

September / October 1981

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The hospital's recommitment to its obstetrics department has brought on a flurry of new programs and services, such as Super Siblings. Prospective siblings, getting their first look at a newborn baby, peer through the nursery window as Obstetrics Nurse Debbie Schmaleng, R.N., displays a recent arrival. See page 2.

# 216

## The Jewish Hospital Of St. Louis





**216** is published by the  
Publications Department of  
**The Jewish Hospital of St. Louis**  
216 South Kingshighway  
P.O. Box 14109  
St. Louis, Mo. 63178



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A Community Publication

Vol. 30, No. 5

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*James Crane, M.D., specialist in maternal-fetal medicine, is the new director of Jewish Hospital's Ob/Gyn department.*

*New parents Charles and Sharon Veach dine on a special steak and champagne meal, provided for each new mother and guest during her stay at Jewish Hospital.*







## Jewish Hospital: **A Good Place for Having Babies**

By Linda Krohne Nitchman



*Dr. Crane performs an ultrasound test on Mary Jo Owen, a patient of the hospital's new genetic testing and counseling service. The test allows the physician to see and make photos of the fetus via a small television-like screen.*

Only two months have passed since The Jewish Hospital's new full-time chief of the obstetrics/gynecology department, **James Crane M.D.**, moved in, but improvements in the department are well underway and evidently haven't gone unnoticed.

As part of the hospital's commitment to strengthen the department, a full-time faculty with sub-specialties in endocrine-infertility and maternal-fetal medicine, equipment to support these specialties and added services are becoming a reality.

Along with Dr. Crane comes the Washington University School of Medicine Cytogenetics Laboratory, which he heads. The laboratory, one of the largest genetics labs in the Midwest, will be moved to Jewish Hospital when renovation of the area where it will be housed is completed. Upon Dr. Crane's arrival, Jewish Hospital began providing genetic testing and counseling for specific abnormalities of the fetus. More than 80 different disorders can be determined through this kind of testing.

An infertility specialist, **Ron Strickler**,

## A Good Place for Having Babies

**M.D.**, will be joining the staff on Jan. 1, 1982, and will establish an endocrine laboratory upon his arrival.

**Alfred B. Knight, Jr., M.D.**, specialist in maternal/fetal medicine, who deals with high-risk pregnancies, is the third full-time faculty member. Until Dr. Strickler arrives, **Diane Merritt, M.D.**, is working in the department.

A shell area between the labor and delivery areas of the Steinberg Pavilion is being remodeled to provide space for the expanded staff, new labs and equipment. A supporting staff of 17 will be on duty when the new labs are completed. To accommodate the new full-time faculty, plans are being completed to enlarge the department's administrative offices.

A change in the Ob/Gyn residency program provides a 32-member house staff who rotate between Jewish, Barnes and County hospitals. This arrangement was established to allow the residents to gain exposure to a variety of sub-specialties offered at the different hospitals.

Full-time pediatric coverage for the nursery is now being provided through an agreement with Children's Hospital. Pediatric residents are immediately available from Children's Hospital when the need arises. They also are present prior to and during delivery if any complications are anticipated.

### New O.B. Services

Improvements have allowed the department to offer a new service: staff gynecologists for consultations with patients who have malignancies. This service is possible because three full-time gynecologist/oncologists are now members of the department.

Another new service that women in labor will appreciate is 24-hour availability of epidural anesthesia, under the guidance of **James Jenkins, M.D.**, director of



*Registered nurses Linda Lacaillade (below) and Mary Beth Nester (right) demonstrate a new birthing bed, donated by the auxiliary for the hospital's birthing room. The bed can be adjusted so the occupant is in a sitting position for delivery of the baby, allowing the mother to remain in the same bed during labor and delivery. The birthing room provides a home-like atmosphere for families who want as little interference in childbirth as possible. Most doctors consider it a safe alternative to home deliveries.*

of anesthesiology.

### New Equipment

New equipment has been delivered, including a compound ultrasound scanner that will be used for both obstetric and gynecological patients. A new birthing bed, a special bed that can be positioned almost like a chair for delivery, is now in use in the birthing room.

In addition, Dr. Crane has arranged with a private company, ADR Corporation, to perform a \$15,000 update of the hospital's current ultrasound testing system. The update will put the equipment on a par with the latest on the market.

The following equipment is also being obtained:

- four additional fetal monitors



*"The quality of medical care here is every bit as good as anywhere else, and the personal care is superior."*




- a pH scalp monitor to better assess the amount of oxygen received by the baby during labor
- a glucose analyzer for determining blood sugars, which will be used both in the nursery and to closely monitor diabetic women in labor
- additional bilirubin lights for the nursery
- infant warmers for the nursery

Private physicians on staff here have evidently taken note of the improvements. The number of births at Jewish Hospital has markedly increased since last year, when the average was 88 deliveries per month. The July 1981 figures show a total of 166 deliveries. "If the volume continues to increase, we'll hit 1,800 to 2,000 deliveries a year, which is

about maximum for the present facilities," Dr. Crane says.

He explains, "I believe . . . I hope the private staff was anticipating the change, and just knowing the department was going to have a full-time status, they began to talk to their patients about coming back to Jewish."

One thing that will not change in The Jewish Hospital of St. Louis Ob/Gyn Department is the personalized, high-quality nursing care for which the department has been known. According to Dr. Crane, "The quality of medical care here is every bit as good as anywhere else, and the personal care is superior. There aren't many community hospitals which have specialists in maternal-fetal medicine on a full-time staff; in fact, none other than medical centers. And the proximity to Children's Hospital is a real asset." 

Learning to hold a new baby is serious business when you're only 2½ years old, as Stephen Sellmeyer demonstrates with assistance from Linda Kessler (Mrs. Ronald), volunteer and co-chairman of the auxiliary's obstetrics services committee.



Karen Jelb, 2½, gets a look at herself wearing, Linda Kessler explains, "What the doctor and Daddy will wear when Mommy goes to the hospital."



## Auxiliary Supports Babies

The Jewish Hospital Auxiliary has a long-standing interest in obstetrics at the hospital. "We made a commitment that we would support the obstetrics department not only via public relations but financially whenever we could," says Phyllis Langsdorf (Mrs. Kenneth), auxiliary president.

When the hospital board of directors decided to retain and strengthen the department, the auxiliary got busy planning new programs that would add services, while continuing established programs. The members also plan to purchase new equipment that might be needed. "We've always had an Ob/Gyn support program, starting with 'First Foto'," explains Ms. Langsdorf. "First Fotos" are the newborn photographs made in the nursery. "Proceeds from the program have been used to purchase new equipment for the department from the very beginning," she says.

### Two New Programs

Two new programs, the Grandparents' Refresher Course and Super Siblings, premiered recently. The grandparents' course is a two-hour class designed to update knowledge on childbirth and child care for new grandparents. The class was featured in the March/April 216.

Super Siblings is a program designed for children ages 2½ to 6 who will soon find themselves with baby brothers or sisters. The class is aimed at helping the child adjust to having a new baby around the house. During the activity-filled one and one-half hours, the children learn about feeding, diapering and caring for baby, using dolls as models. They try on masks and caps worn in the delivery room, and listen to their heartbeat with a doppler and stethoscope. They also color a bib as a gift to the new baby.




"Can you hear it?" asks Elaine Levinsohn, director of volunteer services, holding the stethoscope to Brian Christman's ears while Linda Kessler presses the device to his chest. Stephen Sellmeyer center, and Julia Zorensky, right, await their turns.

At the same time, the mothers are encouraged to attend a session which features group discussion of pregnancy, common fears and fantasies, and possible sibling problems, such as jealousy. The discussion is led by **Judy Ross Goodman**, a social worker in private practice, who volunteers her time. Parents are invited to attend this session even if they don't bring a child to the program. Volunteers and nurses also conduct the children's portion of the program and additional volunteers are being accepted. Reservations to attend the course are required.

A service that the auxiliary has sponsored for nearly three years, labor room coaches, will continue. According to **Irene Belsky, R.N.**, Ob/Gyn department, who trains the volunteer coaches, the program is very well received. Volunteers take classroom instruction on the concepts of relaxation and breathing techniques so they can encourage and offer support to the mothers during labor and delivery. The labor room coaches perform no nursing duties and are not intended to take the place of the fathers, but rather to enhance their support. The coaches are even more essential to the woman who is alone because the father is unavailable. "I get a lot of favorable feedback when I make rounds and generally find that the father is grateful for the extra support," Ms. Belsky says. "I'd like to see enough coaches so we can cover all shifts."

The auxiliary also helps recruit volunteers who will work in the Ob/Gyn department once a week, running errands, assisting with paperwork and helping with discharges.

Additional programs are still in the planning stages and will debut as the auxiliary continues to help make the Jewish Hospital of St. Louis the best place to have a baby. 



"Ooooh!" says Gail Hartstein when daughter Lauren, 3, shows her bag of goodies from the Super Sibling class to "Mommy" and Judy Ross Goodman (standing), volunteer and social worker who led the adult portion of the program. Each child received a bag containing a delivery room mask and cap, a bib that they colored for baby and a photo of themselves dressed in delivery room garb.



### **Obstetrics Programs**

**Super Sibling Programs:**

Monday, Sept. 14, 10-11:30 a.m.  
Monday, Oct. 12, 10-11:30 a.m.  
Monday, Nov. 9, 10-11:30 a.m.  
Classes limited; call 454-7130 for reservations.

**Grandparents' Refresher Courses:**

Wednesday, Sept. 16, 10 a.m.-noon  
Wednesday, Dec. 16, 10 a.m.-noon  
Call 454-7130 for reservations.

**Preparation for Childbirth (Five-week courses) beginning:**

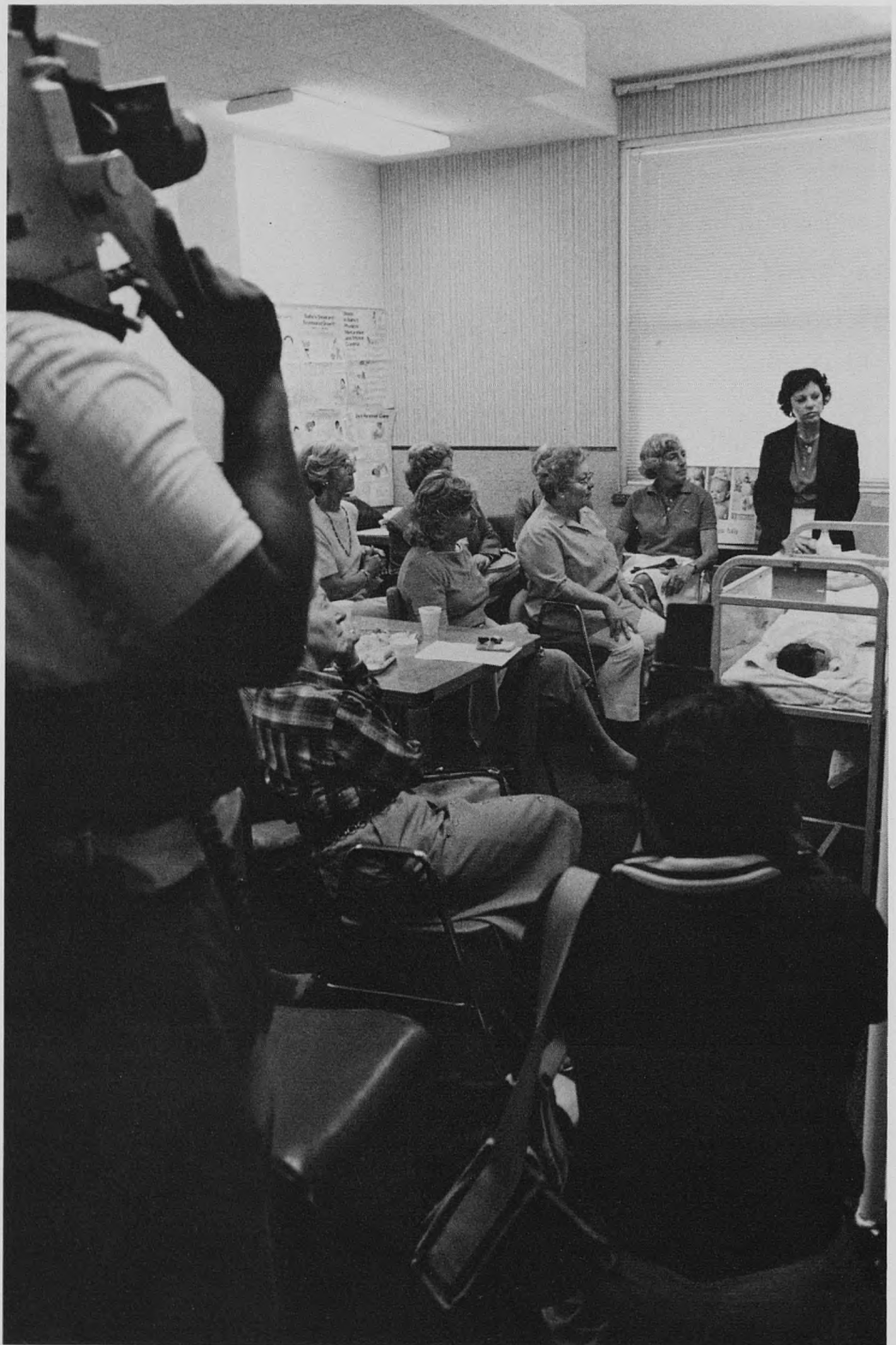
Monday, Sept. 21, 7:30 p.m.  
Monday, Oct. 26, 7:30 p.m.  
Monday, Nov. 16, 7:30 p.m.  
Call 454-7520 for reservations.

**Cesarean Section Delivery:**

Special one-session class; call 454-7520 for more information.

**Breastfeeding:**

Special one-session class; call 454-7520 for more information.



*The Grandparents' Refresher Course attracted some media attention when St. Louis Globe-Democrat Reporter Susan Fadem, a Globe-Democrat photographer and a KTVI-TV News cameraman attended a class, the first of its kind in the St. Louis area.*



## Past Ob / Gyn Directors



Robert Burstein, M.D., retired as chief of The Jewish Hospital of St. Louis' obstetrics/gynecology department in July. The hospital thanked him for nine years of service as director with several parties and receptions held in his honor. Dr. Burstein will continue his association with the hospital through his private practice.

The old and the new: Dr. Burstein with James Crane, M.D., new director of Ob/Gyn.

Former directors of Jewish Hospital's obstetrics/gynecology department may be gone, but not forgotten, thanks to **Robert Burstein, M.D.**, retiring director of the department. Dr. Burstein assembled a portrait gallery of the past department heads, which was dedicated recently at a reception held in the Brown Room.

Dr. Burstein (left), Samuel Soule, M.D., (center), past directors, and Justin Kraner, M.D., inspect the portraits, which were on temporary display for the reception before being moved to their permanent location in the Ob/Gyn department offices. Past directors included in the gallery are: Dr. Burstein, 1972-1981; David Rothman, M.D., 1956-1972; Helman C. Wasserman, M.D., 1953-1955; Dr. Soule (co-director), 1943-1952 and 1972-1976; Milton H. Meyerhardt, M.D. (co-director), 1943-1952; Soloman Weintraub, M.D., 1938-1943; Samuel F. Abrams, M.D., 1937-1938; Fred J. Taussig, M.D., 1935-1936, and Hugo Ehrenfest, M.D., 1902-1934.







# Parkinson's Disease: An Age-Old Mystery

By Denise Pattiz Bogard

**T**here is evidence that Parkinson's disease has been around a very long time. Goethe, the great German poet, noted that the innkeeper in Rembrandt's 1633 sketch "The Good Samaritan" stands in a stooped posture holding his hands before him as though in a tremor. Eighteenth-century French physician Sauvages discussed the abnormal gait, now associated with Parkinson's disease. And James Parkinson actually identified all the major symptoms of the condition now bearing his name in his 1817 *Essay on the Shaking Palsy*.

Parkinson's disease is not just ancient, it is also prevalent. The condition afflicts approximately 2 percent of the population over age 50; the average age of onset is 60. Based on these figures, approximately 5,000 cases exist in the Greater St. Louis area.

"Parkinson's disease is so common. Next to cancer and vascular disease, it is probably the most common neurological disorder we see, particularly in the elderly," says **G. Frederick Wooten, M.D.**, consulting neurologist and pharmacologist for Jewish Hospital.

Yet, despite its prominence and age-old past, there is much still unknown about the disease. No one is certain what causes Parkinson's disease or why and how it progresses; there are no precise laboratory tests for diagnosing it, and while there is a treatment, there is no cure.

## The Symptoms

It usually begins with a tremor in the hands while at rest. If the patient is afflicted with Parkinson's disease, then muscular rigidity, a slowness of body movements (bradykinesia) and a loss of coordination will follow. At the onset of the tremor a neurologist will be watchful; after a second symptom appears, the prognosis becomes more certain, and with

the onset of a third disorder, a firm diagnosis can be made.

As the disease progresses, so do the symptoms, eventually becoming disabling if untreated. Among these disorders:

- tremors—one hand often is affected first, sometimes the foot; it is usually intermittent, causing more embarrassment than disability or discomfort.
- rigidity—an overall feeling of stiffness, often referred to as "lead pipe rigidity," causing a tired aching feeling, persistent soreness or a cramp.
- bradykinesia—literally means an absence of movements; all movements are slowed, or absent, causing stooped posture, shuffling gait, or slowing of the automatic responses like eye blinking, swallowing of saliva and expressive movements of the face and hands. Patients may have difficulties getting out of a chair or turning in bed and sometimes remark they feel as if their batteries have run down.
- speech—patients may slur their words, mumble or speak so softly they cannot be heard.
- mental function—some patients suffer symptoms of dementia (senility), and ability to reason and remember is impaired.
- Parkinson's disease results in a plethora of other symptoms, including a change in bowel habits and sluggish bladders, low blood pressure, vision problems, progressively smaller handwriting (micrographia) and other coordination impairments.

## Dysfunction of the Brain

All of these symptoms reflect a basic dysfunction of a small group of nerve cells in the brain called the substantia nigra. These nerve cells produce and store a specific chemical substance called dopamine, which acts as a chemical messenger, transmitting signals to the nerve cells in a

*The innkeeper in Rembrandt's "The Good Samaritan" stands with his shoulders stooped and his hands before him as though trembling. One wonders if the astute artist had seen in the 17th century cases of what today we call Parkinson's disease. (Sketch reprinted from The World of Rembrandt: 1606-1669.)*



*Ms. Watson helps Corio learn to be more functional in the home. They simulate breakfast preparations, working to overcome tremors of the hand and coordination impairments, two common Parkinson's symptoms.*

region of the brain known as the striatum. When the substantia nigra cells are injured, or for some reason cannot produce or store dopamine, there results a deficiency of dopamine in the striatum. If the deficiency is sufficiently severe, symptoms of Parkinsonism begin to appear.

Brain dopamine depletion can come about in various ways—the nerve cells may deteriorate or be injured by a tumor, stroke, chemical agent or virus.

The actual cause of Parkinson's disease, though, is not known. "Pathologists classify it as a system degeneration of the brain because specific groups of systems of nerve cells appear to be the target of some morbid process," writes Roger C. Duvoisin, M.D., author of *Parkinson's Disease: A Guide for Patient and Family*. "The disease process seems to select very precisely only certain nerve cell systems. It is clearly not a random thing. The location of the affected cells is such that their deterioration almost certainly cannot be due to poor circulation or to arteriosclerosis. Nor is there any sign of infection or inflammation. The selective involvement of certain systems of nerve cells scattered through the brain and spinal cord suggest that an unknown toxin or a deficiency of some undiscovered nutrient may be responsible. Some think that there is merely a premature aging process which affects the cells of the substantia nigra. The truth is that the cause or causes are simply unknown."

### The Treatment

Fortunately, although there is no cure for Parkinson's, a relatively effective treatment is available. Two drugs are most commonly used: dopa, which is converted to dopamine in the brain; and Sinemet, a combination of dopa and carbidopa, a drug that prevents dopa from being inactivated in the liver and other tissues, and thereby allows more dopa to reach the brain.



Dr. Wooten explains: "In fundamental terms, the drugs currently available for the treatment of Parkinsonism act either by replenishing brain dopamine or by modifying the function of the brain in such a way as to partially compensate for the deficiency of brain dopamine."

With the administration of these drugs, relief from symptoms can be striking. Gen-

erally, rigidity is completely abolished, tremor is greatly reduced, and the condition of bradykinesia is at least partially relieved; in some cases, it disappears completely.

Some side effects may occur, including nausea, loss of appetite, dizziness, dryness of mouth, jerking movements, a constant feeling of jitteriness and, not uncommon-



*"Parkinson's disease is so common. Next to cancer and vascular disease, it is probably the most common neurological disorder we see, particularly in the elderly."*

## Parkinson's Disease



ly, altered thinking, hallucinations or vivid, unpleasant dreams. When side effects appear, they usually can be managed by a reduction of the drug dose. This requires that the physician and patient weigh the benefits of the drug against the problems presented by the side effects, Dr. Wooten says.

For a variety of reasons, including the side effects, most physicians postpone drug treatment as long as possible. After several years on dopa or Sinement, clinical "swinging" or fluctuation occurs, in which the patient goes from symptom-control to lack of control or severe side effects during the day.

Dementia also is part of the disease's progression, and whether or not this is in part caused by prolonged drug treatment is not entirely clear. Consequently, Dr. Wooten says, most doctors strive to minimize the role drug treatment may play in this process.

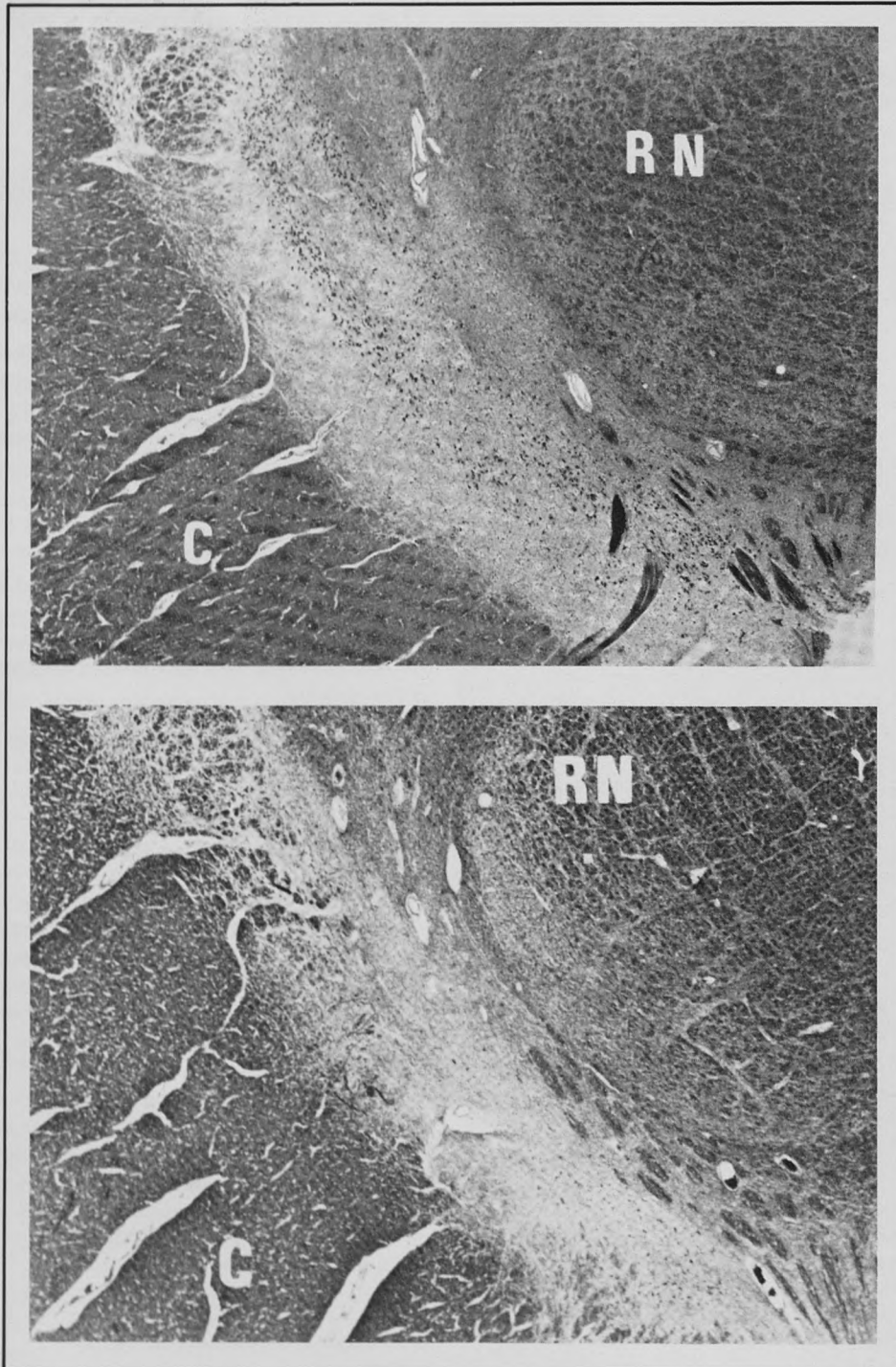
"We want to hold off treatment as long as we can. I don't think any of us believe drugs cause these things, but we do know the longer a patient is on the drugs, the greater the chances for clinical swinging and dementia.

"I prefer not to treat patients who have the disease until their symptoms increase to the point of causing them social or professional embarrassment or until significant physical disability occurs. Some want the

*When Frank Corio, age 96, was first admitted to Jewish Hospital for Parkinson's disease, his muscles were so rigid he could not get out of bed. After several weeks of physical therapy with Karen Preston, PPT, Corio is walking at a near-normal pace and climbing steps with a walker.*



The upper picture shows a normal population of pigmented cells in the substantia nigra in a 68-year-old man. The lower picture shows depletion of these cells in a 69-year-old woman with Parkinson's disease. (Photo reprinted from Greenfield's Neuropathology.)



treatment sooner than others because they are more embarrassed by the symptoms. The decision to start treatment varies with each individual's set of needs, circumstances, personality and expectations."

### Lifespan Expectancy

The average period of good response to treatment is about five years, says Dr. Wooten. He adds: "People get very depressed when they close in on the five-year figure. However, many patients have now taken dopa or Sinement for 12 to 14 years and function at a very effective level. Also you have to consider that usually the patient is at least 60 years old before the initial onset of Parkinson's, so this doesn't reduce the normal lifespan by much.

"The best predictor for someone's future course is how rapidly their symptoms have progressed from onset to time of treatment."

Parkinson's disease is not a primary killer the way cancer or heart disease are; it is not the disease, rather the resulting complications that claim lives. One common disorder among Parkinson's patients is an inability to swallow or breathe properly. These respiratory problems often cause fatal infections. The symptomatic bladder irregularities can lead to severe kidney infections. In general, as a patient becomes more immobilized, his risks for other infections increases.

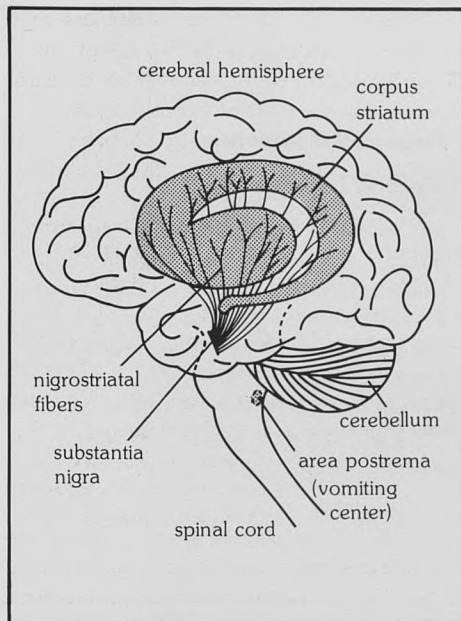
### The Role of Therapy

To counter these complications, physical and occupational therapy often are recommended for Parkinson's patients at Jewish Hospital. Neurologist **Richard Sohn, M.D.**, says he sends almost all of his Parkinson's patients through the hospital's therapy program because he worries most about the dangers from falling and patients' inactivity—both of which are combated in therapy.

**Franz U. Steinberg, M.D.**, director of rehabilitation medicine, says he bases the



*Parkinson's disease is not a primary killer the way cancer or heart disease are; it is not the disease, rather the resulting complications that claim lives.*



physical therapy program for Parkinson's patients on the individual's needs. For each symptom displayed by someone—loss of balance, muscular stiffness, shuffling, uneven gait—a therapist works out a set of exercises, which must then be practiced each day at home. Occupational therapists also work with the patients, aiding them with functional tasks such as shaving, buttoning and snapping clothes, and handwriting. For some, speech therapy may be recommended, too.

In addition, the home care and social work departments may be utilized. And, recently, the Jewish Hospital Auxiliary created a Parkinson's Education Program, which is available to meet the needs of patients and their families. (See accompanying story, p. 16.)

**Future Hopes**

The real hope for Parkinson's patients lies in the future. Dr. Wooten and neurologists across the country are actively researching dopamine depletion, trying to answer the many questions still surrounding this age-old condition. They are trying to determine what causes the disease, how and why it progresses, how to effectively diagnose it and, most importantly, how to cure the brain's dysfunction.

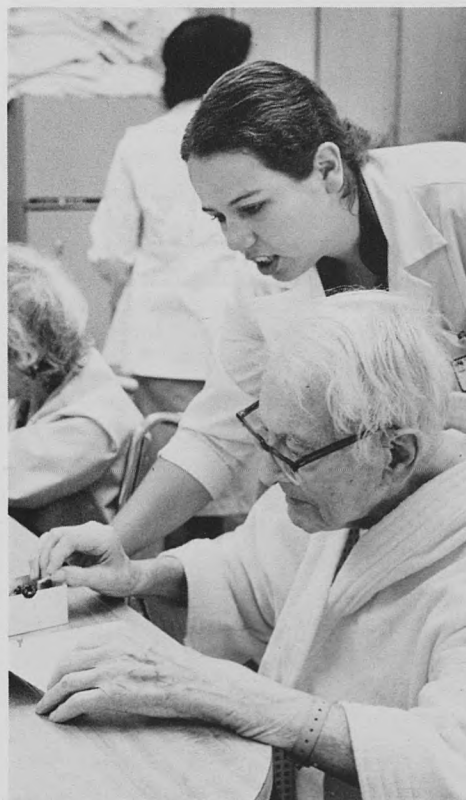
"Apparently, all of us reach our dopamine peak at age 20, and by age 60 or 70 all of us are on the brink of Parkinson's disease," Dr. Wooten says. "We're trying to understand why some individuals go over the brink."

*Deborah Watson, O.T., works with Frank Corio in occupational therapy sessions to try to improve his coordination. Ms. Watson works on functional activities, like dressing and shaving, and on coordination exercises such as placing pegs in holes.*

There is conclusive evidence, he says, based on a National Institutes of Health-sponsored study of twins, that there is no genetic basis for transmission of the disease.

"Another possibility under investigation is that persons destined to have Parkinson's disease have fewer dopamine-producing nerve cells in the substantia nigra as a result of some damage in very early life."

Perhaps these investigations will lead to data that will finally make this ancient disease a thing of the past—and not of the present. **uh**





## Auxiliary Sponsors Parkinson's Education Program

In an effort to educate patients and their families on Parkinson's disease—a condition that afflicts nearly 5,000 adults in the St. Louis area—the Jewish Hospital Auxiliary is sponsoring a Parkinson's Education Program (PEP) beginning this fall. The program will feature three sessions a year and will be open to the public.

**Susan Levin** is responsible for initiating the group in St. Louis. Many of her own relatives have the disease, and yet, she says, "I really don't know what to do to help. I can talk to doctors, but they don't have the time to listen to everything. I think most people need to talk to others in the same situation."

With that in mind, Ms. Levin approached then-auxiliary President **Lillian Dickler** (Mrs. Donald) about the auxiliary sponsoring a Parkinson's education group.

"I thought Jewish Hospital could do a service to the public by educating people

about the disease. I figured it was within the realm of the auxiliary."

The auxiliary was amenable to the idea and, through the persistent efforts of Ms. Levin, PEP was initiated this fall with the first program featuring **G. Frederick Wooten, M.D.**, who spoke on "Let's Learn About Parkinson's Disease." **Shirley Cohen, MSW**, of the hospital home care department, addressed the audience on "Where to Look for Help," discussing available home care aid, insurance and other benefits. (The November/December 1981 216 will carry full coverage of the event.)

The St. Louis PEP group is structured similarly to other Parkinson's groups across the nation. The first PEP group was organized in Newport, Calif., last January by Charlotte Drake. Since that time, 60 groups have sprung up over the country, and 50 more are in the planning stages.

### Future PEP Meetings

Future Jewish Hospital Auxiliary PEP programs will include a meeting in February, in which **Franz U. Steinberg, M.D.**, director of rehabilitation medicine, will speak on the importance of exercise for Parkinson's patients. The spring meeting will feature Ms. Amy Pollard, patient services coordinator from the American Parkinson Disease Association in New York, speaking on activities of other Parkinson's groups.

Along with educating the public, PEP will offer a support system to patients and families. As Dr. Steinberg says of PEP: "As with all chronic illnesses and disabilities, people benefit a lot from discussing each other's problems. They benefit to see that there are others in the same situation and they function pretty well. There's a lot of moral support in this companionship."

For more information on the Parkinson's Education Program, call the auxiliary office, 454-7130.

## Parkinson's Disease Organizations

There are five major organizations devoted to Parkinson's disease, each one a nonprofit association working independently, concentrating its energies in patient services, education, research and providing information on other support groups. They vary considerably in organization, scope and purpose. Most have newsletters; all are anxious to help meet your needs.

### The groups and their addresses:

The American Parkinson Disease Association  
116 John St.  
New York, N.Y. 10038

The Parkinson's Disease Foundation  
William Black Medical Research Building  
640 West 168th St.  
New York, N.Y. 10032

National Parkinson Foundation, Inc.  
11 Park Place  
New York, N.Y. 10007  
and  
1510 Ninth Ave. NW  
Miami, Fla. 33136

United Parkinson Foundation  
220 South State St.  
Chicago, Ill. 60604

Parkinson Education Program Newsletter  
1800 Park Newport  
Suite 302  
Newport Beach, Calif. 92660



# Access for the Hearing-Impaired Patient

The lightweight, solid-state C-Phone is manufactured in Chesterfield, Mo., by a three-man corporation; two of the members are deaf. It has a standard typewriter keyboard and special signals travel in and out of the device via a telephone receiver. Deaf users type a message, which appears on the screen, either to another TTY user or to Contact's TTY. At Contact, a volunteer takes the message and relays it to the hearing person by voice. Hearing persons contact the hearing-impaired in the opposite manner.




Responding to the needs of the area's deaf community, The Jewish Hospital of St. Louis has become one of the three local hospitals to provide TTY (teletype) services for hearing-impaired patients.

TTYs are special home teletype devices that enable the deaf to contact other hearing-impaired persons via telephone. Patients at Jewish Hospital also will join about 500 area residents who utilize Contact, a St. Louis-based volunteer organization that forwards TTY messages from the deaf to hearing persons and vice-versa.

Without Contact, the deaf could only communicate with other TTY users; now they can reach almost anyone. Users can also call special numbers to receive news summaries and weather reports.

Although the TTY service is a relatively simple procedure, it is nevertheless an important one because it provides the hearing-impaired patient the independence and privacy that hearing people often take for granted.

Jewish Hospital TTY services are borne of a concerted effort by **Thomas Covey, M.D.**, and the Associates In Medicine, the hospital's community relations group. Dr. Covey, assistant director of the department of surgery, had expressed a desire to provide TTY services for hearing-impaired patients; the Associates responded by purchasing a C-Phone, a contemporary, sophisticated TTY that employs a television screen. Best of all, the C-Phone is portable and easy to operate.

Seven hospital employees now can prepare the unit for use, and the C-Phone is available around the clock. Arrangements for the unit's use and training was coordinated by Director of Volunteer Services **Elaine Levinsohn**, who also has advised several local institutions of the C-Phone's availability, including the Central Institute for the Deaf. 





Vascular Surgeon William Shieber, M.D., commonly uses magnifying eyeglasses while connecting blood vessels, many as difficult to discern as two-lane rural highways on a service station road map.

# Keeping the Body in Circulation

By David Baygents

It is sometimes tempting, for clarity's sake, to employ analogies when discussing complex topics. It happens frequently in medicine. For example, some aspects of orthopedic surgery are often likened to carpentry. When covering vascular surgery, though—the reconstruction of arteries and veins—the plumbing analogy fails. Vascular surgery, particularly with the smaller blood vessels, seems more like electronics—making sure all the wires are in the right place.

Semantics aside, vascular surgery is easily one of the most demanding in terms of dexterity and visual acuity. Practitioners routinely don special magnifying eye-

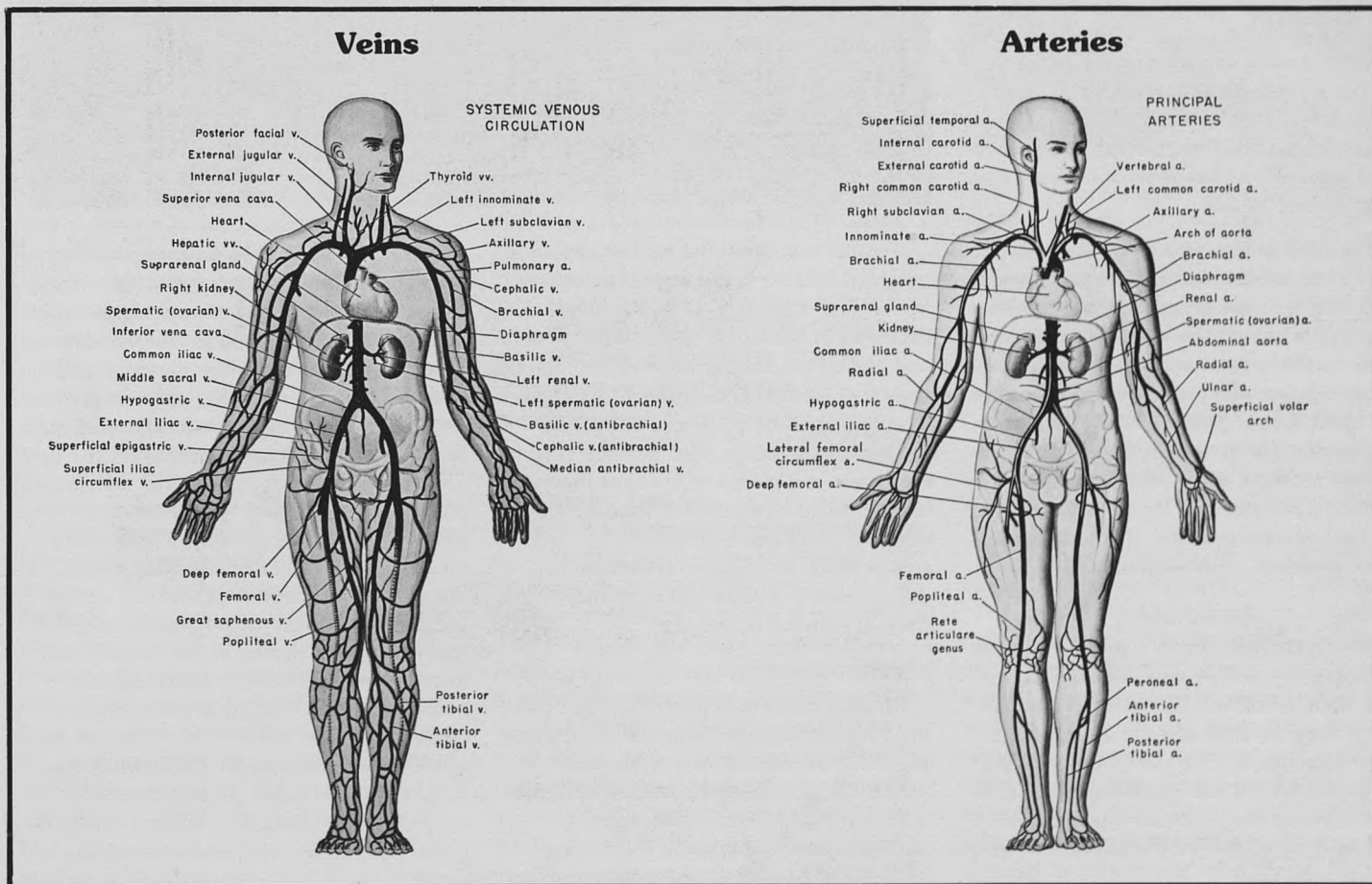
glasses to aid in connecting vessels, some only two millimeters in diameter.

## Arterial Disease

Vascular disease falls most heavily upon the aged and is confined to two main categories, venous and arterial. Arteries carry blood from the heart to the capillaries (the tiny nutrient vessels of the body's tissues); veins take the blood back to the heart. Arteriosclerosis, or "hardening of the arteries," is perhaps the most widespread and dangerous of the systemic arterial diseases. It is a general term for a number of changes in the arteries that bring a thickening of the walls, loss of elasticity and, in some cases, calcium deposits. These

changes can occur anywhere in the arterial system (see diagram) and may block vessels to the heart, brain, kidneys, intestines or extremities. (Arteriosclerosis of the coronary arteries, heart abnormalities and vascular problems of the lungs are the province of cardiovascular surgery. Peripheral vascular surgery, the subject of this article, confronts abnormalities in the remainder of the vascular system.)

Pain is most often the first symptom of arteriosclerosis; it occurs when an artery is severely narrowed or blocked. Such pain signals a greatly restricted blood flow. "These patients are hurting," says William Shieber, M.D., director of the Jewish



## Vascular Surgery

*Vascular surgery is easily one of the most demanding in terms of dexterity and visual acuity. Practitioners routinely don special magnifying eyeglasses to aid in connecting vessels, some only two millimeters in diameter.*

Hospital Division of Vascular Surgery. "By far the most common site of pain is in the calf of the leg. Patients hurt when they walk, and the pain stops when they stop walking."

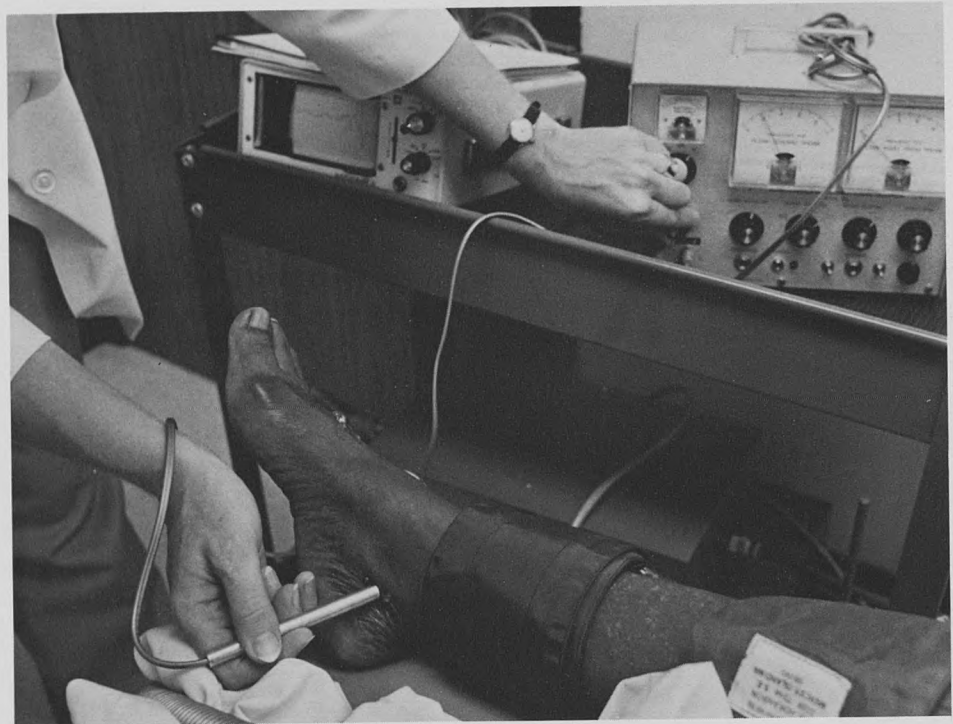
Arteriosclerosis leads to impeded circulation, and if left untreated, it may progress to gangrene and require amputation of the affected limb. Treatment includes exercise, avoidance of smoking and occasional use of anti-coagulants (chemical agents that inhibit natural clotting), but the main treatment is surgery, where the blocked artery is cleared or another vessel grafted into place, bypassing the blocked artery.

### Aneurysms

Arteriosclerosis can so damage the walls of large vessels that they become dilated and at times form large bulges, or aneurysms. Such aneurysms may clot and disturb blood flow. More importantly, they may rupture, just like a balloon, and cause fatal internal bleeding.

The most common sites for aneurysms are the abdominal aorta (the body's central and most massive artery) and the popliteal artery, just behind the knee (see diagram). With the abdominal aorta, the fear is that the aneurysm will rupture. If it does, more than half the patients die. One of the frustrating traits of this aneurysm is that it seldom presents any symptoms prior to rupturing and must be found instead during routine examinations. If left alone, more than half eventually rupture.

"With the popliteal artery," says Dr. Shieber, "the fear is not that the aneurysm will rupture, but that it will develop clots and block circulation to the leg. Then gangrene may develop and the leg will have to be amputated. The idea is to catch the aneurysm before such events occur, put in a new artery that bypasses the aneurysm and tie it off so that all the blood is flowing through the graft."



*The Doppler has several attachments, like this pencil probe that helps in making recordings and tracings of circulatory activity, which gives off a characteristic, rhythmic whooshing sound.*

Another common, but no less serious, vascular disorder is the arterial embolism. In this case a particle, usually a blood clot, circulates in the blood, lodges downstream and blocks a vessel. Arterial emboli have a variety of sources. For example, patients who have had heart attacks or cardiac rhythm abnormalities may develop clots in the heart, and pieces of the clots may break off and block distant arteries. The threat of gangrene is imminent, for such emboli block blood flow. Treatment includes anti-coagulation therapy and surgical removal of the clot.

### Venous Diseases

Thrombophlebitis is likely the most prevalent venous disease treated at any hospital. Thrombophlebitis occurs frequently in bedridden patients and post-operative patients, or it may occasionally occur in otherwise healthy persons. The precise cause is unknown, but small clots form in

a vein, start a blockage process and elicit an inflammatory reaction (phlebitis). Thrombophlebitis most commonly involves the veins of the legs; 90 percent of cases begin in the calf. Treatment is limited and involves anti-coagulants to prevent enlargement of the blockage until the body's natural defenses dissolve it.

One fear in patients with thrombophlebitis is that they may develop a pulmonary embolus. Thrombophlebitis' early stages are marked by loose clots that can easily break off and form pulmonary emboli; that is, the clots are carried in the bloodstream into the lungs. Smaller particles seldom cause problems, but larger pieces may cause chest pain or shortness of breath by blocking blood supply to a portion of the lung. If large enough, an embolus may severely block blood flow to the lungs and cause pulmonary infarction and sudden death.





A popliteal aneurysm. Note the enlarged artery section behind the right knee joint. If left alone, chances are it would continue to swell and eventually rupture. Fortunately, it was discovered during a routine examination. This one is comparatively small.

Louise Weber, R.N., staffs the vascular laboratory, evaluating patients with the Doppler Flowmeter. Here she uses the Doppler in conjunction with special blood pressure equipment to check circulation in an out-patient's leg.



Any vascular surgeon can assure you that gangrene (tissue death) is still a part of modern medicine. Any time circulation is restricted, gangrene is a threat, and not surprisingly, vascular surgeons see more cases than other surgeons. Vascular surgery textbooks devote entire chapters to amputation techniques. "The number-one cause of amputation is inadequate circulation," says Dr. Shieber, "and unfortunately, amputation is still a common procedure."

Tragic as amputations are, modern rehabilitation can relieve much of the trauma. "We are lucky here at Jewish Hospital to have an excellent rehabilitation department," says Dr. Shieber. "Rehabilitation of the amputee is coordinated through the amputee clinic, where patients have the latest in prostheses and gait training. We anticipate that our patients, even the elderly, will be up and walking after an amputation, and it's unusual if they don't. Many can resume normal activities following below-knee amputations. There is a

big difference between having an amputation now and having one 15 or 20 years ago."

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**In any medical specialty,  
prevention outweighs cures.  
Vascular surgery is no  
exception.**

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**Diagnostic Trends**

For years surgeons have employed arteriograms and venograms—the injection of non-toxic dyes—to reveal detailed outlines of blood vessels, where they are open and where they are blocked or dilated. The arteriogram, for instance, is essential for planning operations, but it is invasive. It causes pain and carries some risk of its own. When such invasive techniques are not crucial, Jewish Hospital vascular surgeons are emphasizing non-invasive diagnostic techniques. Last year the division of vascular surgery established a vascular lab-

oratory, where the primary diagnostic instrument is the Doppler Flowmeter, a sophisticated ultrasound device that detects changes in blood velocity and blood flow. When applied externally over a vessel, it can reveal much about a patient's circulation from the strength and subtleties of circulatory sounds, but without the pain or risk of invasive techniques. It may also be used with special equipment to determine specific blood pressure in the arms and legs.

Says **Thomas Covey, M.D.**, vascular surgeon and associate director of surgery: "The non-invasive techniques are used to evaluate therapy objectively and to evaluate the progression of certain vascular diseases, saving the invasive techniques for a more definitive, precise anatomical diagnosis. For example, a patient with an arterial insufficiency in the leg may be examined with the Doppler at six-month intervals to get an objective evaluation of changes in circulation."

*Any vascular surgeon can assure you that gangrene is still a part of modern medicine. Anytime circulation is restricted, gangrene is a threat, and not surprisingly, vascular surgeons see more cases than any other surgeons.*

*After borrowing an expendable vessel from the patient's leg, Dr. Shieber uses a saline solution to dilate the vessel and make certain it is sound before grafting it into place, bypassing the damaged section.*

Jewish Hospital is also active in small-vessel surgery and has been since 1967. That year, when most surgeons hesitated to operate on vessels below the knee, Jewish Hospital surgeons were among the nation's first to successfully use an artery in the foot for vascular grafting. The hospital continues to act as a regional referral center for such small-vessel surgery.

### **Prevention**

In any medical specialty, prevention outweighs cures. Vascular surgery is no exception. "What we're doing is only a stopgap measure," says Dr. Shieber. "We're working as hard as we can just to repair the damage that is already done."

The prevention of vascular disease, though, is surrounded by uncertainty, especially in dietary considerations. Scientists, for years relatively certain that dietary components such as excessive salt, saturated fats and cholesterol contributed to vascular disease, are in a state of re-evaluation. Recent studies indicate, for example, that some kinds of cholesterol may actually be beneficial by preventing vascular blockages. Still, cautions Dr. Covey, "I think that a reduction in cholesterol, salt and fatty foods is probably worthwhile."

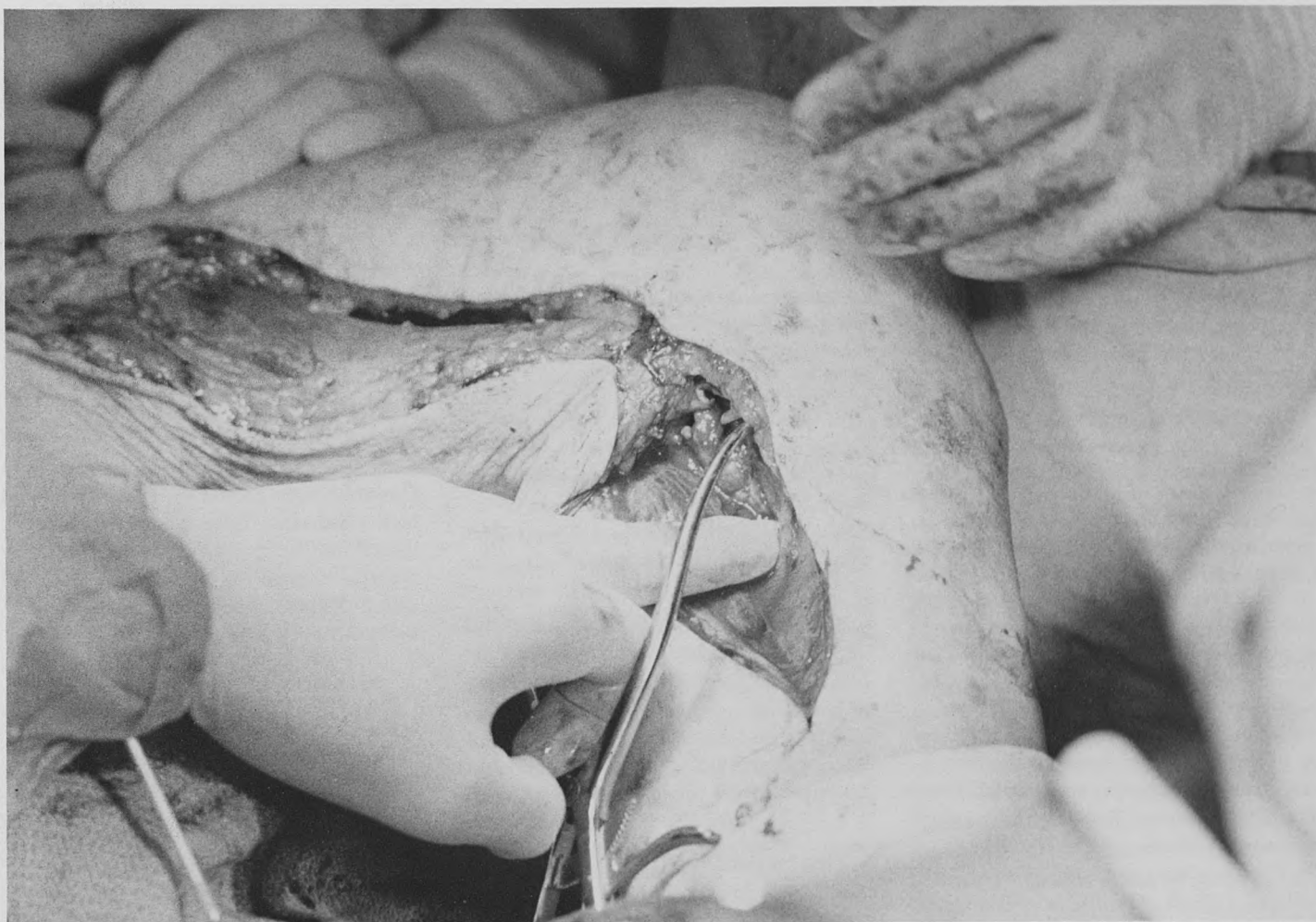
Exercise appears to be of unquestionable value in preventing vascular disorders or relieving existing ones. "For instance," says Dr. Shieber, "if people who already have blockages in their legs will do mild exercise, like walking or swimming or riding a bicycle, they will tend to have other vessels compensate, or carry the load for the vessels that are blocked."

Cigarette smoking plays an enormous role in vascular diseases of all kinds, particularly arteriosclerosis. "Cigarette smoking is directly related to arteriosclerosis," says Dr. Shieber. "Patients who stop smoking tend to improve. Patients who continue to smoke will have more trouble."






*Just before closing the incision, surgeons feel for the pulse that signals the operation's success: blood is flowing through the graft.*



In one study of patients with vessel grafts in the aorta, if the patients stopped smoking, almost none of the grafts ever blocked up, but if the patients continued smoking, a high percentage blocked up. There is just no question that cigarette smoking was related to blockage of the grafts, and there is no question that smoking is related to the progression of arteriosclerosis. The only two things we do that are known to help people with arteriosclerosis are to have them stop smoking and do mild exercise."

Dr. Covey concurs. "Two of the most

preventative things a person can do to avoid vascular disease are to increase exercise and avoid all use of tobacco."

Some American vascular surgeons suspect that genetics may play a more important role than either diet, exercise or smoking in one's chances of developing vascular disease. Varicose veins, abnormal swelling or dilation of the veins, possess some genetic components. But like dietary contributors, the genetic role is not yet certain. To be on the safe side, Dr. Shieber recommends, "Always pick parents who live to be a hundred." 

# Jewish Hospital News Briefs

Two graduates of the Jewish Hospital School of Nursing recently were recognized as "Tampa's (Florida) Volunteers of the Year" by the Volunteer Action Center and the Walter F. Brooks Agency for Massachusetts Mutual Life Insurance Co. The honorees: Annie and Becky Margolin, ages 72 and 70, respectively, and members of the nursing classes of '31 and '32. A list of their volunteer activities takes up several pages and dates back to pre-World War II days when they volunteered extra hours for Civil Defense as relief and emergency ambulance nurses in New York. They now live in Tampa.

The Jewish Hospital School of Nursing has received the maximum eight years of continued accreditation from the National League for Nursing.

## Medical Staff Notes

**William J. Catalona, M.D.**, has co-authored a paper on "Interferon induced by *S. aureus* protein A augments natural killing and antibody-dependent cmL," with **T. L. Ratliff** and **R. E. McCool**. The paper appeared in *Nature*, 291:77, 1981. Dr. Catalona also co-authored with **R. E. McCool** a paper titled, "Current management of Iatrogenic splenic injuries in pediatric patients," which appeared in the *Journal of Urology*, 125:549, 1981.

**Murray Chinsky, M.D.**, travelled to Palm Springs, Calif., in May to attend the national convention of the Phi Delta Epsilon Medical fraternity. He is serving as president-elect of the fraternity from May 1981 until April 1982.

**Raymond S. Dean, Ph.D.**, co-authored a paper with **L. Smith** and **N. Schwartz** on "Lateral Preference Patterns as a Discrimi-

nator of Learning Difficulties," which appeared in the April 1981 issue of *Journal of Consulting and Clinical Psychology*. Dr. Dean is editor of *Gamma*, a quarterly publication for the National Academy of Neuropsychologists.

**Leonard W. Fabian, M.D.**, co-authored an article with **S. L. Wilson Krechel** and **R. Ramirez-Inawat** on "Anesthetic Considerations in Pseudoxanthoma Elasticum," which appeared in the May 1981 issue of *Anesthesia & Analgesia*. Dr. Fabian travelled to Chicago, Ill., this spring to attend an educational convention of the Midwest Anesthesia Chairmen.

**Jerome J. Gilden, M.D.**, attended a two-day seminar in June on the "Total Knee, Arthroplasty Symposium with Bioskills Workshop," at Johns Hopkins University School of Medicine in Baltimore, Md.

**Doris Gilpin, M.D.**, has co-authored a book, *Three Further Clinical Faces of Childhood*, with **E. James Anthony**. The book was published this year.

**Jordan H. Ginsburg, M.D.**, participated in a panel discussion of the National Football League Team Physicians Association in Fort Worth, Texas, this past June. Dr. Ginsburg also travelled to New Orleans, La., to attend the second International Society of Knee convention in April.

**Jack Hartstein, M.D.**, was a member of the guest faculty of the department of ophthalmology, Emory University School of Medicine, Atlanta, Ga., where he took part in a June post-graduate seminar on "Soft Contact Lenses: Extended Wear and Daily Wear."

**Joseph Hazan, M.D.**, attended a convention on "Real Time Ultrasound in Obstetrics" at Washington University in April.

**James O. Hepner, Ph.D.**, has been promoted to full professor of health care administration as of July 1, 1981, for the Washington University School of Medicine.

**Robert Kleiger, M.D.**, has been appointed acting chief of the cardiology division as of May 1981. Dr. Kleiger recently co-authored a paper on "Left ventricular function in end-stage renal disease-echocardiographic classification," with **V. R. deMello**, **D. Malone**, **J. Fernandez**, **S. Thanavaro**, **J. P. Connors** and **G. C. Oliver**, which will appear in the *Southern Medical Journal*. He also co-authored a paper on "The Effectiveness of anti-arrhythmic agents on early cycle PVCs", with **R. J. Krone**, **J. P. Miller**, **K. W. Clark** and **G. C. Oliver**, which appeared in the March 1981 edition of *Circulation*.

**Marvin E. Levin, M.D.**, has been appointed a member of the Missouri Diabetes Control Program Advisory Board. Dr. Levin is also a member of their steering committee and chairman of the task force on patient education. He travelled to Colorado Springs, Colo., to speak at the National Conference for the Center of Disease Control on the subject of "Diabetes-related Lower Extremity Lesions and Amputations," and he spoke at the Northlake Surgical Seminar on "Vascular Evaluation of the Diabetic Patient" and the "Treatment of Infections in the Diabetic."

**Morton Levy, M.D.**, has joined the professional educational committee of the Missouri Division of the American Cancer Society.

**Charles Mannis, M.D.**, travelled to Palm Beach, Fla., in May to attend a convention on the "Athlete's Knee and Arthroscopy," sponsored by the American Academy of Orthopedic Surgery. Dr. Mannis spoke on "Soccer Injuries" at the Washington University International Soccer Camp in July.

**Julian Mosley, M.D.**, spoke on an "Update on Breast Cancer Treatment" at the Missouri Pan Medical Convention of the National Medical Association at the Sheraton Westport in June.

**Rashmi Nakra, M.D.**, co-authored a paper with **David K. Zucker**, **Richard L. Livingston** and **Paula J. Clayton** for the



*Biological Psychiatry Journal* on "B<sub>12</sub> Deficiency and Psychiatric Disorders Case Report and Literature Review."

**William A. Peck, M.D.**, has been elected to fellowship in the American College of Physicians, a 51,000-member national medical specialty society. Dr. Peck, a specialist in metabolism, will be honored during the convocation ceremony at the college's annual session in Philadelphia, Pa., April 19-22, 1982. Dr. Peck is one of 14,000 physicians to be honored with fellowship in the college, a distinction signifying that a physician has been recognized by his colleagues as having attained a level of medical scholarship and achievement in internal medicine.

**Arthur L. Prensky, M.D.**, has co-authored a paper with J. L. Rosenblum, J. P. Keating and J. S. Nelson titled "A Progressive Neurologic Syndrome in Children with Chronic Liver Disease," which appeared in the *New England Journal of Medicine*, Vol. 304, 1981. Dr. Prensky travelled to Washington, D.C., in May to give a speech on "Developmental Disabilities" to the advisory medical panel of the Research Forum White House Conference on Children, Youth and Parents. Dr. Prensky also attended a convention on "Pediatric Neurology," sponsored by the American Academy of Neurology in Toronto, Canada, in April.

**Kenneth L. Russ, Ph.D.**, presided at the spring 1981 meeting of the Missouri Psychological Association in St. Louis; in addition, he chaired a conference at the meeting entitled, "Stress: Medical, Psychological and Psychiatric Concepts and their Interface." Dr. Russ chaired a panel presentation at the 12th annual meeting of the Biofeedback Society of America in Louisville, Ky., entitled, "Biofeedback and Hypertension—Current Status." He served as discussant at the St. Louis University Medical School Grand Rounds, department of psychiatry, on March 17, for a presentation entitled, "Psychological Approaches to Hypertension." He also lectured in May at Clayton High School, presenting a talk on "Ethics and Psycho-



Mary Ann Cochrane, R.N., left, discusses nursing management of the aging with Isabele Stacey, R.N., visiting nurse supervisor from Birmingham, England. Ms. Stacey decided to visit The Jewish Hospital of St. Louis because of the strengths of its home care department and department of rehabilitation medicine, both of which work with many elderly patients.

therapy," and in April at the department of psychology, University of Missouri-St. Louis, on "Legislative and Professional Psychology Issues."

**Richard Sato, M.D.**, has been named pediatrician-in-chief of the Jewish Hospital, effective July 1, 1981, replacing **Michael Maurer Jr., M.D.**

**Melvin Schwartz, M.D.**, attended a seminar on "Advanced Colposcopy" at the American Society of Gynecological Convention, held in May at the Chase-Park Plaza.

**Ben H. Senturia, M.D.**, was the guest of honor at the meeting of the American Laryngological, Rhinological and Otological Society, Inc., held in Vancouver, British Columbia, May 1981. He delivered an address entitled "Some Long-Term Results of Therapy in Otolaryngology." Dr. Senturia also presided at the meeting of the ad hoc committee to revise the by-laws of the 100-year-old American Otological Society.

**Morton Smith, M.D.**, has received the "Teacher of the Year" award from the senior medical school class of '81 at Washington University. Dr. Smith, a professor of ophthalmology and pathology, also received this award in 1976.

**Stanley Thawley, M.D.**, has been elected to fellowship in the American Laryngological, Rhinological and Otological Society in Vancouver, British Columbia, effective May 1981.

**Todd Wasserman, M.D.**, has co-authored two papers which appeared in *Cancer Clinical Trials*; "Clinical Trials of Misonidazole in the United States," with J. Stetz and T. L. Phillips; and "Differential protection against cytotoxic chemotherapeutic effects on bone marrow CFU's by WR-2721," with T. L. Phillips, G. Ross and L. J. Kane. He also co-authored a paper on "Radiation Therapy Oncology Group Clinical Trials with Misonidazole," for *Cancer*. Dr. Wasserman discussed "Differential Protection Against Cytotoxic Chemotherapeutic Effects on Bone Marrow CFUs, Intestinal Crypt Cells and EMT-6 Tumor," to the American Association Cancer Research group in Washington, D.C., this April. He travelled to Michigan in June to discuss "Radiation Sensitizers," at the Radiation Therapy Oncology convention.

**Michael H. Winer, M.D.**, published a paper on "Scoliosis (School Screening and Current Operative and Nonoperative Treatment)." He presented the topic to the National Association of Orthopedic Nurses First NAON National Congress in Dallas, Texas, this June.



# Medical Technology Graduation

*The Class of 1981. Top row, from left: Donna Winter, Gillian Adams, Steven DeWall, Patricia Kern. Bottom row: Jean Dale, Susan Schlueter, Janet Cowin, Carrie Moorhouse, Mary Raab and Daniel Lodes.*

*Administrative Laboratory Manager Laverna Meyer, left, congratulates new graduate Susan Schlueter.*

Joining the ranks of 114 previous graduates who have completed the Jewish Hospital School of Medical Technology program since its inception in 1967, 10 students graduated July 3 during a commencement in the hospital's Brown Room.

Stanley Reitman, M.D., medical director of the Gradwohl School of Laboratory Technique, made the commencement address, stressing responsibility and the need for continuing education.

Medical technologists perform all laboratory tests in the hospital. Before admittance to the medical technology program, prospective students must possess or soon earn a bachelor's degree in the hard sciences. Most have chemistry or biology degrees. The one-year program consists of in-hospital classwork and laboratory rotations. Fifty-three of the 114 graduates have joined the hospital staff; this year, five more will join.



*Guest Speaker Stanley Reitman, M.D.*

*With the support of Gillian Adams, left, Daniel Lodes applies the knife to the graduation cake.*



## Profiles in Jewish Hospital



### Bernard Edison

Bernard Edison was asked to join the hospital's board of directors in 1968. "I felt it would be both a privilege and a pleasure to serve the hospital. I have known of the quality of the hospital all my life. I've been there as a patient, a visitor, and made financial contributions for years."

In his 13-year membership, Mr. Edison has served on many of the committees, including the finance and budget, and chaired the audit committee.

Mr. Edison says he has stayed involved with the board for so many years, "because I respect the organization. I respect the high calibre of the institution, the quality of the professional staff and administration, and the quality and dedication of my fellow board members."

Mr. Edison believes he has given to the board "what I think all the members of the board give — which is the benefit of our own experiences from other organizations, some work and some money."

In return, Mr. Edison says, "I have gotten a sense of satisfaction at making a small contribution to an outstanding organization."

In addition to his Jewish Hospital board membership, Mr. Edison sits on the boards of the United Way, Civic Progress, Mercantile Bancorporation, Inc. and General American Life Insurance, and he is president of Edison Brothers Stores Inc.

Mr. Edison and his wife live in Clayton. They are the parents of two sons and two daughters, ages 28, 27, 26 and 3. "My number-one hobby is the little guy (his 3-year-old); he wants as much time as I'll give him." His other interests include poetry, travel and tennis.



### Phyllis Langsdorf

Phyllis Langsdorf joined the Jewish Hospital Auxiliary in 1973, the same year she married Kenneth Langsdorf. "My husband and I believed in supporting Jewish Hospital; as members of the Jewish community, we wanted to support the hospital."

Since that time, Mrs. Langsdorf has volunteered in several capacities and served as a member of the auxiliary board of directors. Her hospital involvement escalated this spring when she was elected president of the Jewish Hospital Auxiliary. In that position, she also is a member of the hospital's board of directors and the Associates in Medicine board.

Three months into the auxiliary presidency, Mrs. Langsdorf reflects on the job so far: "As auxiliary president I'm finding that it's fascinating to watch the way an organization works when you're at the top of it. It's wonderful to see that a 29-year-old structure is not only holding but probably stronger than ever."

Mrs. Langsdorf was born in Texas, where she grew up, attended college and worked as a teacher. In 1973, she relocated to St. Louis under the employment of Stix, Baer & Fuller. Two years later, she quit work and immediately began volunteering at the hospital.

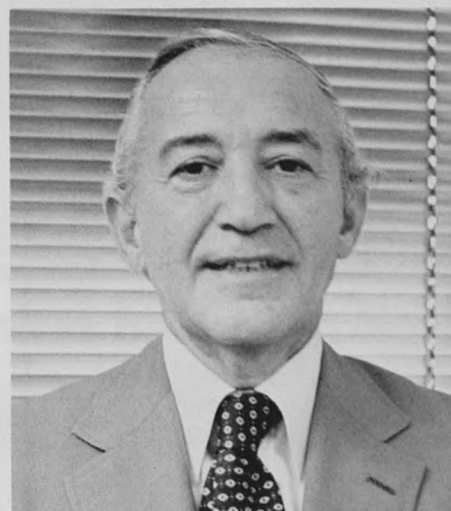
"I felt that since I was going to be unemployed I would like to volunteer my time and I would like it to be with the hospital."

In addition to her hospital activities, Mrs. Langsdorf also is on the board of directors of New City School, where her children attend.

"I have a family of small children (two daughters, ages 6 and 4), and they take prime importance; so to have enough time and to be available for the auxiliary, I have decided to be involved in only two organizations."

In the past, Mrs. Langsdorf also has served as a member of ORT, the St. Louis Chapter of National Council of Jewish Women Board of Directors, Temple Emmanuel's Women's Board and the Central West End Association.

Of all her civic undertakings, the hospital takes precedence—now and in the future. "I see my hospital involvement as long-range. It's a part of my life; my husband and I both feel that way."



### Edward Schapiro

A native of St. Louis, Edward D. Schapiro's associations with The Jewish Hospital of St. Louis go way back. He was born at the hospital. He has been both a patient and a visitor here. He has donated money, too. When, in 1969, Mr. Schapiro was asked to join the hospital's board of directors, he accepted without hesitation.

"I wanted to service the hospital when the opportunity came along. I considered it a responsibility worth taking on."

Over the past 12 years, Mr. Schapiro has worked as a member of several committees, including the community relations and professional policy committees, and he has chaired the long-range planning committee.

Through his involvement with the hospital board, Mr. Schapiro says he "has gained an awareness of the hospital, health care field and the complexities of it all." He has stayed involved for more than a decade because "the problems are interesting."

Mr. Schapiro says he believes the hospital's strengths are many, among them "its dedication to excellence in health care. Whenever the board makes a decision, it makes it with this dedication in mind."

"Also, the hospital is tightly and extremely well-managed and has an involved board that participates in policy making with a depth you don't usually find. The board has a very professional attitude."

Mr. Schapiro is chairman of the board of Pathfinder Laboratory, Inc.

His civic involvements include membership to the Webster College board of directors and the Dance Concert Society. He is past president of the Jewish Center for the Aged and past president of the Loretto Hilton Repertory Theatre.

The Schapiros live in Creve Coeur. They are the parents of three daughters.

For recreation, Mr. Schapiro enjoys bicycling. At the time of the interview, he had just returned from a 500-mile cycling expedition with his family in Europe. Mr. Schapiro also enjoys tennis, jogging and photography.

# The Shopping List



## Computerized Stress-Testing Unit



Mark Bloomfield, RCPT, at the controls during a recent stress test. The new equipment's five components, from left: data printer and heart rate monitor, computer, treadmill and transducer pack.

Science, by definition, is concerned with objectivity. Perhaps that explains the scientist's fondness for collecting numbers. After all, numbers tell more than nuance. With numbers, you can get objective, quantitative answers. Without them, you can sometimes get thrown off the track.

It's much the same in the Jewish Hospital Pulmonary Exercise Testing Laboratory, where just months ago the staff relied upon a few simple, subjective measurements. Now, all that has changed. With the addition of a \$65,000, five-piece, computerized stress-testing unit, says Pulmonary Division Co-Director **Robert M. Senior, M.D.**, Jewish Hospital's pulmonary laboratory is the best-equipped and most precise in St. Louis.

Pulmonary exercise testing—measuring a person's "functional capacity," or ability to efficiently absorb oxygen and eliminate carbon dioxide under exertion—is particularly well-suited to objective measurement. For example, lung capacity and expiration rate are both easily quantified.

The test procedure, unlike the test equipment, is relatively simple. A patient walks or runs on a motorized, inclined treadmill while breathing through a special hose. All the while, through sensors in the hose and others attached to the patient, the computer is measuring, quantifying and recording the patient's performance and comparing it to a standardized norm for comparable age, size and weight. The information gained reveals the patient's aptitude for exertion, and such data can be used later as a benchmark to show progress after therapy.

Most patients referred to the laboratory, about 15 percent of all pulmonary patients, complain of shortness of breath after mild exertion. This is usually due to lung disease. Some have occupationally related disorders, such as asbestosis, a lung-scarring disease common in insu-



The computer module, able to produce graphic representations of patient performance data. The top graph shows oxygen used per heartbeat; the bottom graph reveals the ventilatory equivalent. Both are general fitness indicators.





lators, shipbuilding and other industries, or black lung, the heavily publicized plight of coal miners. Ninety-eight percent of all referrals are cigarette smokers.

With the new equipment, pulmonary physicians can derive much more hard, objective information about these patients than they could before. "We can now generate a large amount of data about a patient's lungs," says Technical Director **Mark Bloomfield, RCPT**. Fortunately for busy physicians, the computer can also produce striking video displays that graphically illustrate the data so physicians can digest the information quickly. Says Bloomfield: "A picture here is definitely worth a thousand words."

In an effort to provide high-quality medical services, The Jewish Hospital of St. Louis continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

The Shopping List is a special feature citing particular items and their approximate costs, for which various hospital departments have indicated a need. The list specifies areas in which contributions are most necessary to help offset the high costs.

This list offers 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, the need is there. Your generosity could help save a life.

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

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## Nursing

Stretchers .....	(10 needed)/\$650 each
Wheelchairs .....	(10 needed)/\$450 each
Wheelchair—Patient Scale .....	\$530
Life Pack Defibrillator .....	\$550

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## School of Nursing

Mrs. Chase Training Mannequin .....	\$445
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## Operating Room

Bi-Directional Doppler .....	\$2,765
Insufflator (for Laparoscopy procedure) .....	\$995

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## Electroencephalography

Photo-Stimulator .....	\$595
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## Dentistry

Dental Cart with Accessories .....	\$1,050
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## Medical Intensive Care Unit

Patient Respiration Module .....	(2 needed)/\$1,300 each
Patient Blood Pressure Module .....	(2 needed)/\$1,500 each

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## Pulmonary Function Laboratory

CO <sub>2</sub> Monitor .....	\$2,975
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## Emergency Room

Electrocardiograph Recorder .....	\$6,800
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## G.I. Endoscopy

Electrosurgical Cautery Unit .....	\$3,750
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# Contributions To Jewish Hospital Funds

## Generous Contributions

**Mr. M. Diamand** has made a contribution in memory of Marilyn Fixman to The Marilyn Fixman Cancer Center.

**Mrs. Eugene Freund** has made a contribution in honor of birthday of Jane and Whitney R. Harris to the Eugene A. Freund Renal Research Fund (Tribute Fund).

**Clifford Willard Gaylord Foundation** has made a contribution to the Building Fund.

**Mr. and Mrs. Jerry Hirsch** have made a contribution in memory of Jacqueline Hirsch Brown to the Jacqueline Hirsch Brown Memorial Fund.

**The Mary Ranken Jordan and Ettie A. Jordan Charitable Foundation** has made a contribution to the Research Program.

**Roswell Messing, Jr.** has made a contribution to the Messing Chair in Pathology Fund and Directors Fund.

**Ben H. Senturia, M.D.**, has made a contribution to the Otolaryngology Research Development Fund.

**Stanley M. Wald, M.D.**, has made a contribution in memory of Natalie E. Wald to the Natalie E. Wald Nursing Scholarship Fund (Tribute Fund).

**World Color Press Employees** have made a contribution in memory of Lillian Messing to the Building Fund.

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**Correction** Due to an error, it was incorrectly stated in the July/August 216 that "Jacqueline Hirsch Brown has made a contribution to Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)." The Generous Contributions listing should have read, "Mr. and Mrs. Jerry Hirsch have made a contribution in memory of Jacqueline Hirsch Brown (Jacqueline Hirsch Brown Memorial Fund)." (See correct listing above.) We regret the error.

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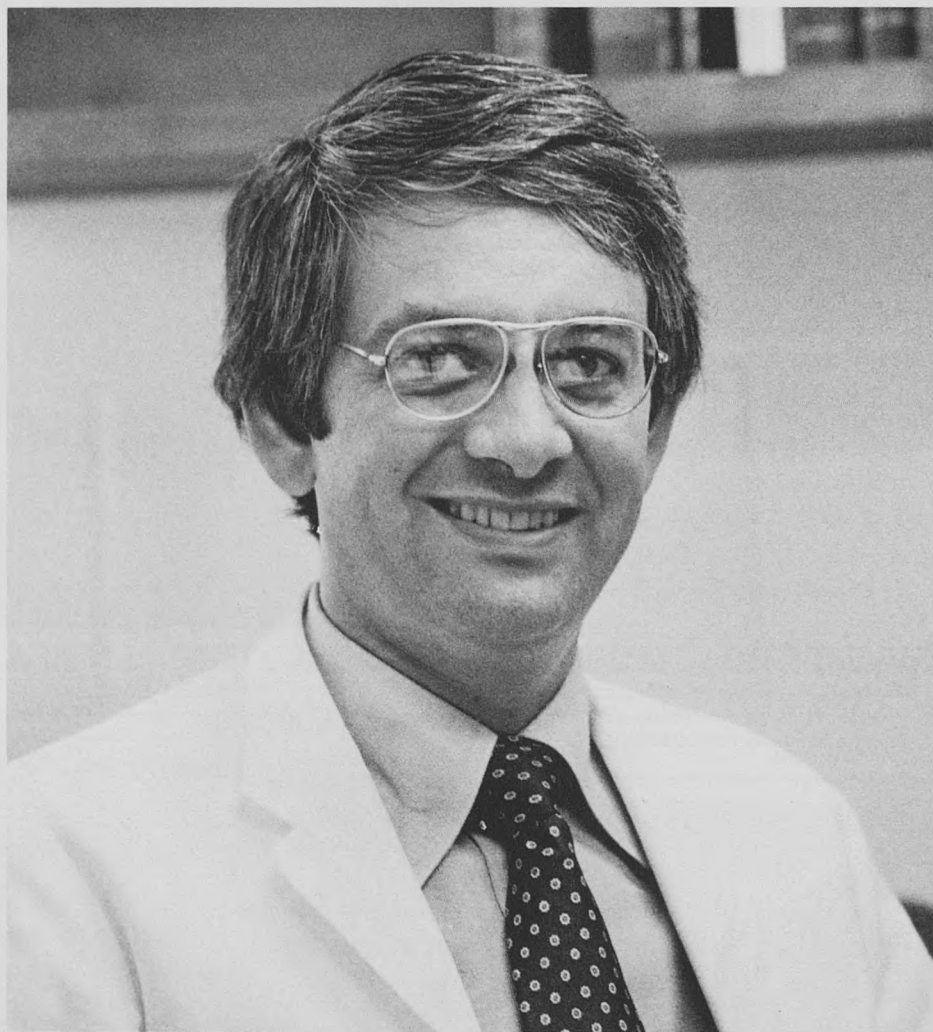


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## Regarding Research: Interferon

By Linda Krohne Nitchman

*Urology Specialist William Catalona, M.D., is a graduate of Yale Medical School and served his residency in urology at Johns Hopkins Hospital in Baltimore, Md. He is the author of numerous papers on urologic cancers, which have been published in medical journals. Dr. Catalona is also assistant editor of the Journal of Urology.*



**I**n a small laboratory on the sixth floor of the Yalem Research Building, referred to as "Dr. Catalona's lab," a handful of employees quietly go about measuring liquids into test tubes, peering through microscopes and recording results on paper. They are conducting research on interferon, "one of the most promising new agents for cancer therapy on the horizon today," according to both **William Catalona, M.D.**, and **Timothy Ratliff, Ph.D.**, principle investigator in the research.

The Jewish Hospital of St. Louis is one of about 10 major institutions across the country investigating interferon as an agent to combat various forms of cancer. As members of the department of surgery, specializing in urology, Drs. Catalona and Ratliff are most interested in interferon in relation to urologic cancers, particularly superficial bladder cancer.

Interferon, a protein produced in the body, is actually defined by its antiviral activity. In order to be identified as inter-



*The hospital is one of only about five institutions in the country producing and studying type 2 interferon.*

feron, a substance must protect cells. "It's not a very accurate definition, but it is all we have to work with," Dr. Ratliff says.

### **An Antiviral Agent**

Interferon was first discovered in 1957 by Virologists Alick Isaacs and Jean Lindenmann, who were investigating influenza viruses at London's National Institute for Medical Research. The two were studying a phenomenon known as viral interference, so called because a victim of one kind of virus-caused illness practically never came down with another viral disease at the same time; the presence of one kind of virus seemed to inhibit simultaneous infection by another.

Laboratory studies revealed that the initial viral infection had stimulated cells to produce something that interfered with further viral assaults. The substance remained in the solution when the original cells and viruses were removed. The investigators decided to call the substance interferon.

### **How It Works**

Since those early tests, scientists have developed an explanation of how interferon works against viruses. As described in a March 31, 1980 *Time* magazine article, "Interferon is a kind of chemical Paul Revere. When a virus invades a cell, instead of turning out the proteins needed to sustain the cell and other parts of the body, the manufacturing plant begins to produce carbon copies of the virus. Eventually bloated with the alien bodies, the cell almost literally comes apart at the seams and dies, spilling out its cargo of new viruses, which promptly move toward healthy cells to repeat the process and spread the infection.

"The initial infection somehow triggers the first cell into producing interferon. In turn, the interferon assumes the role of an intercellular messenger; it passes through the cell membrane and moves on to warn surrounding cells of the viral invasion. The

healthy cells respond by producing antiviral proteins, which meet any invader head on. The entering virus will not be able to replicate within the new cell; if it does manage to reproduce, its progeny find that they are unable to leave the cell. The cycle of infection is broken."

### **Antitumor Agent**

Only since 1971 have the antitumor effects of interferon been brought into focus. Further research has revealed that interferon can block cell division, including the division of tumor cells, induce the formation of antibodies and enhance the immune system's response to foreign substances such as bacterial agents. Interferon's profound effects on the immune system can also augment destruction of tumor cells.

Several varieties of interferon have been identified, each with varying properties and activities. Leukocyte and fibroblast are both type 1 interferons, which can be produced by almost any cell. These are the

only varieties that have been used in clinical studies of interferon, because they are easier to produce in the laboratory, making them more readily available. Type 1 interferons are also easier to work with because they are more stable.

Type 2 interferon is produced only by lymphocytes, a type of white blood cell. Its structure is yet unknown, although it appears to be between 200 and 1,000 times more potent than type 1 interferons. Its instability and rarity have caused type 2 interferon to remain untested on humans, because not enough is available to support

*Timothy Ratliff, Ph.D., primary investigator for interferon research at Jewish Hospital, performs tests under a protective hood to determine interferon activity. Dr. Ratliff holds advanced degrees in biology and microbiology and has written many papers for medical journals.*



*Large drug companies are spending millions of dollars to develop a way to mass-produce type 2 interferon.*

Amos Shapiro, M.D., department of urology, Hadassah University, Jerusalem, records test data. Dr. Shapiro will spend two years in the lab here researching interferon.



a valid clinical test. However, large drug companies are spending millions of dollars to develop a way to mass-produce it, according to Dr. Catalona. "It would be nice if it would be commercially available at a reasonable price," he adds. Under the currently known methods of production, if enough type 2 interferon were available, the cost of treatment would be more than \$300 a day.

Dr. Ratliff is himself working on developing better production techniques for type 2 interferon in a cold room next to Dr. Catalona's lab. The refrigerator-like room is necessary to keep the substance stable. Dr. Ratliff has been able to purify type 2 interferon 100-fold from human blood through a process that takes three days to complete. In order to manufacture 100,000 units of type 2 interferon, he isolates the lymphocytes from 50 ml. of human blood. He then stimulates these cells with protein, and they produce type 2

interferon. Approximately 200,000 to 300,000 units of interferon are needed to conduct a 10-day test on two or three groups of seven mice each. "We usually spend a couple of weeks making the interferon before beginning a test," Dr. Ratliff explains.

#### **Discovery at J.H.**

His method of production utilizes a discovery that he and Dr. Catalona made by accident about 20 months ago in their lab. They found that Protein A is an inducer of interferon type 2. They were using Protein A during a study as a means of distinguishing between two cultures in a test, when they noticed "an active increase in interferon production" in the test containing the Protein A. After having the discovery verified by another lab outside the medical center, the doctors published their findings in *Nature*, a medical journal.

Dr. Ratliff is now beginning a three-year comparative study of type 1 and type 2

interferons on bladder cancer in mice. The project, funded by a \$180,000 grant from the National Institutes of Health (NIH), uses interferon produced in the Jewish Hospital labs. The hospital is one of only about five institutions in the country producing and studying type 2 interferon. However, at this point, research using type 2 interferon on humans appears to be several years away. The animal research must first be completed and a way found to mass-produce the substance.

#### **Clinical Testing to Begin**

Clinical testing will, however, begin here this fall on another method of treating superficial bladder cancer that is thought to involve interferon. Bacille Calmette Guerin (BCG), a weak strain of the tuberculosis bacteria, used in other countries as a tuberculosis inoculation, has caused regression of established tumors and prevented recurrences in studies conducted at two other medical centers. Dr. Catalona will try to determine whether BCG triggers an increase in the production of interferon within the body, causing the cancer to regress.

Side effects of the BCG treatment have generally been much milder than those seen in chemotherapy. Some patients experienced fever and chills, while the discomfort of others was the same as in any bladder infection. One of the risks involved is that BCG can spread to the lungs, but according to Dr. Catalona that seldom occurs and is treatable.

He hopes to reduce the possibility of these side effects by changing the protocol of treatment. Rather than injecting the BCG into the bloodstream, as was done in prior studies, Dr. Catalona will introduce the bacteria directly into the bladder. His project will begin with a group of 20 to 25 volunteer patients experiencing recurring superficial bladder tumors. They will receive weekly treatments for about six weeks, at a cost of approximately \$40 per



dose. Levels of interferon in the blood and urine will be measured to determine if its production has increased. Dr. Catalona will repeat the test on similar-sized groups until he has treated 100 patients, the number needed to obtain valid test results. He has applied to the Washington University School of Medicine for a \$6,000 grant to support the project. If the research results look promising, he will seek additional funds from NIH. His project will begin as soon as the Food and Drug Administration approves the change of protocol.

Dr. Catalona is basing his study on the promising results of BCG tests conducted at two other institutions. At one, the University of Texas Medical Center, in San Antonio, 47 patients with recurring bladder tumors were divided into two groups. One group of 23 received BCG, while the other 26 served as a control group. Only five patients, or 22 percent of those receiving BCG treatments, had recurrences, as

compared to 11 patients, or 46 percent from the group that received no BCG.

A similar study at New York City's Sloan-Kettering Memorial Cancer Institute involved 51 patients. The researchers reported their findings in terms of tumors per patient month. The group receiving BCG treatments experienced a drop from 3.6 tumors per month prior to the treatment to .75 following treatment.

#### **"It's Not a Magic Bullet"**

Both Drs. Catalona and Ratliff strongly caution against looking at interferon as a magic cure. "We're investigating a drug that has potential, not a magic bullet. It looks promising, but not sure," Dr. Catalona says. "It's still in the experimental stages and has not been proven an effective antitumor or antiviral agent."

Not surprisingly, some controversy has arisen over the drug. Many people herald it as a so-called "cure," while others discount it, perhaps because it does not work in all cases, on all types of cancer. Dr. Catalona explains, "If you sit down and look at the studies available, it's not impressive. At least some people in areas outside of cancer research don't think it is. But every year thousands and thousands of agents are looked at as possible treatment for cancer. Out of that, in a good year, five might emerge as the best. Of the five best drugs in 1981, none looks anywhere near as good as interferon. It is more promising relative to the others. If you have to work on something in a new area, it's the one thing to work on."

Another factor to consider is that most of the research done to date has been phase I trials, meaning that all else has


failed for the patient and the odds are stacked against him. The disease has often spread by this point, and interferon is the last resort. One Swedish study indicates that interferon is most effective when given early in the course of the cancer. Children with bone cancer requiring a leg amputation have a fairly high recurrence rate, even though no evidence of metastasis is present at the time of amputation. In this study, children given interferon treatments at the time of amputation had a markedly improved survival rate. If the interferon treatments were delayed until other tumors were discovered, the treatments did not work.

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#### **Interferon, a protein produced in the body, is actually defined by its antiviral activity.**

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During early clinical testing at a number of institutions, interferon has also shown some effectiveness against osteogenic sarcoma, multiple myeloma (bone cancers) and lymphocyte lymphomas (blood cancer). The most dramatic effects have been displayed on juvenile laryngeal papillomas, recurring, warty-like tumors on children's vocal cords. Previous treatment was to burn away tumors. Interferon treatments cause the tumors to melt away and stay away.

At Jewish Hospital, interferon research has been going on for about two years. Concerning the wide spectrum of opinions as to its potential, Dr. Catalona says, "The final answer can only be determined by laborious, tedious, expensive and time-consuming studies. Probably, the most appropriate attitude at the present time would be one of cautious optimism." 



*Joel Teicher, a college student who worked in the lab last summer, performs the interferon-purifying process in the cold room.*

*Fredbird, the St. Louis Baseball Cardinals wily mascot, winged his way through Jewish Hospital to humor former major-league player Frank Torre, recovering from knee surgery. Torre is the brother of former Cardinal Joe Torre, now manager of the New York Mets. Accompanying Fredbird on his visit were former Cardinal notables Dal Maxvill, Joe Hoerner and Joe Cunningham.*





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The Tribute Fund provides research funds and appliances for patients in need.

Donations to this fund may be made by sending checks payable to The Jewish Hospital Tribute Fund, 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.

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## Clover Garden

The Jewish Hospital Clover Garden is now selling special floral arrangements molded into the shapes of animals, candies, clowns and dolls. Originator Lana Applebaum (Mrs. Myron) named these fresh flower gifts "Arins" after her terminally ill 5-year-old niece. Mrs. Applebaum conducted a two-day workshop, where she taught Clover Garden workers and volunteers how to make the special arrangements, below. Bobbie Blum (Mrs. Alan), Clover Garden chairman, looks on as Mrs. Applebaum, pictured above, at right, explains the art of Arin-making. These arrangements are available only at the Clover Garden and range in price from \$3.75 to \$27.50. It is helpful to call a day in advance to order an Arin, 454-7166.







Al Wiman, of KMOX-TV News, was so impressed with care he received from Jewish Hospital X-ray Technician Donna Fierce that he returned with a cameraman to tape a feature about her for the evening news.

Jewish Hospital



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