Program at Olney, Ill.

Charles Mannis, M.D., has been elected to membership in the American Orthopedic Society of Sports Medicine.

John S. Meyer, M.D., co-authored a paper with Jeannette Y. Lee, Ph.D., on "S-Phase Fraction of Breast Carcinoma," which appeared in the June issue of Cancer Research. Drs. Meyer and Lee presented the paper to the Cell Kinetics Society in Lexington, Ky.

Scott M. Nordlicht, M.D., authored a paper on "Congestive Heart Failure" for inclusion in the Washington University Manual of Medical Therapeutics. Dr.



Nordlicht also presented a speech on "The Physical Examination in Cardiology" to the Barnes Hospital Medical Staff.

Edward G. Peskin, M.D., was the guest speaker at the World Congress on Fertility and Sterility in Madrid, Spain, where he discussed "The Role of Prostaglandins in Menstrual Induction." Dr. Peskin is the 1980 chairman of the Medical Advisory Committee of the Family Planning Council, Inc., Clayton, Mo.

Arthur L. Prensky, M.D., spoke on "Recent Advances in Treatment of Epilepsy in Children" before the University of South Alabama Neurology Department and the Mississippi Academy Family Practice.

Jacob G. Probstein, M.D., William Shieber, M.D., Albert Van Amburg, M.D., and Richard Sisson, M.D., attended a day-long seminar, panel and study group on breast cancer in recognition of the 40th anniversary of the Ellis Fischel State Cancer Hospital, Columbia, Mo.

Timothy L. Ratliff, Ph.D., has received a \$169,000 award from the National Cancer Institute to study interferon's effect on immunity to bladder cancer. The three-year project was funded through the National Bladder Cancer Project. Dr. Ratliff also attended a meeting of the Reticuloendotheli-

al Society, in Tampa, Fla. The meeting focused on "Specific Immune Response of Copenhagen Rats to R3327 Prostatic Adenocarcinoma Isografts."

Frank Richards, M.D., presented an "Update on Thyroid Surgery" to the National Medical Association in Dallas, Texas.

Harry Rosenbaum, M.D., has been elected as a faculty member to A.O.A., an honorary medical fraternity at the Washington University School of Medicine.

David Rothman, M.D., presented a paper on "Psychosomatic Infertility and Sterility" at the Sixth International Congress of Psychosomatic Obstetrics and Gynecology in West Berlin, Germany.

Kenneth Russ, Ph.D., attended the annual meeting of the American Psychological Association in Montreal, Canada.

Gunter Schmidt, D.D.S., has been elected to a fellowship in the American College of Dentists. Dr. Schmidt was elected prior to the ADA convention in New Orleans, La.

Ben H. Senturia, M.D., returned Sept. 20 from a 20-day visit to China led by Dr. and Mrs. Sam Rosen, of New York City, at the invitation of the Chinese Medical Association. Dr. Senturia and other ear.



"Everything went well from our end of it," said Greg Gray, director of safety, in describing the recent citywide disaster drill. Hospital employees from the triage staff, emergency room, housekeeping, transporters, medical and surgical staff, communications, laboratories, public relations, medical records and administration responded according to their specifications when four dummy patients arrived at the hospital in the mock drill. The citywide disaster drill is conducted annually.

nose and throat specialists presented lectures and discussions on ear, nose and throat medical and surgical problems at medical schools in Canton, Peking, Hangchow and Shanghai. Dr. Senturia also recently published a book in collaboration with Dr. Morris Marcus and Dr. Frank Lucente entitled Disease of the External Ear, an Otologic-Dermatologic Manual.

Karl E. Shanker, D.D.S., spoke on "Oral Health Care for the Elderly" at the Sportsman's Club, Covenent House.

Moisy Shopper, M.D., was a panelist at a conference entitled "Subject for the Caregiver: Working with the Family Faced with the Loss of an Infant/Child." Dr. Moisy also addressed the University City High School faculty on "Sexual Issues in Adolescence."

Nathan Simon, M.D., has written a book, *Psychological Aspects of Intensive Care Nursing*, for the Robert J. Brady Company, Bowie, Md. Dr. Simon presented a speech on "Stresses of ICU Nursing" at St. Mary's Hospital Critical Care Course in St. Louis.

Alex C. Sonnenwirth, Ph.D., participated in the meetings of the International Committee on Taxonomy of Anaerobes held at the University Institute of Anaerobic Microbiology in Gifu, Japan, and pre-

sented, by invitation, two papers on "Identification of Anaerobic Bacteria from Clinical Isolates" and "Antimicrobial Susceptibility Testing of Anaerobes" at the International Symposium on Anaerobes in Tokyo, Japan, in June. Dr. Sonnenwirth also attended a meeting of the Microbiology Devices Panel of the U.S. Food and Drug Administration in Washington, D.C., and was the keynote speaker on "Automation in Microbiology" at the annual national meeting of the International Society of Clinical Laboratory Technologists in Kansas City, Mo., in August.

Franz U. Steinberg, M.D., has written a book entitled *The Immobilized Patient:* Functional Pathology and Management, which is a monograph in a series called "Topics in Bone and Mineral Disorders," edited by Louis Avioli, M.D. The chapter on "The Psychological Aspects of Immobilization" was written by Randy I. Hammer, Ph.D., and Ms. Emily H. Kenan.

Albro C. Tobey, M.D., presented a speech to the Missouri Perinatal Association in Columbia, Mo., on the "Effects of Drugs and Smoking in Pregnancy." Dr. Tobey also spoke on "Obstetrical Emergencies" before the Life Seekers at the Jewish Hospital Stix Room and attended a meeting on "Advances in the Application and Uses of Ultrasonography in Human

Pregnancy" during a meeting of Ultrasound in Obstetrics at the Northwestern University School of Medicine in Chicago, Ill. Dr. Tobey is an elected fellow in the American College of Obstetrics and Gynecology.

E.A. Wallach, M.D., spoke on "Malignant Acrospiroma and Widespread Metastasis" before the American Academy of Dermatology in New York City.

Todd Wasserman, M.D., during a recent trip to Italy, spoke on several topics. Dr. Wasserman lectured on "The Use of the Radioprotector WR-2721 on the Protection of Bone Marrow Toxicity from Chemotherapy Agents" at the Civilian Hospital of Vicenza. At the University of Bologna, Dr. Wasserman discussed "Clinical Trials of the Radiosensitizers Misonidazole and Desmethylmisonidazole." At the Institute of Medical and Scientific Research in Rome, Dr. Wasserman spoke on "U.S. Clinical Trials of Misonidazole: A Radiosensitizer." Dr. Wasserman also attended the annual research meeting of the Radiation Therapy Oncology Group in Philadelphia, Pa.

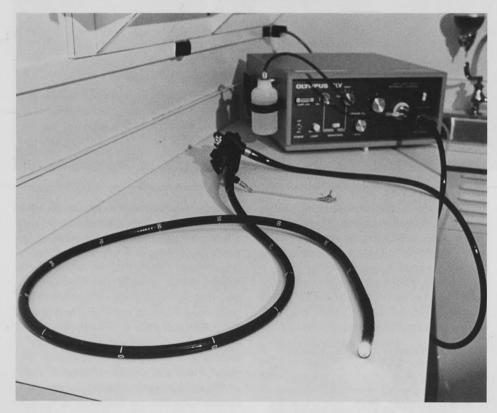
Calvin Weiss, D.D.S., made a presentation to a national symposium sponsored by Delta Dental Plans Association, a component of the American Dental Association, in Chicago, Ill.

# Shopping List Story: Colonoscope

G.I. endoscopy's new colonoscope: an \$8,000 miracle. In background is power source.

In a continuing effort to provide highquality medical services, The Jewish Hospital of St. Louis recently purchased a new colonoscope, a device for colon examinations. This new piece of equipment, for which contributions will be accepted to offset its expense, will help maintain Jewish Hospital's high standards of health care.

The late '60s science-fiction film "Fantastic Voyage," with its microbe-size submarine and physician crew, fostered a fascination with the body's inner world. While that celluloid technology still exists only on film, physicians do have tools, albeit less fantastic, that enable them to peer inside the body. When they want a close look at the inner heart or a major artery, cardiologists insert special catheters. Orthopedic surgeons employ arthroscopes when scrutinizing knees and other joints. For examining the colon and lower gastrointestinal tract, physicians turn to the colonoscope. (See related story on ostomy, page 2.)

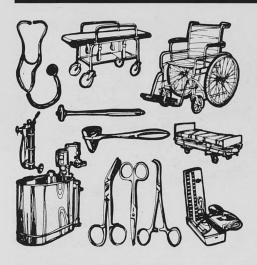


The body of a colonoscope looks like a ray gun would, only in place of the barrel are two four-foot, flexible fiber-optic tubes. When one is connected to an electric power source and the other inserted in the patient's anus and up into the colon, physicians can clearly detect any abnormalities. The device's powerful illumination and precise optics may show nothing, or they might reveal polyps, lesions or even cancer.

The device is mostly a diagnostic tool, but with its several attachments, physicians can perform minor surgical procedures, too, including biopsies. By affixing a camera, procedures can be photographed for later observation.

Like any high-technology item, the price is steep: \$8,000 for the colonoscope alone, another \$5,000 for the power source. The Jewish Hospital Department of G.I. Endoscopy just purchased a new unit. In only one month, the price has risen almost \$300. But with the new technology and its concomitant high price come increased capabilities. Without the colonoscope, physicians would have to rely on less-accurate and more-involved proctological examinations. Colonoscopes preclude the exploratory surgeries once required for colon exams, and they can be done routinely on an out-patient basis. Says one G.I. Endoscopy staff member: "Compared to the old way, these new scopes are miracles."





Gifts to Jewish Hospital, whether large or small, are very much appreciated because they aid the hospital in maintaining the highest standards of health care.

The Shopping List is a special feature listing particular items and their approximate costs for which various hospital departments have indicated a need.

This list is published to give the community an idea of the many different pieces of equipment every department requires to function efficiently, and also to allow prospective donors to choose a specific gift if they so desire.

Remember, your generosity might help save a life. A contribution used toward the purchase of a fetal heart monitor, for example, might mean it is more readily available when an emergency situation arises in the labor room. The early warning of any problems during labor that it provides might mean the difference between life and death for a newborn infant.

For more information on *The* Shopping List, contact the development office, at 454-7251.

School of Nursing	Wheelchairs
	Stretchers 5 needed/each 425
	Emergency Cart
	Bell & Howell Auto-Load Movie Projector
Central Supply	Intravenous Infusion Pumps
Anesthesia	Blood and Fluid Warmer
Cardiology Graphics Lab	Treatment Table
<b>Department of Education</b>	Half-Inch Video Player
Pulmonary/Respiratory	Blood Gas Analyzer14,000
	Respiratory Volumeters
Hemodialysis	Detecto Patient Scale
	Variable Infusion Pump





# Contributions To Jewish Hospital Funds

Keith L. Callahan, vice president, discusses quality control with volunteers during one of the four docents training sessions held recently. Along with Callahan, several other administrators, the hospital chaplain and members of the medical staff addressed the group on various aspects of the hospital. The auxiliary-sponsored, two-week training program also included tours and talks on how to be docents leaders.



# **Generous Contributions**

Mrs. Ida E. Cassel has made a contribution to the Building Fund.

Mr. and Mrs. M. R. Chambers have made a contribution to the Maryann and Elliot Stein Endowment Fund.

Mr. and Mrs. Morris Horwitz have made a contribution to the Building Fund.

Mr. and Mrs. I. M. Kay have made a contribution to the Department of Medicine Discretionary Fund and to the I. M. Kay Endowment Fund (Director's Fund).

Mr. and Mrs. Tobias Lewin have made a contribution to establish the Hortense Lewin Scholarship Fund.

**Dr. and Mrs. William Margaretten** have made a contribution in memory of John M. Shoenberg for the John M. Shoenberg Research Fund (Tribute Fund).

Mr. and Mrs. J. Ben Miller III and Mrs. R.L. Rogers have made a contribution in honor of Mr. I. M. Kay's 80th birthday, to be placed in the Mr. and Mrs. I. M. Kay Endowment Fund (Tribute Fund).

Mr. and Mrs. Raymond W. Peters II have made a contribution in memory of John M. Shoenberg for the John M. Shoenberg Research Fund (Tribute Fund).

Mr. and Mrs. Louis R. Putzel have made a contribution for the Helen R. Putzel Scholarship Fund and the Department of Rehabilitation's Stroke Fund (Tribute Fund).

The estate of **Charles S. Rice** has provided a contribution for the Beany and Harry Tenenbaum Research Fund (Tribute Fund).

Mr. and Mrs. Barry Sanders have made a contribution in memory of John M. Shoenberg for the John M. Shoenberg Research Fund (Tribute Fund).

The estate of Frances N. Schwab has provided a contribution to the Building Fund.

Mr. and Mrs. Lester Seasongood have made a contribution to the Seasongood Research Fund and the Cancer Research Fund.

Mr. and Mrs. Robert E. Shapiro and Mr. Norman J. Shapiro have made a contribution to establish the Harry and Nancy Shapiro Scholarship Fund in honor of the Special Anniversary of Mr. and Mrs. Harry Shapiro Jr. (Tribute Fund).

Around Oct. 1, between gubernatorial campaign rounds with challenger Christopher Bond, Gov. Joseph Teasdale proclaimed Oct. 12-19 "Physical Therapy Week." The hospital physical therapy department responded with five days of special activities including an open house tour of the department and a lunch-hour jog through Forest Park, which included all interested (and able) physical therapists and employees.

Carolyn Stokely, left, was one of several student nurses who helped explain the Jewish Hospital School of Nursing to the approximately 20 prospective students and their families who attended the school's Oct. 30 recruitment open house.



(Tribute Fund) Mrs. Joseph Abrams Mr. and Mrs. Morris Silver Mr. and Mrs. Ralph Silver

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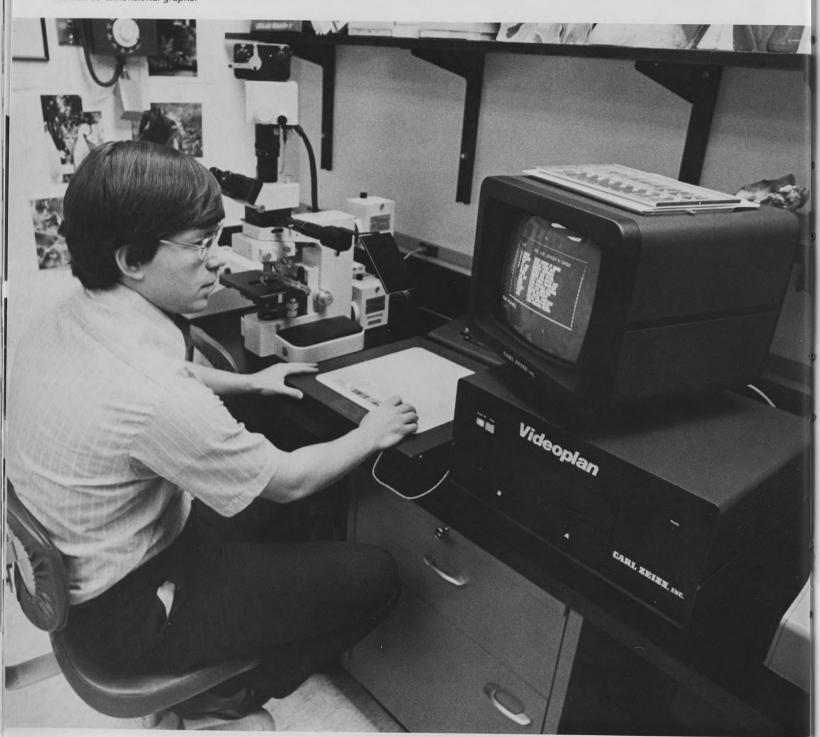
Estate of Joseph Weingart

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Jewish Hospital has contracted with a different company for solutions supplies in 1981 and 1982. In order to familiarize hospital employees with the new products, a day-long i.v. solutions fair was held in the Brown Room on Sept. 29.

Resident Pathologist Bruce Craig, M.D., the division's alleged "computer expert," can demonstrate the system's full visual repertory, calling up charts, tables and even three-dimensional graphs.



# **Electronic Emancipator**

By David Baygents

With all the attention computer-designed car trunks and computer-defined picture tubes are getting lately, it becomes easy to forget the computer's basic merit: timesaver. Early electro-mechanical tabulators calculated the 1890 census in a third the time required 10 years earlier, when hand-counted tally sheets were in vogue. Nowadays, computing speeds are quantified in nanoseconds (one-billionth of a second), and scientists and researchers still have more pressing matters at hand than poring over routine calculations with pencil and paper.

At Jewish Hospital's internationally renowned Division of Bone and Mineral Metabolism, a new computerized microscope, the world's first, is increasing both the speed and accuracy of biopsy analyses and other diagnostic tests, and promises to provide the time and capability to augment the division's research capacity as well.

#### **Unique Bone Research Application**

Consisting of a powerful microcomputer interfaced with a microscope, image analyzer and color television monitor, the basic setup has seen some use as a sophisticated measuring device in metalurgy and mineralogy, but Jewish Hospital is the first to develop the unique computer program and bone-research application. Associate Pathologist Steven Teitelbaum, M.D., first learned of the system's potential from a computer program designer. Dr. Teitelbaum later saw the microscope system at an international meeting of bone specialists and was convinced of its usefulness for Jewish Hospital's Bone Lab.

But like any high-technology item, the system carried a high price tag, too: \$50,000. Fortunately, the Jewish Hospital Auxiliary was soliciting proposals for large-scale 1980 hospital projects it could support with its annual fund-raising revenues. The auxiliary received and reviewed 13 worthy proposals, but the members ac-



cepted Dr. Teitelbaum's because they believed the bone lab was close to exciting breakthroughs on several fronts, and so their gift would likely bring more tangible and immediate results. Auxiliary President Lillian Dickler (Mrs. Donald) said: "This is somewhat of a departure from the areas which we usually support with the money from our fund-raising projects. We felt we wanted to invest in people and ideas as well as equipment. Here was an opportunity for us to really do something."

Already the investment is paying hefty dividends. The bone biopsy, perhaps the division's most frequent procedure, offers an example. Previously, bone biopsies (bits of bones removed from the body for diagnostic examination) were placed under a conventional microscope, and specific areas were painstakingly measured by a comparitively crude process: a pathologist placed a transparent grid over the biopsy slide and counted the dots in the grid over

Through a mirror system linking microscope and computer, Dr. Craig traces specific areas of a bone biopsy, their shapes displayed on the video screen.

a small area in random counts, drawing fairly accurate conclusions about the total biopsy area, and entered the data in a laboratory notebook. Now the process is infinitely simpler, faster and more accurate.

The biopsy slide is still placed under a microscope, but the microscope is now connected to a computer, image analyzer and video monitor. Pathologists look through the microscope and move a cursor on a special platform to their right. Via a connecting mirror system, they can see the cursor's distinctive red light beam shining up through the biopsy slide. The pathologist coordinates the cursor beam around the areas of the slide he wants to measure. The computer does the rest, quantifying the cursor's measurements and displaying them on the screen

#### Microscope

"The new computerized microscope is cutting our calculation time by 80 percent and increasing precision dramatically. There is no comparison to the way we used to do it."

The computerized microscope has attracted considerable attention. Reporter Al Wiman interviewed Dr. Teitelbaum recently for a news segment broadcast on KMOX-TV.



either numerically or graphically and storing the information for future reference. Now patient data are more easily and more accurately accumulated, managed and stored. Says **Bruce Craig, M.D.,** resident pathologist: "It's so simple. It takes two seconds, and the information enters the computer automatically. We used to have to do so many things by hand."

Dr. Teitelbaum concurs: "The new computerized microscope is cutting our calculation time by 80 percent and increasing precision dramatically. There is no comparison to the way we used to do it."

#### 20th-Century Pioneers

The system has been operating since September, but it will not reach its full capacity perhaps until this month, when final computer programs and procedures are worked out. Bone division pathologists are essentially pioneers in the system's new application and programming and will need time to tune it specifically to their



needs, mostly bone studies, biopsies and animal testing. Among its formidable measuring capabilities, the system can quickly quantify the amount, proportion and distribution of mineralized and unmineralized bone.

The new microscope system most impressively demonstrates its abilities in measuring new bone production, another important diagnostic test. The patient is injected with tetracycline, an antibiotic that leaves a characteristic yellow band on the skeleton. By injecting the drug at different intervals and later taking a biopsy, pathologists can see new bone growth between the tetracycline bands. A pathologist then simply traces the area with the cursor and gets an instant readout of the amount of new bone growth and the growth rate. Before, the process was a more involved and time-consuming affair of individual measurements and extrapolation.

But the machine can do much more than measure; it can also utilize standard Dr. Teitelbaum expressed his appreciation and thanks to the auxiliary during a special reception Oct. 21. Division pathologists have already published a paper with the microscope system's help, and just having the computerized microscope has increased Jewish Hospital's chances of obtaining a National Institute of Health grant for additional studies of post-menopausal osteoperosis. Said Dr. Teitelbaum: "This machine is really the fulcrum of the grant."

scientific computer programs, and the division's researchers are excited over the system's potential for reviewing the volumes of data collected the old way. "The computer's storage capacity will allow us to go back and look at various sets of older data," says Dr. Craig. "Some aspects of bone data were too time-consuming to fully explore. Now they can be examined to see what role they may have in the disease process. We're just beginning to see the potential in this."



During the auxiliary reception, Dr. Teitelbaum met with members and answered questions about his work and hopes for the future.



After the reception, Dr. Teitelbaum invited auxiliary members to a demonstration of the new system in the bone lab.

# The Jewish Hospital Bone Lab: At the Forefront

The Jewish Hospital of St. Louis' Division of Bone and Mineral Metabolism needs little introduction. Since 1966, under the direction of Louis V. Avioli, M.D., perhaps the most eminent bone specialist in the world, the division has been paramount in the diagnosis and treatment of bone disease. The division now has one of the largest and most active teams of investigators in the world, drawing on talent from the hospital's department of pathology, the division of endocrinologymetabolism, nephrology and orthopedic surgery.

The team is a winning one. A sampling of its triumphs: the pioneering of the needle bone biopsy (whereby a surgical needle is used to withdraw bone bits on an outpatient basis, precluding a painful, drawnout surgery stay); the promise of effective treatment for osteoperosis, a degenerative bone disease peculiar to older Caucasian women; successful treatment of renal osteodystrophy, which affects dialysis pa-

tients, and cures for a variety of childhood bone disorders. Researchers are also conducting exciting and fruitful research into Sudden Infant Death Syndrome (SIDS) in premature babies.

"Jewish Hospital is one of the world's center in this field," says Associate Pathologist Steven Teitelbaum, M.D. "In September alone, we had researchers from France, Israel, Australia and England visit us, and it happens all the time. This is the Mecca of bone research."

Many in the field believe the division's strength lies in its multi-disciplinary approach or its ability to combine research and clinical work—to take laboratory breakthroughs onto the hospital wards. Above all, according to Dr. Teitelbaum, the division's strength "is in the young people we train. In addition to Americans, we presently have trainees from South Africa, England and Japan. The new computerized microscope will expand our training program even more."

# The Tribute Fund

Wednesday evening, Oct. 29, recreational therapists from psychiatry and the department of rehabilitation medicine treated almost 60 patients to a spirited performance by the bluegrass group "Southern Aire." The group played for well over an hour to an enthusiastic, if partially immobilized, gathering, including Robin Harper, left, and Linda Dunn.



Contributions received are used for research, appliances for patients in need, new equipment and other projects sponsored by The Jewish Hospital Auxiliary.

Donations to this fund may be made by sending checks payable to The Jewish Hospital Tribute Fund, c/o Mrs. Claude Abrams or Mrs. Hyman Goldstein, 216 South Kingshighway, P. O. Box 14109, St. Louis, Missouri 63178.

When a tribute is made, both the sender and the recipient receive an acknowledgement of the donation.

The following memorial and honorial contributions were received from August 4, 1980 through November 7, 1980. Any contributions received after November 7, 1980 will be listed in the next 216.

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Mr. and Mrs. Meyer Weil (Meyer and Ethel Weil Otolaryngology Fund) ..... Recovery of MR. HARRY MILTON Dr. and Mrs. Seymour Monat (Mr. and Mrs. Harry Milton Unrestricted Dr. and Mrs. Samuel Zuckerman (Meyer and Ethel Weil Otolaryngology Fund) ...... Recovery of MRS. ESTHER MOLLNER ..... Birthday of MR. PHILIP MOSS Mr. and Mrs. John Isaacs, Jr. (Eleanor and John Isaacs, Jr. Research Fund) Mr. and Mrs. Harold Yalem (Jerry Kaiser Fund) ..... Special Anniversary of MR. AND MRS. JESSE S. MYER, JR. ... Anniversary of MR. AND MRS. BEN NEIMAN Mr. and Mrs. Richard Kline (Mabel and Simon Frank Memorial Research Fund) ..... Birthday of MRS. ERIC NEWMAN ..... Recovery of DR. POWELL NILAND ..... Anniversary of MR. AND MRS. JERRY NISSENBAUM ...... Recovery of CAROL OFFSTEIN Mr. and Mrs. Adrian Levin (Dorothy Jasper-Rita Polinsky Memorial Fund) ...... Special Birthday of MARCIA PASS ..... Special Birthday of MRS. NITA PASS ..... Birthday of MRS. ROBERT PASS ..... Birthday of ROBERT PASS Mr. and Mrs. Eldon Weinhaus and Kids (Cancer Research Fund) ...... Recovery of MR. EUGENE PEARLINE Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Heart Research Fund) ..... Anniversary of MR. AND MRS. JOHN PEREIRA ..... Birth of DAVID LASKY PLATT ...... Recovery of MR. AND MRS. LARRY PLATTNER Mr. and Mrs. Martin Pultman and Louis Plattner (Irving Brin Cancer Research ..... Recovery of MR. AND MRS. L. POKRES Mr. and Mrs. Martin Goldberg (Milton E. Kravitz Heart Research Fund) ..... Recovery of MR. LOUIS POKRES Mr. and Mrs. Louis Lippe (Harold Zager Blood Research Fund) ..... Special Birthday of MRS. SIMON POLINSKY Mr. and Mrs. Sam Rosenblatt (Dorothy Jasper-Rita Polinsky Memorial Fund) ..... Special Birthday of MR. FRANK POLLOCK Mr. and Mrs. Louis Lippe (Harold Zager Blood Research Fund) ..... Special Wedding Anniversary of MR. AND MRS. SIDNEY POLLOCK Mr. and Mrs. Julian L. Meyer ..... Speedy Recovery of MRS. BESSIE POMERANTZ Mrs. Dorothy Safron (Adolph Safron Cancer Research Fund) ...... Birthday of MR. ALLEN PORTNOY Mrs. Irving Brin (Irving Brin Cancer Research Fund) ..... Arrival of Jennifer Helane to MR. AND MRS. LARRY PRESANT Mr. and Mrs. Daniel Mintz (Edna Malen Scholarship Fund)

Mr. and Mrs. Jerry Flexner

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Mr. and Mrs. Manny Averbuch (Milton E. Kravitz Heart Research Fund)
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Mrs. William Schoenfeld
Mr. Norman Shapiro (Heart Research Fund)
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund for Heart Research) Mr. and Mrs. Barney Klein (Diana Rosen Recreational Therapy Fund)
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Mrs. Milton Kravitz (Milton E. Kravitz Heart Research Fund)
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Mr. and Mrs. Sam Langsdorf (Langsdorf New Americans Fund)
Mr. and Mrs. Carl Gallop (Dorothy Jasper-Rita Polinsky Memorial Fund) Mrs. Nelson L. Gould (Harold Zager Blood Research Fund)
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In Honor of

Miss Mildred Smith

Mr. and Mrs. Robert Levin (Jewish Hospital Hospice Fund)

Mr. and Mrs. Gene Pearline (Cancer Research Fund)

In Honor of

...... Recovery of MR. EUGENE SCHWEIG Mr. and Mrs. Harry Ackerman Mr. and Mrs. Frank Flotken (Dr. Sidney Goldenberg Fund) Mr. and Mrs. Warner Isaacs (Eleanor and John Isaacs, Jr. Research Fund) Mr. and Mrs. Harold G. Lieberman Mr. and Mrs. Bert Schweizer II (Helen and Walter Wolff Cardiovascular Fund) Mr. and Mrs. Charles J. Steiner (Evelyn B. Stern Memorial Nursing Fund) Mr. and Mrs. Edward Turner Mr. and Mrs. Richard Wyman ...... Marriage of Daughter of MR. AND MRS. MALVERN SCHWEIG Mrs. Maurice Goldberg ..... Birthday of MR. LESTER SEASONGOOD Mr. and Mrs. Bruce Vittert ..... Recovery of MRS. BEN SENTURIA Mr. and Mrs. Louis Senturia (Cancer Research Fund) ...... Birthday of DR. BEN SENTURIA (Ear, Nose and Throat Fund unless otherwise noted) Mr. and Mrs. Stanley Cohen Dr. and Mrs. Norman Drey Mr. and Mrs. Harry Franc Mr. and Mrs. Edward Greensfelder Mrs. Peggy Hellman Dr. and Mrs. Michael M. Karl Mrs. Kay Kirstein (Dr. Melvin Kirstein Heart Fund) Mr. and Mrs. Sam Langsdorf Mr. and Mrs. Jerry Levitt Mr. and Mrs. Bernard Mellitz Mr. and Mrs. Louis Putzel Mrs. Blanche Rubinstein Mr. and Mrs. Joseph Ruwitch (Joseph and Elizabeth Ruwitch Unrestricted Endowment Fund) Mr. and Mrs. Richard K. Weil .... Birthday of MR. BUDDY SENTURIA Mrs. Irving Brin (Irving Brin Cancer Research Fund) Judge and Mrs. David FitzGibbon (Edna Malen Scholarship Fund)

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# Air Mixer

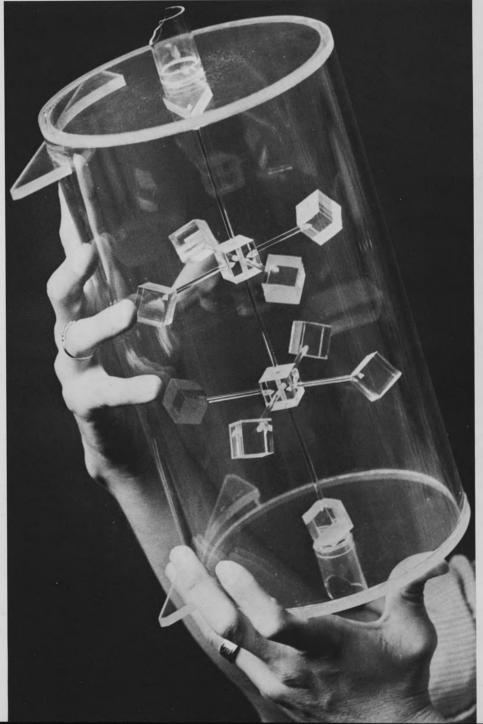
Mike Orgel, M.D., calls it "the world's largest cocktail shaker." From ideas and drawings submitted by Critical Care Unit Medical Director Stephen Lefrack, M.D., and Respiratory Therapist Dennis Calhoun, ERT. Dr. Orgel designed and built what others prefer to call a "mix box," a device that mixes a patient's expired gases for analysis.

We all exhale varying amounts of carbon dioxide, oxygen and nitrogen. Accurate measurement of these gases is valuable to physicians, particularly to those on the critical care unit, where wide shifts in gas levels can signal trouble.

Using the mix box, the gases in a patient's exhaled breath can be averaged. These values can then be rapidly and continuously monitored by a mass spectrometer, a sophisticated measuring device already in use in the intensive care unit.

The mix box extends the use of the mass spectrometer, so that rapid measurements of lung function, cardiac function and caloric expenditure can be made. These calculations are of vital importance in assessing the status and the effect of treatments on the cardio-pulmonary performance of critically ill patients.







Fourteen of the 27 graduates from the class of 1940 Jewish Hospital School of Nursing recently attended a 40-year reunion at the hospital. The graduates traveled from as far away as Texas, Oklahoma, Kansas and Chicago to reminisce with old friends and classmates, tour the hospital and lunch together in the home of event organizer, Lisl Steinberg, R.N. (Mrs. Franz).



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