November/December 1981

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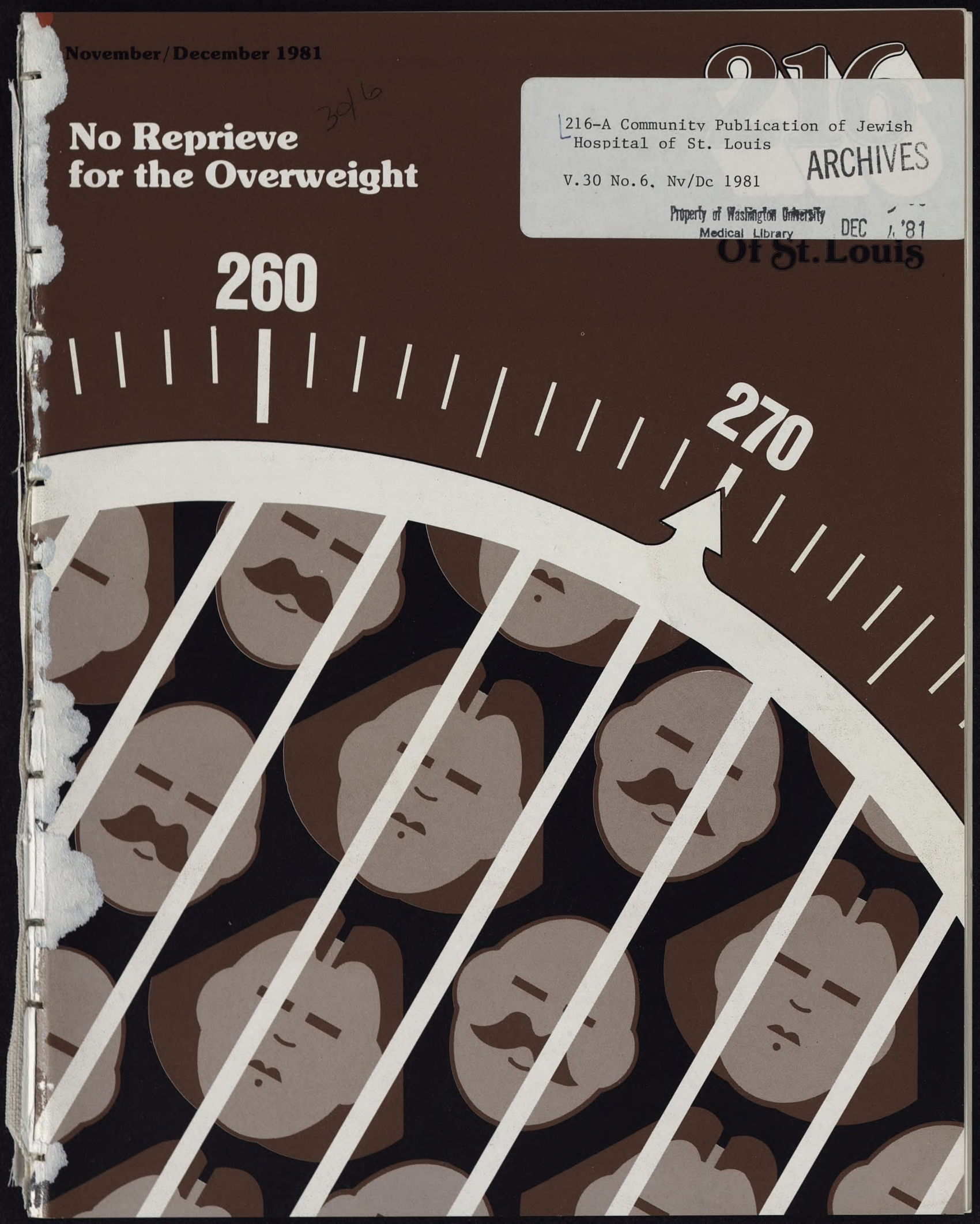
No Reprieve for the Overweight

Of St. Louis



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"They have to trust these strangers to take care of someone, maybe the one they love more than anyone else in the world."

Pre-op education sessions usually are conducted in the patient's room a day or two before surgery. Richard Lampe and his wife Odile question Carol Emmett, R.N., about the surgery during their session.

Providing Heartsease

By Linda Krohne Nitchman

When Richard Lampe went to bed the night of Aug. 30 he was experiencing "indigestion pains." The pains eventually went away and the 46-year-old engineer went to work the next day, but the indigestion returned after he ate a peach. This time his arms and neck hurt.

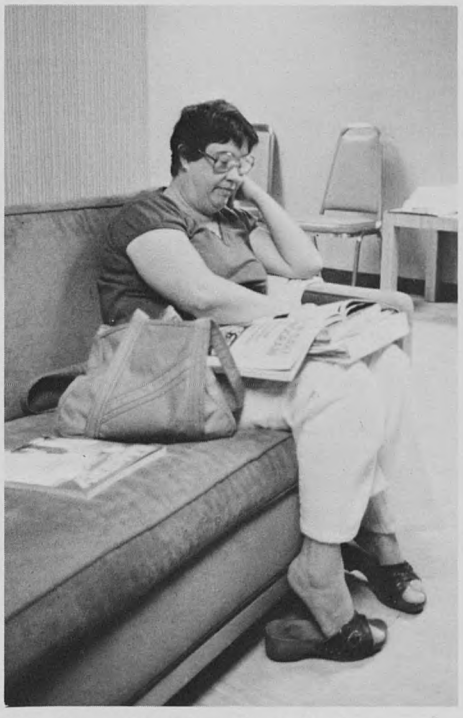
At a co-worker's suggestion, he telephoned the Washington University School of Medicine's Lipid Research Center, where he was participating in a research project. "They wanted me to come over for an EKG (electro-cardiogram), which showed a change from an earlier EKG. The cardiologist connected with the project drove me right over to Jewish Hospital, where I had a cardiac catheterization (an invasive diagnostic test to determine heart blockage). They showed me proof positive that all three arteries to the left ventricle of my heart were pretty much blocked," Lampe recalls. He remained hospitalized while the cardiologists reviewed his case.

On Tuesday, Sept. 8, **John Connors, M.D.,** chief of cardiothoracic surgery, recommended coronary artery bypass surgery. "He explained his reasoning and it sounded very, very good," Lampe says. Surgery was scheduled for Thursday, but postponed a day because of a blood shortage.

An Anxious Time

When Lampe's wife Odile kissed her husband goodbye as he was wheeled into the operating room Friday morning, she knew his life was in the hands of strangers —an anxiety-provoking situation by its very nature. But the cardiovascular surgery team at Jewish Hospital is well aware and empathetic of the stress felt by family members.

"Most people think of heart surgery as 'the biggie,'" says **Carol Emmett, R.N.,** nurse specialist on the team. There is a stigma associated with the intensive care unit that people connect with being close to death. They report to friends in solemn tones, 'He's in intensive care.'



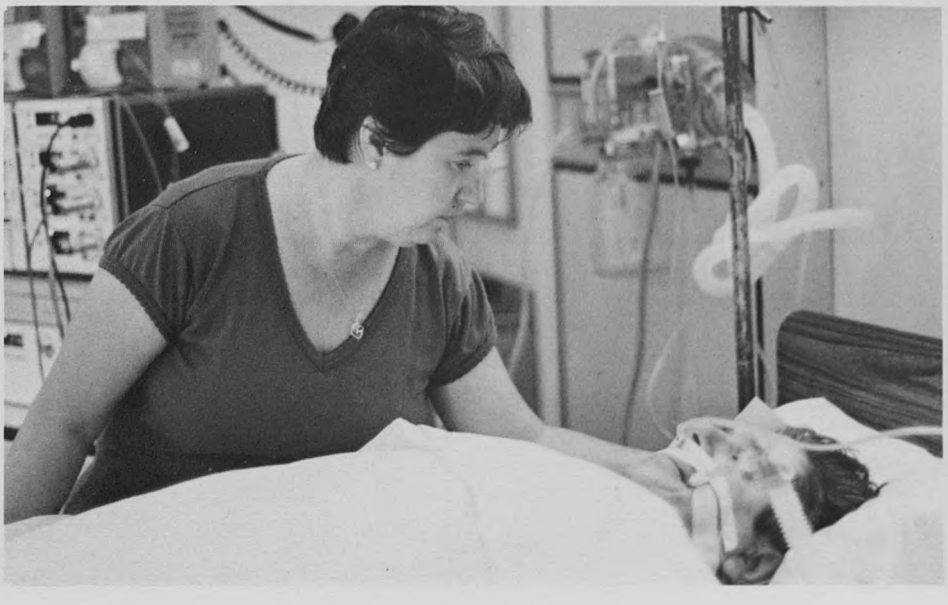
Mrs. Lampe keeps busy during her husband's surgery, reading trade journals for her newly established bakery business. She feels confident that "he's in good hands."

In order to dispel some of the myths and ease cardiac patients' and family members' minds, Jewish Hospital has developed a pre-op teaching program. Based on the concept that ignorance is not bliss, the program provides detailed information on the patient's particular surgery, including risks and what is to be expected during recovery. All questions troubling the family are answered.

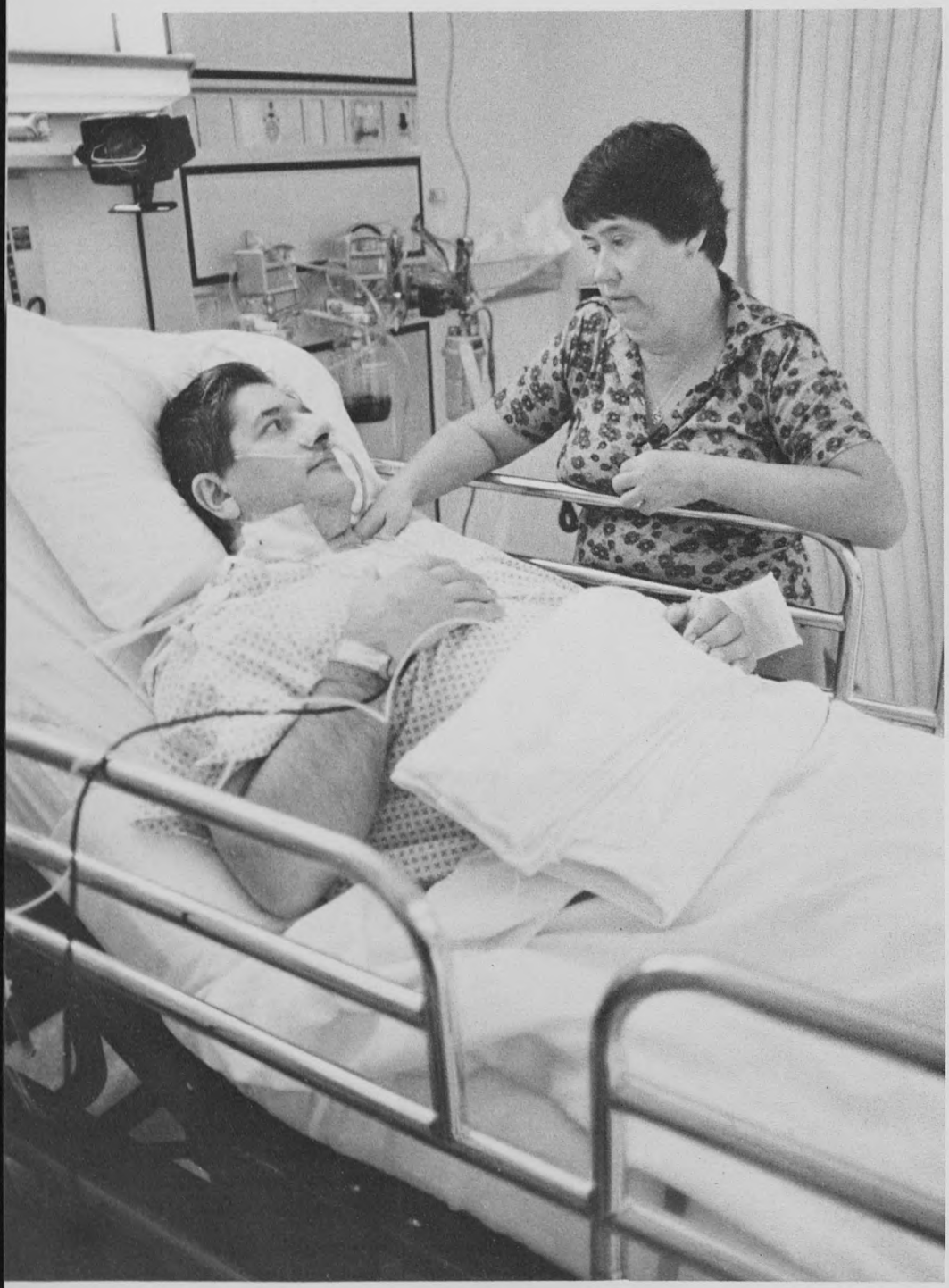
Lampe's surgery, coronary artery bypass, constitutes about 65 percent of the approximately 550 cardiac surgical procedures performed here each year. The hospital's mortality rate for this particular surgery is less than one percent, which compares very favorably to other area institutions performing it. Lampe's projected outcome was a return to his job and a normal life with few limitations.

Like all heart surgery patients, Lampe would spend the first two days of recovery

Lampe's face is partially hidden behind an oxygen tube, respirator tube and i.v. wires as his wife visits the CVU about an hour after surgery.



Looking much better the day after surgery, with most of the tubes and wires removed, an alert Lampe is able to converse easily with his wife.



in a special six-bed cardiovascular intensive care unit (CVU), where the patients are heavily monitored and receive one-patient-to-one-nurse care. Patients are connected to a multitude of tubes and wires and family members are warned that they will look "very bad" immediately following surgery.

The Lampes were less anxious about the surgery than most, which they attributed to their philosophy of life. "We believe that whatever happens is God's will and worrying won't change the outcome," Mrs. Lampe explains. "We are not quite the norm. I'm not going to be sitting here fretting—pacing up and down and getting myself all worked up." This insight into their personalities was placed in Lampe's chart to assist the nurses who would take care of him.

Mrs. Lampe was confident and cheerful during her husband's three-hour operation. Dr. Connors came out immediately following to tell her everything went well; Lampe was going to CVU. She was to go to the waiting room there, where the nurses would call her to see her husband when he was stable.

Emotional Support

At 12:10 p.m. she was called into the CVU as promised. Nurses say family members are never fully prepared, despite the teaching session. First sight of her husband's lifeless-looking body (still under anesthesia), connected to whirring machines, brought tears to her eyes. "I know he's OK, but it's still a shock," she says, quickly wiping her eyes. Lampe's nurse, **Mary Foster, R.N.,** was instantly at her side to offer reassurance and answer questions. "He's doing just fine," she says. After being fully informed of his condition Mrs. Lampe returned to the waiting room.

The Waiting

"We understand this waiting, not knowing what's going on behind closed doors," says **Barb Beck,** an LPN who works in the unit. "They have to trust these strang-

In his final visit with Ms. Emmett before discharge, Lampe receives instructions for his convalescent period at home.

ers to take care of someone, maybe the one they love more than anyone else in the world. They have to trust us."

The waiting is especially long because of restricted visiting hours maintained in the SICU area. Family members are allowed in only for 15 minutes every two hours between 10 a.m. and 8 p.m. The limited visiting allows the nurses time for the constant monitoring, hanging new i.v.s, taking blood pressures and doing blood work every hour. It also enables the patients to sleep more.

"I feel that we work with the families now more than we used to," Ms. Beck says. "That family can really help you a great deal in encouraging the patient to recovery."

Nursing Pressure

This closer contact with family members creates additional pressures on the SICU nurses in an area where, "you've got to be on top of it every single minute. Things happen fast," says Ms. Foster. "Often when you are telling them everything they need to know they are so consumed by the equipment they don't even hear you. They'll tell you the next day, 'I don't know a thing you said,'" Ms. Foster relates.

The nurses handle the stress in different ways. Some get quiet, others talkative. But they all depend on each other for support when the going gets tough. "I've cried right along with the families if things go wrong," Ms. Beck says.

Despite the pressures, the rewards are great. "This is the only kind of nursing I would do. They get well and they get well fast," Ms. Foster explains.

And Mr. Lampe—"For me it's like a miracle, what they can do. The cardiac team is absolutely fantastic. Very caring and kind, true angels of mercy. I've got a new lease on life, a new beginning," he says as he prepares to leave the hospital, one week after surgery.

Cardiac Support Group

Gateway Chapter
Mended Hearts
St. Louis, Missouri

Helping and encouraging other heart surgery patients is the aim of Mended Hearts, a new support group now meeting at Jewish Hospital. Members of the organization visit heart patients before and after surgery to act as living proof that the operation is successful.

Mended Hearts members who make hospital visits are carefully trained in special courses to answer troubling questions and give moral support to both the patients and their families. "I made it, so will you," is the message communicated to the patient, according to **Carol Emmett, R.N.,** nurse-specialist on Jewish Hospital's cardiothoracic surgery team. Ms. Emmett was instrumental in organizing the local chapter of Mended Hearts.

"Any surgery is traumatic, but with heart surgery people must be psychologically ready. Because they think of the heart as the main thing that keeps the body going and the heart is actually stopped during surgery, it's a big psychological drain on the patient. 'Just get me going again after surgery,' is what they all ask," Ms. Emmett explains.

Moral Support Offered

The members also offer moral support at the monthly meetings, where they can compare problems and discuss their own recovery processes. "They kind of need this, to know that they are not in it alone—'if it's happening with everybody, I guess it's normal and I'm OK '—the patients feel."

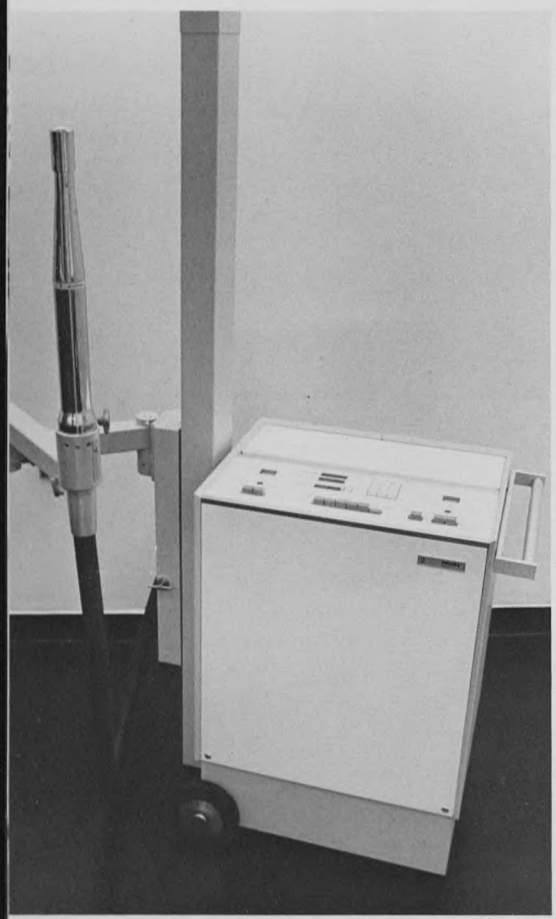
Additionally, members can exchange helpful ideas on such things as restricted diets. For example, refreshments for each meeting are prepared to comply with the low-fat/low-sodium diet heart patients often must follow. The recipes for these treats are exchanged and members find they can have enjoyable foods while maintaining their diet.

The national Mended Hearts, Inc., a non-profit organization endorsed by the American Heart Association, was founded in 1951 and incorporated in 1955. Chapters have since been organized in major cities across the country.

The St. Louis area chapter meets on the second Thursday of each month in the Brown Room at Jewish Hospital. The next meeting is scheduled for Dec. 10. For more information call the hospital's department of surgery office, 454-7176.

Endocavity Radiation Unit: **A Conservative Approach to Rectal Cancer**

by David Baygents



The Phillips RT-50 endocavity radiation unit: conservative cancer treatment courtesy of The Jewish Hospital Auxiliary.

Rectal cancer, among the most prevalent internal carcinomas, is curable in many cases, but the price is often steep. Standard treatment can involve radiation therapy, followed by removal of the rectum and muscles that allow bowel contractions. In some cases a colostomy must be constructed to compensate for the loss (see sidebar). The result can be a traumatic change in body image.

About 5 percent of rectal cancers are more favorable than others and do not require radical treatment—their size, location and type make them responsive to a more conservative approach. Until recently, though, no consistently effective treatment existed, so the cases with the best prognoses were treated identically to those with the worst. Now, physicians in The Jewish Hospital of St. Louis Section of Colon and Rectal Surgery and the Mallinckrodt Institute of Radiology have adopted a method to successfully treat these favorable cancers without radical surgery.

A French Development

Colorectal Surgeons **Ira Kodner, M.D.,** and **Robert Fry, M.D.,** and Radiation Therapist **Bruce Walz, M.D.,** are using a technique developed by the French in the early 1970s. It essentially involves applying a high dose of superficial (shallow penetration) radiation through the Phillips RT-50 endocavity radiation unit to destroy the cancer. A proctoscope is inserted through the anal canal and the unit's cathode-ray tube positioned on top of the cancer. Physicians then administer a high dose of radiation that eradicates the cancer but spares surrounding tissue. "This technique allows us to give high-dose, destructive radiation therapy to a limited area," says Dr. Kodner, "so that there is a very low risk to the patient."

The new radiation unit will enhance Jewish Hospital's growing reputation as a major referral center and educational institution for diseases of the colon and rectum. "There is no other machine of this type in the Midwest," says Dr. Kodner, "and there are very few in the United States."

American use of the technique had been confined primarily to institutions in Cleveland, Ohio, and Rochester, N.Y. At Jewish Hospital, to better gauge the effectiveness of the technique, says Dr. Kodner, "we have initiated a very carefully controlled protocol. Patients will be seen by both colon and rectal surgeons and radiation therapists, staged by both and treated by both, and ours will be a local procedure performed in the operating room."

Jewish Hospital rectal cancer patients began treatments under the new technique in early October. They receive between three and four treatments, with two weeks between each treatment, spending a day in the hospital each time.

Although the majority of rectal cancer patients will still be treated by standard means, Dr. Fry points out that a significant percentage of rectal cancer patients will be able to retain their rectum and avoid a colostomy. The psychological impact of retaining the patient's normal body image is an important consideration. In addition, the procedure takes only 10 minutes (versus two to four hours of surgery) under local anesthetic with no blood loss. (For a detailed look at colorectal surgery at Jewish Hospital, see the December 1980 **216**.)

Aid for Unfavorable Cancers

Help for some patients at the opposite end of the spectrum, with the most unfavorable rectal cancers, is available also with the new technique. For example, limited help can be offered those who cannot tolerate the standard surgical treatment. Although using the technique with such patients does not produce as effective a result as with favorable cancers, it can offer them longer survival with fewer

The new unit will enhance Jewish Hospital's growing reputation as a major referral center and educational institution for diseases of the colon and rectum.

symptoms from the rectal tumor. "For instance," says Dr. Fry, "we could, in a limited way, help a 90-year-old patient who is so frail that he cannot undergo a major operation to excise the rectum, where his chances of surviving the surgery are poor. There are no incisions or transfusions, and there are no side effects."

The new radiation unit also offers a way to preserve other surgical options, says Dr. Kodner. "If the disease should recur after use of this localized radiation therapy, then the radical surgical procedures are still possible. Before, the primary treatment in many institutions has been to use some type of external radiation treatment where all the adjacent tissue is also affected by the radiation. In those cases, once the radiation therapy has been administered, then surgery is precluded. One is left without options because it becomes difficult if not impossible to do the operation. With this new superficial, localized radiation treatment, if the disease is not completely controlled, an operation can always be done later."

Funding for the Phillips RT-50 was provided by the Jewish Hospital Auxiliary, which during the past several years has contributed to other major hospital endeavors. "We're very enthusiastic," says Dr. Fry. Adds Dr. Kodner: "I think this unit represents a really significant advance in patient treatment." To Auxiliary President Phyllis Langsdorf (Mrs. Kenneth), providing the funds was a clear-cut matter: "Anything that brings an edge to Jewish Hospital is a project we get excited about."

Colorectal Cancer

Incidence: An estimated 120,000 new cases in 1981. Second only to lung cancer in the number of new cases estimated for 1980 (excluding common skin cancers).

Mortality: An estimated 54,900 deaths in 1981.

Warning Signals: Unusual bleeding, change in bowel habits.

Risk Factors: Personal or family history of colorectal cancer; personal or family history of polyps in the colon or rectum; ulcerative colitis.

There is evidence that bowel cancer may be linked to environmental factors, such as dietary patterns. Some scientists believe that a diet high in beef and/or deficient in fiber content may be a significant causative factor. Ongoing research in this area may reveal important answers.

Early Detection: The American Cancer Society (ACS) recommends three tests as valuable aids in detecting colorectal cancer early.

The digital rectal examination is performed by a physician during an office visit. The ACS recommends one every year after age 40.

The stool guaiac slide test, done by the patient at home, is a simple method of testing the feces for hidden blood. The ACS recommends the test every year after age 50.

Proctosigmoidoscopy, known as the "procto," is an examination in which a physician inspects the colorectal area with a hollow lighted tube 25 cm long. About 40 percent of all colorectal cancers are within reach of this instrument. A newer, flexible sigmoidoscope under development will be able to inspect 55 to 60 cm of the rectum and lower colon, making it possible to find 60 percent of all colorectal cancers. The ACS recommends a procto every 3 to 5 years after the age 50, following two annual exams with negative results.

If any of these tests reveals possible problems, a physician may recommend more extensive studies. Colonoscopy is a technique for viewing the entire colon with a flexible, lighted tube. The colonoscope can also biopsy suspicious tissue.

Treatment: Surgery is the most effective method of treating colorectal cancer, but radiation and chemotherapy are being used in combination with surgery in some cases.

When surgery is extensive and the two ends of the bowel cannot be connected again, an opening called a stoma is made in the abdominal wall for the elimination of body wastes. The procedure, known as a colostomy, may be either temporary or permanent. The society has a special program to help patients adjust to the surgery.

Survival: When colorectal cancer is detected and treated in an early, localized stage, the five-year survival rate is 71 percent. This compares with less than 50 percent when the cancer has spread to regional lymph nodes.

AIM Rx-Rated Film Festival:
Meeting Needs at Every Age

Members were treated to wine, cheese and finger sandwiches following the films.

The Associates in Medicine third annual Rx-Rated Film Festival was held Sept. 17 in the Brown Room, featuring three films spanning "Generation to Generation."

The first film, *Seasons of Sexuality*, follows picnickers—ranging from infants to senior citizens—as they subtly express their sensuality, sexuality and needs for affection in a public park one summer Sunday.

The second film, *Rose by Any Other Name*, is the story of Rose, a nursing home resident who is threatened with eviction for sleeping with several male residents. She pleads with the director: "Do you know what it's like to be lonely? Do we ever quit needing someone?"; but her pleas fall on the deaf ears of a man "trying to maintain the image of the nursing home."

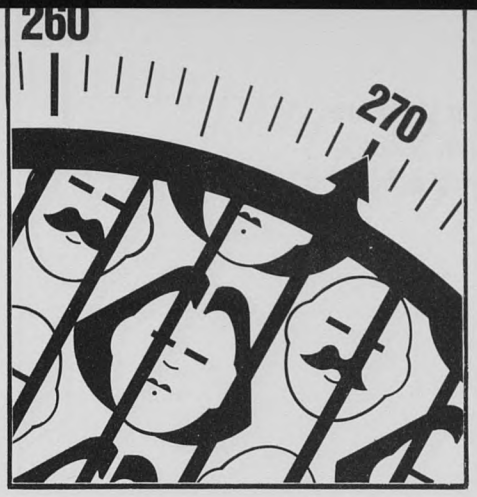
At 99: A Portrait of Louise Tandy Murch, clearly the audience favorite, is the documentary of a 99-year-old woman who enjoys daily exercise, singing and playing the piano, her family and friends. Happiness, she says, is like perfume on a shelf—when you sprinkle some on others you can't help but spill some on yourself. When asked if she ever thinks of death, the then-99-year-old resolutely exclaims, "No!" She plans to live to at least 100, she tells the reporter. She did—Mrs. Murch died in 1976 at age 101.

The approximately 60 guests were then treated to a wine and cheese reception, which followed the films.

The next Associates in Medicine program will feature **Louis V. Avioli, M.D.,** director of endocrinology, speaking on "Diets, Hormones and the Menopause," Jan. 13 in the Brown Room. For more information on this or other AIM programs, call 454-7239.

Associates President Robert Kaufman, M.D., introduces himself and welcomes members and guests to the third annual film festival.

Mingling and dining—AIM programs are usually both social and educational events.



The Metropolitan Insurance Company's desirable weight tables are on the way up. That's still no excuse.

No Reprieve for the Overweight

By David Baygents

By now, many weight-conscious Americans—including an estimated 20 million wrestling with hundreds of diets—have read of Metropolitan Life Insurance Company's planned across-the-board increase in its "desirable" weight tables, used throughout the industry to determine insurance risk. The ease-off for dieters is substantial. For example, small-framed women 5 feet 7 inches tall[1], age 25 and over, who had a desirable weight range of 118 to 127 pounds under the old tables will now be allowed about 130 to 140 pounds.

But don't reach for the refrigerator yet. Instead of explaining these changes objectively, some publications have ignored the tables' purpose and limitations. Overcome by dieters' euphoria, they have advocated a care-free "I'm not overweight now after all" attitude. Sadly for many, the truth of the matter is that the tables are open to limited interpretation. They are only suggested weights, they are used principally to determine insurance risk, and their weights are only desirable in that they are associated with low mortality, not with what is considered attractive or consistent with a healthy body image. Few readers are getting the whole story.

The Tables: An Insurance Tool

A prime consideration in understanding the tables is their source: a huge American life insurance company with a financial interest in knowing who in our society is at risk of premature death. Two industry guidelines are blood pressure and weight[2]. The Society of Actuaries base their present weight guidelines (the new ones are under review) on their 1959 Build and Blood Pressure Study that examined data on nearly 5 million persons insured by 26 large American and Canadian insurance companies during the period 1935-1953.

Metropolitan, the originator of the resulting weight tables still in use by many American health professionals, sought out weights associated with long life. The company first labeled these weights "ideal," tempering them later to "desirable." The 1960 report issued by the company's statistical bureau leaves little doubt of the term's limitations: "Accordingly, new tables of desirable weights, i.e., *weights associated with lowest mortality,* have been constructed..." (emphasis ours).

The tables pinpointed desirable weights for men and women age 25 and older by height and frame size and fell overwhelmingly on the side of slimness. The statistics showed that people considerably lighter than average—up to 20 percent lighter in some categories—lived longer. Millions of Americans were suddenly overweight. The equation seemed to read: lower weight, lower mortality, lower rates. Some authorities believe these tables may have helped touch off America's craving to be thin.

"I don't think the new charts are going to make a difference in the way the average American feels about himself or looks at himself."

The New Study

A similar, statistically improved, study—the Build Study, 1979—has just been published by the Society of Actuaries. In about four months, after review and interpretation of the data, Metropolitan will publish new desirable weight guidelines, and observers expect an across-the-board increase of at least 10 percent.

The new study comes as good news to many in the medical field who have qualms about the earlier report. Most are methodological complaints. For instance, the entire 1959 study was made up of

[1]With 2-inch heels and indoor clothing.

[2]Blood pressure as a health indicator has recently come under criticism, too, and revisions of definitions and interpretations are expected soon.

The weights are desirable only in that they are associated with low mortality, not with what is considered attractive or consistent with a healthy body image.

people who buy life insurance, not exactly a random sampling. Some participants were even allowed to report their own heights and weights, and consistency was further undermined by differences in heel heights and clothing weight.[3]

Others are critical on the basis of their own studies. A National Institutes of Health study in Framingham, Mass., followed a random sampling of residents for 24 years and found that the weights associated with lowest mortality were significantly higher than the Metropolitan tables. For example, in Framingham the best weight for a man 5 feet 8 and one-half inches tall of medium build was 170 pounds, whereas Metropolitan placed him at a miserly 146. A study of Chicago's Peoples Gas Company workers found that weights as much as 25 percent to 35 percent higher than Metropolitan's were linked with lowest mortality. Some authorities suspect that even the new tables will be surpassable by 10 pounds.

[3]Heights were recorded with heels (1 inch for men, 2 inches for women), and weights were taken with participants wearing indoor clothing. Note the propensity for variation.

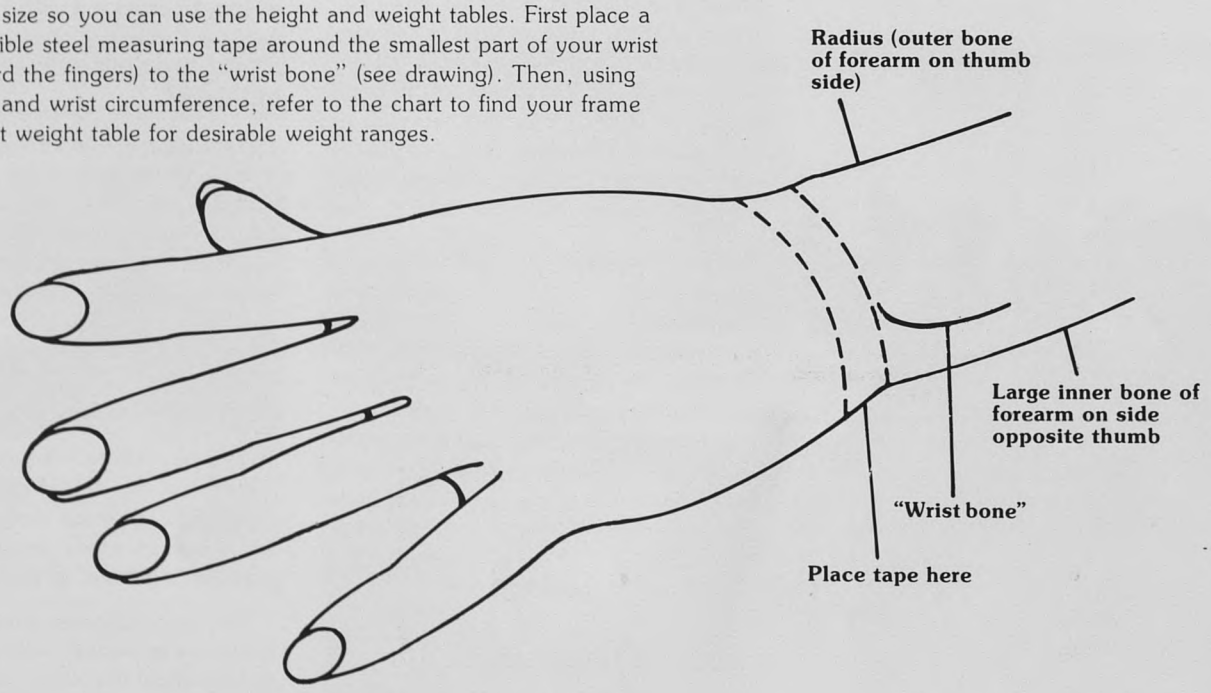
It's Still Not OK to be Overweight

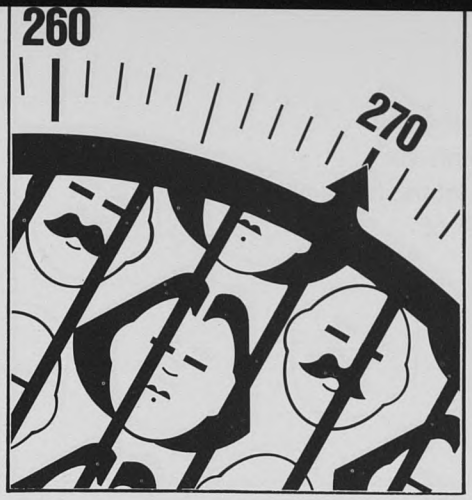
From all the revisionism it might seem that now it's OK to be a little overweight. Wrong, says **John Hirsch, M.D.,** director of Jewish Hospital's Total Parenteral Nutrition Program. Although the desirable weights are going up, people shouldn't lose sight of what the tables mean. "All that these studies are saying is that today, in American society, we live longer. We've become better at taking care of patients, so that somebody who is a little heavier doesn't have any increased mortality from being slightly heavier.

"These desirable weights are based on life insurance tables, not on what people think they ought to weigh," Dr. Hirsch continues. "That's a big difference. People

How to Determine Your Desirable Weight According to Insurance Standards

First find your frame size. Wrist circumference is used to estimate your body frame size so you can use the height and weight tables. First place a cloth or flexible steel measuring tape around the smallest part of your wrist distal (toward the fingers) to the "wrist bone" (see drawing). Then, using your height and wrist circumference, refer to the chart to find your frame size. Consult weight table for desirable weight ranges.





should set their goals for what they feel comfortable with and try to strive for those and not say, 'Now I can tack on 10 more pounds,' because that's not what those numbers are saying. They're not saying you'll live longer if you weigh 10 pounds more; they're saying that people who weigh 10 pounds more than was desirable for the turn of the century have the same life expectancy as those who don't."

Jewish Hospital Dietitian **Alison Manning** concurs. "I would caution the man on the street against letting loose and gaining that extra weight, expecting to live longer. In my nutrition counseling experience, I have seen where minor degrees of overweight have been harmful, as in hypertension and glucose intolerance."

As important as knowing what the new tables are is knowing what they are not—an apologia for dieters. Says Dr. Hirsch: "Don't let the new standards give you a reason for saying, 'I'm 10 pounds heavier, but now it's OK. I'm within normal weights.' That's not right. People have to be pleased with their body image, and if they feel that they are heavier than they ought to be, then they still ought to try to get to the point that they think is reasonable."

Some interpretations of the new study imply that thinness is dangerous or unhealthy. There are health risks at both extremes, and one risk of being severely underweight is an inability to fight prolonged illness. "Clearly," says Dr. Hirsch, "people who are severely underweight have less ability to fight diseases than those who are of normal weight. If you're five pounds underweight or if you're 25 pounds underweight makes a big difference, because if your ideal body weight is 125 pounds, weighing 120 might not be bad, but if you're weighing 100 pounds, that is probably not healthy."

Body Frame Size

Small

Medium

Large

Use height without shoes and inches for wrist size to determine frame type from this chart.

Height	5″	5¼″	5½″	5¾″	6″	6¼″	6½″	6¾″
6′0″								
5′11″								
5′10″								
5′9″								
5′8″								
5′7″								
5′6″								
5′5″								
5′4″								
5′3″								
5′2″								
5′1″								
5′0″								
4′11″								
4′10″								
4′9″								
4′8″								

Wrist measurement

A prime consideration in understanding the tables is their source: a huge American life insurance company with a financial interest in knowing who in our society is at risk of premature death.

Few Changes Expected

Regardless of the new tables, **David Bradley, Pharm.D.,** Jewish Hospital pharmacist and associate director of clinical services, expects little change in Americans' diet behavior, other than a few cop-outs. "I don't think the new charts are going to make a difference in the way the average American feels about himself or looks at himself. The new study will talk about the medical implications of weight, but as far as actually affecting what people do with their lives, I don't think it will affect very many people very much. I don't, for instance, think that fewer people will go on diets or that it will change people's ideas about dieting. Most people diet because they want to look thinner, and it isn't going to change that image."

Dr. Hirsch agrees. "This has to do strictly with the values of our society. There are other societies that value fat people. We don't. The way some people are interpreting the tables is by saying that for all those people who want to cop out, you can cop out now. That's not true at all. That's not the point of the changes. The changes, in the broadest sense, mean that insurance companies can set rates based on certain weights and be more lenient now, but that's so divorced from body image and what we think is healthy. These new tables are not an excuse to be unhealthy."

Table 1—Average Weights by Height and Age

Metropolitan Life Insurance Company Ordinary Policyholders—1941, 1963, and 1972-73

Sex and Height	Policies Issued in 1941, Age 18-64	18-24	25-34	35-44	45-64	Policies Issued in 1963, Age 18-64	18-24	25-34	35-44	45-64	Policies Issued in 1972-73, Age 18-64	18-24	25-34	35-44	45-64
						Weight in Pounds									
Men															
5′3″-6′2″	160	155	161	165	166	167	161	169	172	170	171	165	174	177	175
5′3″-5′5″	143	135	143	148	150	145	139	144	148	153	149	140	148	156	156
5′6″-5′8″	154	147	154	159	162	156	149	158	160	163	159	152	161	163	166
5′9″-5′11″	163	157	165	171	173	169	163	169	175	174	173	166	175	179	179
6′0″-6′2″	175	169	177	184	187	182	175	184	189	188	185	178	188	194	192
Women															
4′9″-5′8″	129	123	129	140	149	130	124	128	134	142	134	127	134	140	143
4′9″-4′11″	112	104	112	122	128	109	109	107	112	105	113	112	107	101	121
5′0″-5′2″	120	114	120	132	141	121	115	118	126	127	125	117	123	132	133
5′3″-5′5″	128	123	129	140	148	129	123	129	131	144	134	126	134	137	145
5′6″-5′8″	137	132	138	149	159	141	133	137	148	152	143	136	144	149	154

Note: Weight as ordinarily dressed indoors—weight of clothing estimated at 6 to 8 pounds for men, 3 to 5 pounds for women. Height in shoes—1-inch heels for men and 2-inch heels for women.

(Courtesy of Metropolitan Life Insurance Company)

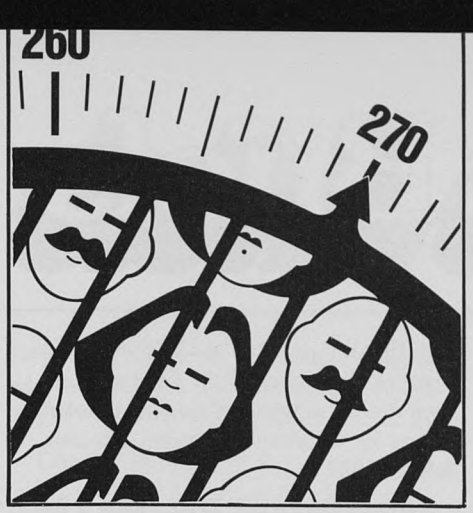


Table 2—Desirable Weights for Men and Women

According to Height and Frame, Ages 25 and Over

Original Metropolitan 1959 Desirable Weight Tables

HEIGHT (in Shoes)*	Weight in Pounds (In Indoor Clothing) SMALL FRAME	MEDIUM FRAME	LARGE FRAME
MEN			
5′ 2″	112-120	118-129	126-141
3″	115-123	121-133	129-144
4″	118-126	124-136	132-148
5″	121-129	127-139	135-152
6″	124-133	130-143	138-156
7″	128-137	134-147	142-161
8″	132-141	138-152	147-166
9″	136-145	142-156	151-170
10″	140-150	146-160	155-174
11″	144-154	150-165	159-179
6′ 0″	148-158	154-170	164-184
1″	152-162	158-175	168-189
2″	156-167	162-180	173-194
3″	160-171	167-185	178-199
4″	164-175	172-190	182-204
WOMEN			
4′ 10″	92- 98	96-107	104-119
11″	94-101	98-110	106-122
5′ 0″	96-104	101-113	109-125
1″	99-107	104-116	112-128
2″	102-110	107-119	115-131
3″	105-113	110-122	118-134
4″	108-116	113-126	121-138
5″	111-119	116-130	125-142
6″	114-123	120-135	129-146
7″	118-127	124-139	133-150
8″	122-131	128-143	137-154
9″	126-135	132-147	141-158
10″	130-140	136-151	145-163
11″	134-144	140-155	149-168
6′ 0″	138-148	144-159	153-173

*1-inch heels for men and 2-inch heels for women.

Note: Prepared by the Metropolitan Life Insurance Company. Derived primarily from data of the *Build and Blood Pressure Study, 1959*, Society of Actuaries.

(Courtesy of Metropolitan Life Insurance Company)

Jewish Hospital News Briefs

Raymond Wittcoff, chairman of the Jewish Hospital Board of Directors, has been appointed chairman of the Washington University Medical Center for a one-year term.

Carolyn Haimann, in-house attorney, gave a talk on "Withholding and Termination of Treatment" to the American Bar Association/Young Lawyers Division Committee on Health Law and the ABA Section on Science and Technology at the American Bar Association annual meeting in New Orleans, La., in August. The ABA annual program was titled "Death and Dying: A Look at the Critical Issues."

David A. Gee, hospital president, recently published a book, *216 S. K.—A History of The Jewish Hospital of St. Louis.* He donated a bound volume to the Sidney I. Rothschild Medical Library. Other copies have been distributed to persons involved in the hospital.

Medical Staff Notes

Marc Abrams, M.D., attended a convention of the American Association of Oral and Maxillofacial Surgeons in Washington, D.C., in September. Dr. Abrams also has been elected to membership in the Pierre Fauchard Academy, an honorary dental society dedicated to the advancement of dentistry through professional knowledge and service.

Shael Bronson, M.D., discussed "Psychopharmical Therapy in the Geriatric Patient" at the annual convention in New Orleans of the American Psychiatric Association. Dr. Bronson attended the convention from May 2 to May 7. The theme was "Tomorrow's Psychiatrist." He also has been elected to membership of the American Association of Geriatric Psychiatry.

Robert Burstein, M.D., has been promoted to professor of clinical obstetrics and gynecology at the Washington University Medical School.

William J. Catalona, M.D., authored a paper on "Practical Utility of the Specific Red Cell Adherence Test in Bladder Cancer," which appeared in *Urology*, 18:113, 1981. He attended the National Bladder Cancer Project-Investigators Workshop in Hershey, Pa., in June, where he presented an abstract entitled "Suppressor Cell Activity in Bladder Cancer Patients." He also travelled to Chicago, Ill., to attend the AUA Summer Clinical Seminar, where he presented a course on prostatic cancer and gave a talk on "Diagnosis and Staging."

Murray Chinsky, M.D., attended the Phi Delta Epsilon Medical Fraternity National Convention in May in Palm Springs, Calif. He has been elected national president-elect, from May 1981 to April 1982, of the fraternity.

Raymond S. Dean, M.D., authored a paper on "Personality Dimensions Concomitant with Adolescents' Perceived Body Weight," which appeared in issue 34, July 7, 1981, of the *Journal of Clinical Child Psychology*. He presented his papers, "Factor Structure of Lateral Preference for Peripheral Activities," and "Canonical Analysis of a Jangle Fallacy" at the American Psychological Association conference in Los Angeles, Calif. Dr. Dean's article, "Cerebral Laterilazion and Reading Dysfunction" was selected by consultants to the *Journal of School Psychology* as one of the best four articles appearing in Volume 18 (1980) of the journal. In addition, Dr. Dean has been appointed chairperson of the American Psychological Association Convention Program Committee for the 1982 convention to take place in Washington, D.C.

Kenneth Faw, M.D., wrote a paper on "CT Scan in the Evaluation of the Neonatal Airway," which appeared in *Laryngoscope*. He co-authored the paper with H. Muntz and M. Seigel. Dr. Faw attended a conference of the Society of Ear, Nose and Throat Advances in Children in Vail, Colo. in December 1980. Dr. Faw has been elected director of pediatric otolaryngology for Children's Hospital, effective July 1, 1981.

Bernard Garfinkel, M.D., gave a talk on "Sudden Death in Young Athletes" to the San Diego Medical Society in San Diego, Calif., in August.

Randy Hammer, Ph.D., gave a talk on "Communication and Sexuality" to the Chronic Pain Outreach group on Aug. 3 at St. Joseph's Hospital.

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

Barry Hieb, M.D., wrote a paper on the "Influence of Recording Scale on Determination of Left Ventricular End-Diastolic Pressure" for *Catheterization and Cardiovascular Diagnosis.* He co-authored the paper with **Ronald J. Krone,** Regis G. Lagler and **G. Charles Oliver.**

Alex Kaplan, M.D., wrote a book review of *Specialized Techniques in Individual Psychotherapy* (Toksoz B. Karasu and Leopold Ballak, editors, Brunner-Mazel, New York, 1980), which appeared in *The Psychoanalytic Quarterly*, Vol. L. He also gave a talk on "Parenting Parents" with Mrs. Beatrice Kornblum on National Public Radio's KWMU-St. Louis, in January.

Alfred Knight, M.D., co-authored a paper with M.M. Rechler, J.A. Romamus, E.E. Obbergher-Schellig, and S.P. Nissley on "Stimulation of Glucose Incorporation and Aminoacid Transport by Insulin and An Insulin-like Growth Factor in Fibroblasts and Defective Insulin Receptors," which appeared in the April 1981 issue of *PNAS.*

Robert McDivitt, M.D., co-authored a paper with **D. J. Gersell** and W. H. Boyce on "Tubular Carcinoma of the Breast," which appeared in *Laboratory Investigation*, January 1981, issue 44. He presented a seminar on breast cancer at the International Academy of Pathology, May 30, in Sydney, Australia. He pre-

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The Sept./Oct. **216** incorrectly identified **Helman C. Wasserman, M.D.,** as **Justin Kraner, M.D.,** in a photo of past obstetrics department directors on page 9. We regret the error.

sented his paper on "Tubular Carcinoma of the Breast" at the International Academy of Pathology in Chicago, March 2 to 6.

Charles Mannis, M.D., attended a convention of the American Academy of Orthopedic Surgery on the anterior cruciate deficient knee in Utah in August.

Barry Milder, M.D., has been elected a member of the medical advisory board of the Delta Gamma Foundation of St. Louis.

Mary Ann Montgomery, M.D., attended a workshop on "The Antisocial Personality" for Social Workers for County Court System in August at the Clayton Courthouse.

Timothy Ratliff, M.D., attended a meeting of the National Bladder Cancer Project-Investigators Workshop in Hershey, Pa., where he presented an abstract entitled "Induction of Human gamma Interferon by Protein A from Staphylococcus Aureus."

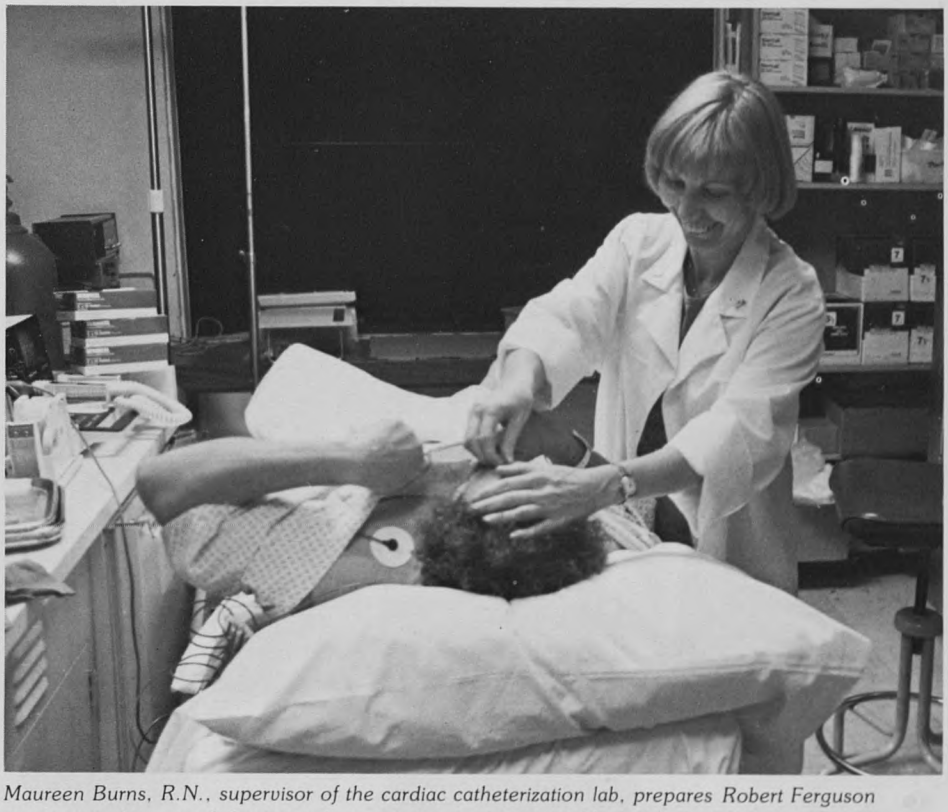
Kenneth Russ, Ph.D., gave a speech on "Management of Chronic Pain: Psychological Aspects" at the Veterans Administration South Central Regional Medical Education Center in July. He also travelled to Los Angeles in August to attend the annual meeting of the American Psychological Association. Dr. Russ has been appointed consulting psychologist, effective July 1, 1981, to St. Vincent's Hospital, St. Louis.

Robert J. Schneider, M.D., co-authored with A. Kuczycki Jr., S. K. Law and J. P. Atkinson a paper titled "Isolation of a Biologically Active Macrophage Receptor for the Third Component or Complement," which appeared in the April 30, 1981 issue of *Nature*.

Franz U. Steinberg, M.D., co-authored with **Insook Sunwoo, M.D.,** and **Richard F. Roettger, PPT** a paper titled "Advances in the Rehabilitation of the Geriatric Amputee," which he presented to the International Society of Gerontology in Hamburg, Germany, in July.

Stanley Thawley, M.D., gave a speech on "New Developments in Otolaryngology" to the Memphis ENT Society in Memphis, Tenn., in July.

Chemistry Lab Technician Rita Hagenbruch, left, got a chance to test her fluency in Swedish when she spoke with Elna Coschke, senior executive administrator of a 1,200-bed hospital in Stockholm. Ms. Coschke was visiting with Jewish Hospital nursing staff members and administrators as part of a U.S. hospital tour. Her visit was coordinated by Director of Nursing Brenda Ernst, who met Ms. Coschke on a European hospital tour sponsored by the American Hospital Association.



Maureen Burns, R.N., supervisor of the cardiac catheterization lab, prepares Robert Ferguson to return to his room following a diagnostic test to determine blockage of cardiac arteries. Ferguson was the 5,000th patient tested in the lab since it opened in 1971.

First Parkinson's Program Attracts 350

Dr. Wooten took time to answer specific questions at the conclusion of his Parkinson's disease presentations.

When Jewish Hospital Auxiliary Member **Susan Levin (Mrs. Robert)** organized the group's new Parkinson Education Program (PEP) to enlighten patients and their families about the disease, she had no idea of the heavy response she would elicit. More than 350 persons attended the group's first seminar on Sept. 13 in the Brown Room, where last-minute adjustments made possible two discussions by Parkinson's disease authority **G. Frederick Wooten, M.D.**

Dr. Wooten, a consultant in neurology and pharmacology for Jewish Hospital, noted the response and attributed it to an increased awareness and curiosity about Parkinson's disease, a chronic, degenerative neurological disorder affecting nearly 5,000 St. Louisans and 2 percent of the entire U.S. population over age 50. "I think that this extremely large and unanticipated turnout is a very graphic illustration of the importance we assign to Parkinson's disease in the spectrum of all brain diseases," he said.

In his presentations, Dr. Wooten outlined the historical, medical, physiological and emotional aspects of Parkinson's disease as they relate to both patient and family, emphasizing the family's need for understanding. (For a detailed look at Parkinson's disease, see the September-October **216**.)

Available Services

Shirley Cohen, M.S.W., of the hospital's home care department, described government and private services available in the St. Louis community for the Parkinson's patient and emphasized the need for patients to maintain their independence and mobility as much as possible. Mrs. Cohen outlined a brief list of services available for transportation, meals, home health care and other support services. Two agencies she thought particularly helpful in orienting Parkinson's patients and the elderly to available services are the Mideast Area on Aging, 889-3053, and the Mayor's Office for Senior Citizens, 622-3700. Supplemental insurance for Parkinson's patients, as well as being aware of existing insurance and other benefits, is also important, Mrs. Cohen said. She recommended the publication, *Guide to Health Insurance for People on Medicare*, available at any Social Security Administration office.

The unusually high attendance at the program surprised everyone. "We were just thrilled," said Mrs. Levin. "We were just delighted, and there were so many more who called who could not attend." Her own relatives affected by Parkinson's disease, Mrs. Levin is directing her PEP efforts toward giving people a forum, a way to talk to others in similar situations, to learn about the disease and how to live with it.

Future Programs

There will be three PEP seminars each year. The winter program will feature Director of Rehabilitation Medicine **Franz U. Steinberg, M.D.,** who will discuss the importance of exercise for the Parkinson's patient. The spring meeting will feature Ms. Amy Pollard, patient services coordinator from the American Parkinson's Disease Association, who will describe activities of other Parkinson's groups. Specific program dates will be announced later.

For more information about PEP, or to be on the mailing list, call the hospital's auxiliary office at 454-7130.

Space was so limited during the first presentation by G. Frederick Wooten, M.D., that guests lined the Brown Room stage.

Profiles in Jewish Hospital

Harvey Friedman

Statisticians predict that by the year 2,030, 51 million Americans will be age 65 years or older, with nearly one-third of this group at least 75 years old. Not surprisingly, there is a growing concern for the aging patient.

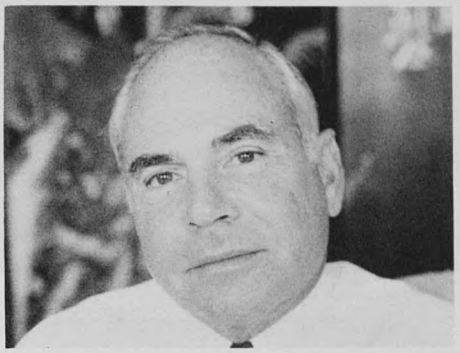
One such champion of care for the elderly is Harvey Friedman, member of the Jewish Hospital Board of Directors and president of a Clayton-based firm that provides consultants for local nursing homes.

Mr. Friedman has worked closely with, and for, the elderly population in many capacities. Mr. Friedman has been involved in the planning of a Jewish Hospital Department of Aging, to be directed by **William Peck, M.D.** He established the Harvey and Dorismae Friedman Lectureship on Aging series, which sponsors visiting physicians who lecture on geriatrics at Jewish and Barnes hospitals, and Washington University Medical School. Mr. Friedman also created the Annual Metropolitan St. Louis Geriatrics Award five years ago to "try to get recognition of physicians to become more actively involved in the geriatric population," he says. Jewish Hospital Physicians **Morris Alex** and **Franz U. Steinberg** are two recipients of the honor.

Mr. Friedman modestly disclaims any significant contribution to geriatric health care, but Dr. Peck says otherwise. "Harvey (Friedman) has done a tremendous job in pushing the cause of aging. His enthusiasm and dedication to care of the elderly has been most important in prompting the Washington University faculty to conceive of clinical and scientific programs for the aging."

Since joining the Jewish Hospital Board of Directors in 1979, Mr. Friedman also has served on the professional policy and community relations committees. Primarily, he says, he has observed the workings of the board and "has gained a far better understanding of the hospital and a greater appreciation for the depth and breadth of the hospital's total involvement in teaching, research and patient care."

Mr. Friedman and his wife Dorismae reside in Ladue. They have two daughters and three grandchildren.



S. Lee Kling

Every member of a board brings to that organization his or her own expertise, background and interests, resulting ideally in a broad-based, viable group. S. Lee Kling's contribution to the Jewish Hospital Board of Directors is best illustrated through his personal accomplishments.

Mr. Kling claims an impressive, extensive political background. He served as assistant special counselor on inflation for the White House and deputy for Ambassador Robert S. Strauss from May 1978 to January 1979. He was finance chairman of the Democratic National Committee and a member of its executive committee from 1974 to 1977. In 1976, he served as treasurer of the Democratic National Convention. He served as chairman of the 1977 National Democratic House and Senate Dinner, and he founded and chaired for two years the Democratic House and Senate Council. He served as national treasurer of the Carter-Mondale Re-election Committee.

Mr. Kling also was co-chairman of The Citizens' Committee for the Ratification of the Panama Canal Treaties. In 1979, he served as U.S. economic advisor representing the private sector during the peace negotiations between Israel and Egypt.

In business, Mr. Kling is chairman of the board and chief executive officer of Landmark Bancshares Corp., a Clayton-based bank holding company with seven subsidiary banks.

In addition, Mr. Kling serves on the boards of numerous corporations, civic and charitable organizations.

Why, then, would a man as busy and involved as Mr. Kling put his time and energy into the Jewish Hospital of St. Louis board for the past eight years?

"I think no matter how busy you are, you owe it to your community to give back some of what it gives to you.

"I have always felt Jewish Hospital is an outstanding institution, something that needs to be continued and the kind of institution people should support. It needs the support of broad-based people, and I'm just one of many of those broad-based persons."

Since joining the board in 1973, Mr. Kling has been a member of the finance and budget and long-range planning committees, and he served as chairman of the development and community relations committee.

Mr. Kling and his wife Rosalyn Hauss, reside in Ladue, while maintaining an additional residence in Washington, D.C. They are the parents of four children.

Hubert C. Moog

When Hubert C. Moog was asked to join the Jewish Hospital Board of Directors in 1966 he considered the offer for several days before accepting. "I don't like to accept any board membership without the commitment of time and interest," he explains.

Fifteen years later, Mr. Moog is still a member of the Jewish Hospital Board of Directors, and, in his opinion, is a more enriched man for it.

"I've gotten quite a bit out of my membership. I'm not ready to take my entrance exam to medical school, but it's nice to be involved with this fine organization.

"Every exposure you have to whatever group you work with adds to your knowledge and can't help but be beneficial."

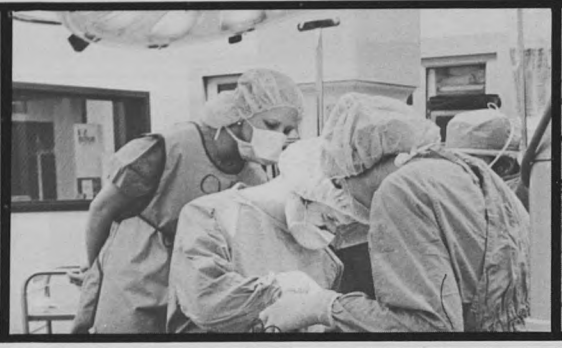
Born in Pensacola, Fla., Mr. Moog moved with his family to St. Louis at age 7. He attended the Missouri School of Mines, Rolla, Mo., and graduated with an engineering degree from the University of Wisconsin. After serving four years in the Army, he went to work for his father, Hubert P. Moog, and uncle, S. Alva Moog, at Moog Industries, Inc., where he has remained for 46 years, serving as chairman of the board for the past eight years.

As an engineer and businessman, Mr. Moog brings to the hospital board an expertise and active interest in both areas. Over the years, he has offered advice on business and other non-medical matters, serving on the budget and finance, long-range planning and community relations committees.

Mr. Moog also is a member of the boards of directors of Washington University, St. Louis Symphony Society and Courion Industries. His other interests include color photography and darkroom work, reading and golf.

He and his wife Dorothy reside in Ladue. They have two sons, a daughter and two grandchildren.

The Shopping List



Gamma Camera

Cardiac and cancer testing using the division of nuclear medicine's three gamma cameras increased so dramatically during 1980 that purchase of a fourth camera was necessary.

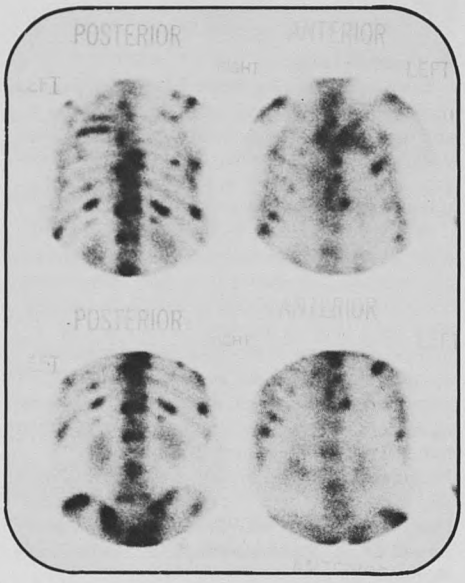
The division's cardiac caseload doubled between August 1980 and August 1981, to the current figure of more than 1,500 heart tests a year. Division Chief **Keith Fischer, M.D.,** attributes the increase to Jewish Hospital's emergence as a referral center for cardiac care.

"The gamma camera is an excellent non-invasive, painless tool for diagnosing heart deficiencies," says Dr. Fischer. Low-level radioactive isotopes are first introduced intravenously and then absorbed by the heart. The camera counts the gamma rays that the isotopes emit from the heart, providing an image of the working heart on a television screen.

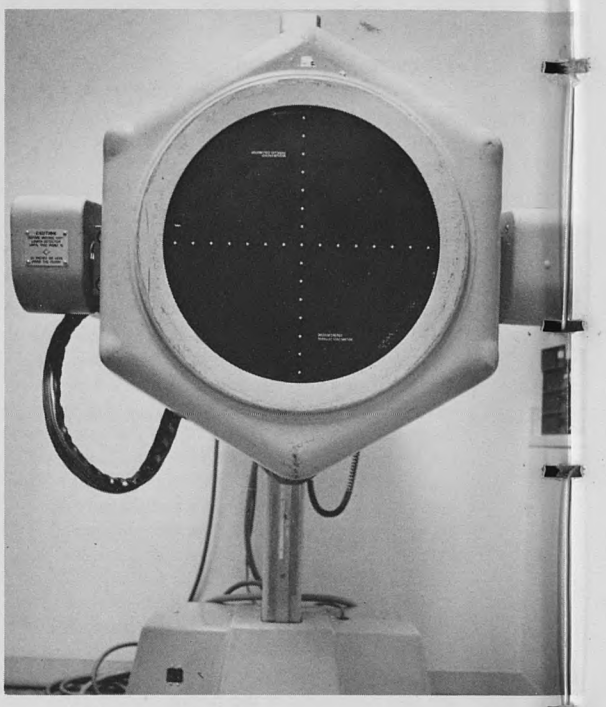
The camera is connected to the division's digital computer, which translates the image into data, such as an ejection fraction (the percentage of blood pumped from the heart with each beat). Physicians use this information to determine the degree of heart impairment.

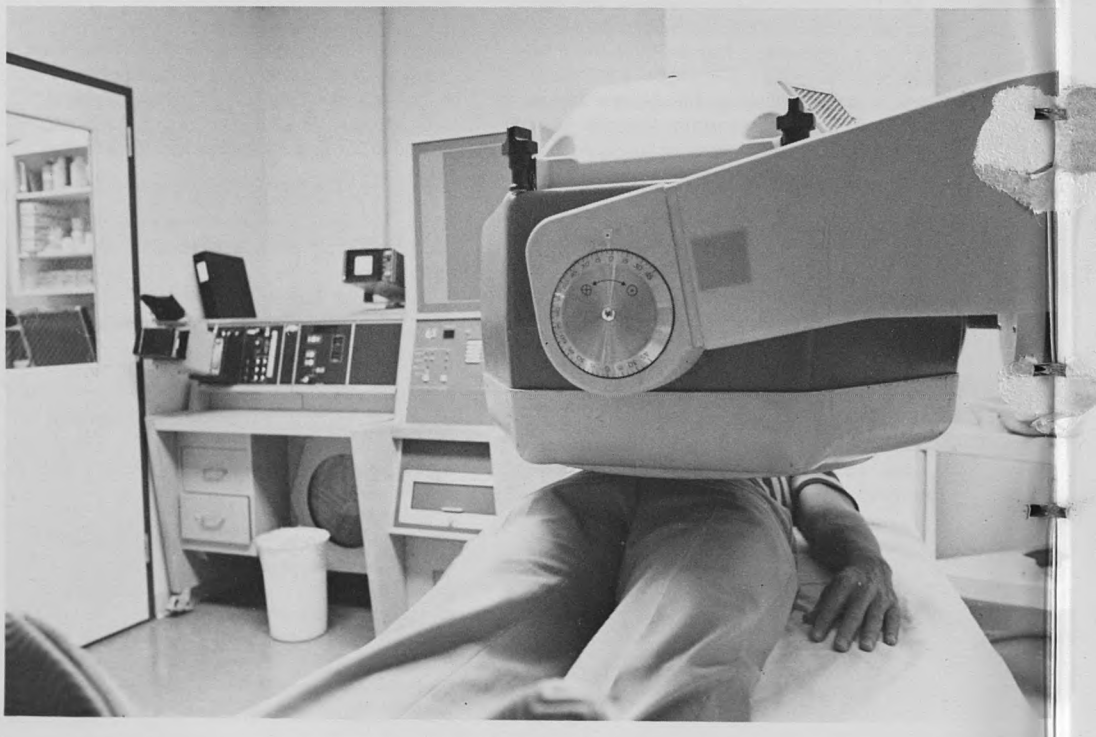
The gamma camera also is used on cancer patients to detect early spread (metastasis) of tumors. Again, the isotopes are sent intravenously to the organ in question. Nearly all breast and prostate cancer patients receive bone scans because these cancers are prone to spread to the bones. Such bone tumors emit a high radioactive count, appearing as a dense, black area on the screen.

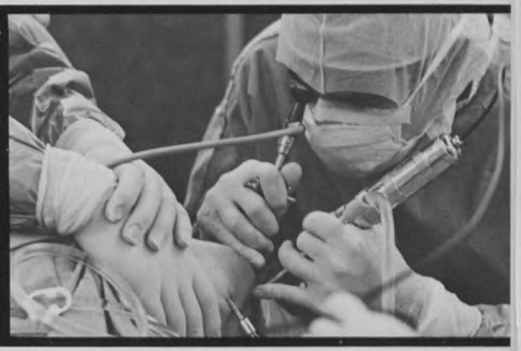
Bowel cancer patients receive liver scans because this cancer often spreads to the



Bone tumors appear unmistakably as dark spots on the rib cage in advanced stages of cancer.







liver, where tumor tissue absorbs less radioactive material than normal tissue and appears as holes on the screen.

The camera can also detect gall bladder and kidney disease. The tests vary in length from 30 seconds, to measure blood flow to the liver, for example, to about four hours for a gall bladder test, when a sequence of images must be made.

The radioisotope is nearly dissipated within six hours in most cases and the amount of radiation is generally less than that of many other diagnostic X-ray tests.

The new $109,000 gamma camera is more sophisticated than the division's others, with capabilities for scanning large sections of the body and an attachment for showing fine detail on smaller organs, such as the heart.

A large sensing head and an electronic console constitute the gamma camera. The sensing head can be positioned vertically or horizontally and counts radioactivity much like a Geiger counter.

The console houses the viewing screen and controls.

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.

G.I. Endoscopy

Electro-surgical Unit **$4,200**

Ophthalmology

Tonometer **$697**

Cardiac Catheterization Lab

Graph-Pen Sonic Digitizer **$3,900**

Emergency Room

Cardiac Telemetry Equipment **$20,000**

Clinical Pathology

Immersion Cooler **$650**

Anesthesiology

Calibrated Anesthetic Vaporizer ..... **(8 needed)/$1,050 each**

Pressure and Pulse Monitor with Recorder ..... **(2 needed)/$3,500 each**

Operating Room

Doppler **$2,495**

Defibrillator and Life Pack ..... **(2 needed)/$3,500 each**

Occupational Therapy

Arm Support and Exercise Unit **$800**

Cardiology Graphics Lab

Graphics Video Display Recorder ..... **(2 needed)/$1,520 each**

Contributions to Jewish Hospital Funds

Generous Contributions

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

City Investing Company Foundation has made a contribution in memory of Lillian Messing for the Messing Chair in Pathology Fund.

The Jewish Hospital Medical Staff has made a contribution to the Jewish Hospital Medical Staff Scholarship Fund for the School of Nursing.

Hubert C. Moog has made a contribution to the Directors Fund.

Special Gifts

In Memory Of

Lester Beldner	(The Marilyn Fixman Cancer Center) Carla Newport Goldstein
Major Einstein	(Major and Julia Einstein Memorial Fund for the Michael Somogyi Visiting Professor Fund) (Tribute Fund) Mr. and Mrs. Irving Edison William Goldman Mr. and Mrs. Edward Neisser Mr. and Mrs. John E. Simon
Lillian Margolies Fallek	(Carol Kaufman Cancer Research Fund) (Tribute Fund) Mark Margolies
Marilyn Fixman	(The Marilyn Fixman Cancer Center) Jeanette F. Rubin
Bette Dee Johnson	(Ralph Hirsch Memorial Cancer Fund) (Tribute Fund) Mr. and Mrs. Lee Blumoff Mr. and Mrs. Howard Hurwitz Mr. and Mrs. Burton Remis
Milton Kravitz	(Milton E. Kravitz Heart Research Fund) (Tribute Fund) The Nu-Era Group
Parents of Mrs. Joel Malen	(Chapel Fund) (Tribute Fund) Mrs. Joel Malen
Thelma Pogrelis	(The Marilyn Fixman Cancer Center) Carla Newport Goldstein
Marvin E. Schaefer	(The Marilyn Fixman Cancer Center) Garry Aronberg
Rebecca Senturia	(Rebecca Senturia Memorial Library Fund) (Tribute Fund) Joseph J. Senturia
Ann Shrader	(Tribute Fund) Lindbergh High School Welfare Committee
Evelyn B. Treumann	(Department of Rehabilitation Medicine Stroke Fund) (Tribute Fund) Mr. and Mrs. Louis R. Putzel

Special Gifts — In Honor Of

Recovery of Oscar Beldner	(The Marilyn Fixman Cancer Center) Kubernick Cousins Club
Special Birthday of Mrs. Herbert B. Simon	(Julian Simon Fund) (Tribute Fund) Mr. and Mrs. Melvin Hilb and Miss Rose Weisl (Ira and Herbert Simon Research Fund) (Tribute Fund) Mrs. Walter Freudenthal
Special Birthday of Joan Soffer	(Color T.V.s for patient use) Honore Allen Helen D. Auerbach Mr. and Mrs. Howard Beck Mrs. Gertrude Becker Maxine Berkowitz Mr. and Mrs. Richard Berkowitz Harvey S. Braufman, M.D. Mr. and Mrs. Phil Chanen & Family Mr. and Mrs. Sidney Cohen Mr. and Mrs. Leonard E. Cohn Judith Ann Deutsch Mr. and Mrs. Bernard Eisenstein Mr. and Mrs. Herbert B. Feist Mr. and Mrs. Martin Feist Mr. and Mrs. Mark Gale Martha Gelber Mr. and Mrs. Bernard Gerchen Mr. and Mrs. Theodore Gitt Samuel R. Goldstein Corinne Greenberg Mary K. Greensfelder Mr. and Mrs. A. L. Hess Mr. M. Henry Hess Mr. and Mrs. Herman Katcher Mr. and Mrs. Sam Kessler Larry Kolker Mr. and Mrs. Manuel Lasky Mr. and Mrs. Michael Levinson Mr. and Mrs. Abe Lieberman Mr. and Mrs. Monte Lopata Mr. and Mrs. Robert Miller Mr. and Mrs. Max Ostrow Mr. and Mrs. Gerald Padawar Mrs. Richard Paley Mr. and Mrs. George Rosenschein Mr. and Mrs. Leslie Roth Mr. and Mrs. Paul Schneider Dorothy Shapiro Eleanor Silver Mr. and Mrs. Roy Silver Mr. and Mrs. Morton L. Wolfson
Special Birthday of Mrs. Phillip Steiner	(Edna and Theodore Samuels Fund) Mr. and Mrs. Edward Samuels

Special Gifts — Donations

Dr. and Mrs. Ira J. Kodner	Rupert Turnbull Memorial Lectureship in Colon and Rectal Surgery
Mr. and Mrs. Henry Koerber	Singer Caramate Projector for School of Nursing
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Regarding Research:
Investigating the Immune System

By Denise Pattiz Bogard

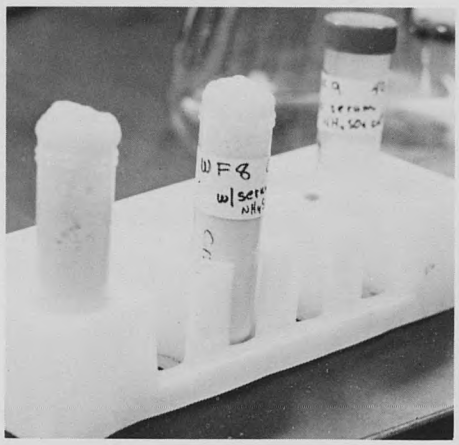
They work diligently, with precision and patience, striving towards their immediate, and long-range, goals. The present challenge is a fundamental one: a thorough comprehension of the intricacies of the body's immune system. From this understanding, they hope to offer a better therapy for cancer, allergic reactions and prevention of transplant rejections. But that lies in the future.

Occupying the entire second floor of the Yalem Research Building, the Jewish Hospital Division of Immunology of the Department of Pathology and Laboratory Medicine is working under the direction of **Carl W. Pierce, M.D., Ph.D.,** investigating the various components of mammalian immunology.

Dr. Pierce explains his division's strategy: "We work at a very fundamental level; we are not primarily interested in a specific disease entity. What we're trying to do is one step before—we're trying to understand how the immune system operates. Once the system is understood, specific diseases can be attacked with a rational approach."

The Body's Immune Responses

The body's immune responses are the end product of a very complicated network of interactions among the white blood cells, called lymphocytes. The division's program is directed towards characterizing the functions of these cells in mammals.



Immune responses are stimulated by foreign substances (antigens), such as bacteria, viruses, pollens, and tissues from another individual, as in grafts. In response to antigens, mammals either develop antibodies or cell-mediated reactions.

Antibodies are protein molecules that are uniquely capable of combining with the antigen which stimulates their production. These antibodies are produced by a specific type of white blood cell called a B cell, and they function as a double-edged sword: they may be protective and combine with the invading organism, rendering it susceptible to destruction by the host, or they may be harmful and result in allergies and shock.

In contrast, cell-mediated responses are the provenance of another type of white blood cell called a T cell. T cells are responsible for the rejection of tissue grafts and the destruction of tumor cells—again, the immune system is working for and against the body. The T cells also act as a "traffic cop," regulating the responses of other T cells and B cells in both positive and negative fashions.

"The interactions among T cells and B cells in the generation and expression of immune responses are extremely complex," Dr. Pierce explains. "The immune system

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has the unique capacity to respond to countless antigenic determinants because it is composed of a very large number of sets or clones of T cells and B cells, each specific for a single antigen. In addition, the diverse expressions of immunity, such as antibody production and graft rejection, result from multiple distinct effector mechanisms. Thus, the complex nature of the immune system and its responses renders them very difficult to study."

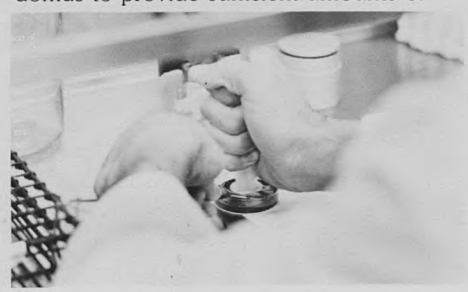
Working with Dr. Pierce are **Thomas M. Aune, Ph.D., Jeffrey Lake, Ph.D., Craig M. Sorensen, Ph.D., Judith Kapp-Pierce, Ph.D.,** and **Barbara Araneo, Ph.D.** The doctors work separately, and together, investigating many components of the immune system in an effort to understand the very complex whole.

Specific Studies

These projects include:

• Using animal models, primarily mice, to study how different subsets of cells interact in immune responses, with particular emphasis on how T cells regulate these responses. The implication of this study is that when the basic questions regarding immune responses are answered, a means for controlling diseases with immunological components will be possible.

• Investigating mediators produced by lymphocytes, which inhibit production of antibodies and cell division. This inhibition is not limited to normal cells; the mediator can inhibit division of tumor cells also. Research includes producing T cell hybridomas to provide sufficient amounts of



pure mediator to allow complete chemical characterization.

• Studying genetically controlled immune restrictions in mice. Nude mice (those born without any hair or a thymus gland and lacking T cells) are implanted with thymus glands to produce T cells and then studied for immune responses in comparison to regular mice. T cell maturation is compared between the two types of mice, thereby providing basic information on how genetically controlled immune restrictions develop and operate.

"We discuss and exchange ideas openly without worrying that someone will take them."

Each area of study is distinct, yet related to all the others in some manner. Every project is under the direction of one or more doctors and a staff of students, postdoctorate fellows and technicians. Members of the division of immunology interact with one another, sharing ideas, information and equipment. This cooperative spirit also includes ties with laboratories at Washington University, Hoffman-LaRoche in New Jersey, Cal Tech and Stanford University in California.

A Group Approach

"One reason we've gone to the interactive group approach is six heads work better than one. The major questions to be asked are obvious; the best ways to answer these questions are not so obvious," Dr. Pierce says. "Answers many times come by luck—you happen to be in the right place at the right time with the right technology. But that's not to discount hard work."

This team method works well with the Jewish Hospital Division of Immunology, but it is a cooperative spirit not often found in the competitive field of research, a field where, understandably, everyone wants to be the first to discover the cure for cancer, allergies and organ transplant rejections.

"Certainly the team approach we've adopted isn't popular with all people. However, it's working quite well with our present group. We each have our own thing, but we discuss and exchange ideas openly without worrying that someone will take them," Dr. Pierce says.

"Sure, we're in a race, two races—one is to get there first, the other is to survive when we get there."

er Ball committee met at the ***Helene Goldstein*** *(Mrs. Irving) o discuss plans for the fifth ospital Auxiliary Clover Ball. , Clover Ball '82, is scheduled 20, 1982, in the newly remod- assan Room of the Chase-Park el. Mrs. Goldstein and* ***Marlene*** *rs. John III) are serving as co- of the event. Vice-chairmen are* ***Baizer*** *(Mrs. Richard),* ***Letty*** *. Jeffrey),* ***Ann Lux*** *(Mrs. Paul)* ***Rosenberg*** *(Mrs. Harry). A ll takes place every five years. e of this ball is "Everything's lp Clover."*

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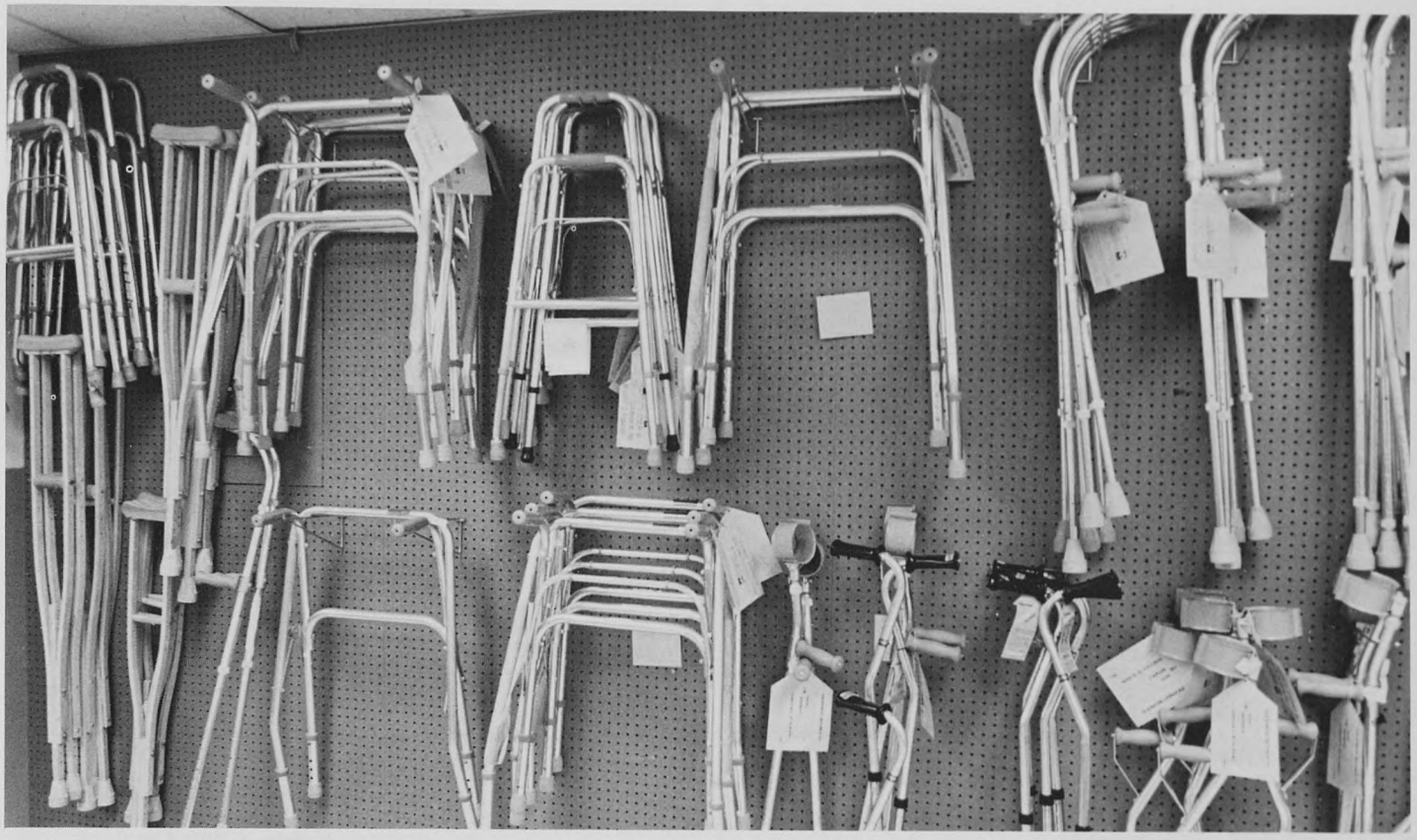

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Mr. and Mrs. Harold Levy (Dorothy Jasper-Rita Polinsky Fund)	
	Special Anniversary and Birthday of MR. AND MRS. ALLEN PORTNOY
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)	
	Recovery of MRS. RUTH PORTNOY
Mr. Jay Ellman (Diana Rosen Recreational Therapy Fund)	
Mr. and Mrs. Barney Klein (Diana Rosen Recreational Therapy Fund)	
	Birthday of MRS. MARILYN POSLOSKY
Mrs. Bette Glaser (Corinne and Joseph Glaser, Jr. Fund)	
Mr. and Mrs. Arnold Schwab	
	Recovery of MR. GERRY PRESSBERG
Mr. and Mrs. Bert Schweizer, II (Helen and Walter Wolff Cardiovascular Research Fund)	
	Marriage of Daughter of MR. AND MRS. B. RECHT
Mrs. Louis Weinstein (Shirley W. Cohen School of Nursing Fund)	
	Birthday of DR. HARRY ROSENBAUM
Mr. and Mrs. Lester Ackerman (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Lester Adelson (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Sylvan Agatstein	
Mr. and Mrs. Harry Agress	
Dr. and Mrs. Edmund B. Alvis (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Lester Bamberger (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Jerome Barker (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Edward Berg (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Joseph Berger (Mary Goldstein Nursing Fund)	
Mrs. Irvin Bettman, Jr. (Robert A. Rosenbaum Fund)	
Mrs. Irvin Bettman, Jr.	
Mr. and Mrs. Norman Bierman (Robert A. Rosenbaum Fund)	
Mrs. Benjamin H. Cohen	
Mr. and Mrs. Richard Cronheim (Lewis Bettman Memorial Fund)	
Dr. and Mrs. Harold Cutler (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Max Deutch (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Norman Drey	
Mrs. Harold Dubinsky (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Clarence T. Eckert (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Alfred J. Fleischer (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Harry Franc (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Harris Frank (Robert A. Rosenbaum Fund)	
Mrs. Herbert Frank (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Samuel J. Freund (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Irv Gittelman (Robert A. Rosenbaum Fund)	
Mrs. Bette Glaser (Corinne and Joseph Glaser, Jr. Fund)	
Mr. and Mrs. Myron Glassberg (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Louis Goodman (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Fred Grand-Jean (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Edward Greensfelder (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Walter Hainsfurther, Jr. (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Randy Hammer (Robert A. Rosenbaum Fund)	
Mr. and Mrs. P. N. Hirsch (Ralph Hirsch Memorial Fund for Cancer Research)	
Mr. and Mrs. John Isaacs, Jr. (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Lionel Kalish, Jr. (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Harry F. Koenigsberg	
Mr. and Mrs. Sam Langsdorf (Langsdorf New Americans Fund)	
Mrs. Lawton Levy (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Tobias Lewin (Robert A. Rosenbaum Fund)	
Mr. and Mrs. David Lipsitz (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Henry Lowenhaupt (Robert A. Rosenbaum Fund)	
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Mr. and Mrs. Louis G. Melchoir (Robert A. Rosenbaum Fund)	
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Mr. and Mrs. Richard Prager (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Frank Prins	
Mr. and Mrs. Louis Putzel (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Stanley Richman (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Alan Ross (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Joseph Ruwitch (Robert A. Rosenbaum Fund)	
Mrs. William Henry Schield (Robert A. Rosenbaum Fund)	
Dr. and Mrs. Gunter Schmidt (Robert A. Rosenbaum Fund)	
Mrs. Frances Sears (Robert A. Rosenbaum Fund)	
The Ben H. Senturia Family (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Al Serkes (Robert A. Rosenbaum Fund)	
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Mr. and Mrs. Elliot Stein (Mary Ann and Elliot Stein Fund)	
Mrs. Murray Steinberg (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Melvin Strassner (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Earl Susman	
Mr. and Mrs. Monte Tocker (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Millard Waldheim	
Dr. and Mrs. Frank Wasserman (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Richard Weil (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Herbert Weinstock (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Herman Willer	
Mr. and Mrs. Frank P. Wolff (Robert A. Rosenbaum Fund)	
Mr. and Mrs. Ralph Wolff (Robert A. Rosenbaum Fund)	
	Birthday of MR. SAM ROSENBLATT
Mr. and Mrs. Gus Vittert (Dr. Sam Schneider Enterostomy Fund)	
	Marriage of Son of MR. AND MRS. BERT ROSENTHAL
Mr. and Mrs. Martin Hendin (Diana Rosen Recreational Therapy Fund)	
	Recovery of MR. PAUL ROSENTHAL
Mr. and Mrs. Robert Spector (Milton E. Kravitz Memorial Heart Fund)	
	Anniversary of MR. AND MRS. DONALD ROSS
Mr. and Mrs. Philip L. Moss	
	Anniversary of MR. AND MRS. ROBERT ROSS
Mrs. A. S. Kalish (Florence and Bernie A. Ross Fund)	
	Recovery of MR. FRED ROTH
Mr. and Mrs. Leslie Nackman	
Mr. and Mrs. Bruce Vittert	
Dr. and Mrs. Leonard Wiedershine (Sam Flegel Fund)	
	Recovery of MRS. VAL ROTHENBERG
Mrs. Milton E. Kravitz (Milton E. Kravitz Memorial Heart Fund)	
Mr. and Mrs. Abe Small (Edna Malen Scholarship Fund)	
	Birthday of MRS. LOUIS ROTHSCHILD, JR.
Mr. and Mrs. Ned Netter (Dorothea Rothschild Fund)	
	Birthday of MR. ARTHUR ROUFA
Mrs. Vida Goodman (Goodman Cancer Fund)	
	Birthday of MRS. B. G. RUBIN
Mrs. Louis Weinstein (Shirley W. Cohen Nursing Fund)	
	Recovery of MRS. ISADORE RUBIN
Mr. and Mrs. Harry Sherman	
	Birthday of MR. JOSEPH RUWITCH
Mr. and Mrs. Leon Bodenheimer	
Mr. and Mrs. Robert Buell	
Dr. and Mrs. Norman Drey (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Jack E. Edlin (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Harry L. Franc (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Joseph Friedler	
Mr. and Mrs. Edward Greensfelder (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. John Isaacs, Jr.	
Mr. and Mrs. Marvin Kobacker	
Mr. and Mrs. Sam Langsdorf	
Mr. and Mrs. J. Melvin Levi (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Stanley Levison	
Mr. and Mrs. Jerry Levitt (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mrs. Lawton Levy, Sr.	
Mr. and Mrs. Willard L. Levy (Joseph and Elizabeth Ruwitch Endowment Fund)	
Dr. and Mrs. David Lipsitz (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Al Loeb (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mrs. Benjamin Loeb (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Harry Loeb (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Stephen H. Loeb (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Bernard Mellitz (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Leonard Pfaelzer	
Mr. and Mrs. Richard Prager (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Louis R. Putzel (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Paul Putzel and Family (Joseph and Elizabeth Ruwitch Endowment Fund)	
John J. Roos and Rosemary (Joseph and Elizabeth Ruwitch Endowment Fund)	
Dr. and Mrs. Harry Rosenbaum (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Fund)	
Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)	
Mr. and Mrs. Arthur Scharff (H. Lister Tuholske Fund)	
Mr. and Mrs. Herbert Schiele	
Dr. and Mrs. Ben H. Senturia	
Mr. and Mrs. Sydney M. Shoenberg, Jr.	
Mr. and Mrs. A. E. Stein (Joseph and Elizabeth Ruwitch Endowment Fund)	
Mr. and Mrs. Millard Waldheim	
Mr. Richard K. Weil	
Mr. and Mrs. Frank P. Wolff	
Mrs. Norman Wolff	
Mr. and Mrs. Jay Zimmerman	
	Special Birthday of MR. MOE M. SACHAR
Mrs. Fannie Nelson	
Mr. and Mrs. Harry Shapiro (Harry and Nancy Shapiro Nursing Scholarship Fund)	
	Birthday of MR. RALPH SACHS
Mr. and Mrs. Robert Buell	

Tribute Fund

Donor	In Honor of
	Birthday of MR. MAX SALNIKER
Mrs. Nita Pass (Carl Pass Diabetic Research Fund)	
	Recovery of MR. DAVID SAMUELS
Mr. and Mrs. Leonard Pearl (Jerry Kaiser-Irma Blank Cancer Fund)	
	Recovery of MRS. META SANGER
Mr. and Mrs. Rudolph Singer	
	Recovery of MRS. RITA SANGER
Mrs. Irene Lederman	
	Birthday of MR. ARTHUR SCHARFF
Mr. and Mrs. Ned Netter (H. Lister Tuholske Fund)	
	Birthday of MRS. ROBERT SCHARFF
Mr. and Mrs. Kenneth Langsdorf (Langsdorf New Americans Fund)	
	Recovery of MR. SAMUEL SCHENBERG
Mr. and Mrs. Adrian Levin (Dorothy Jasper-Rita Polinsky Fund)	
	Recovery of MR. IRVING SCHMUCKLER
Mr. and Mrs. Jack J. Stone	
	Speedy Recovery of MR. AND MRS. HARRY SCHNEIDER
Mr. and Mrs. Joseph Aronson (Carol Kaufman Cancer Fund)	
	Recovery of MR. HARRY SCHNEIDER
Mr. and Mrs. Jake Balk (Carol Kaufman Cancer Fund)	
	Birthday of MRS. AUGUSTA SCHOENFELD
Mrs. B. G. Rubin (B. G. Rubin Fund)	
	Recovery of MRS. RALPH SCHOENFELD
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Memorial Fund for Cancer Research)	
	Birthday of MR. FREDERICK SCHUERMANN
Mr. and Mrs. Lester Seasongood (Seasongood Research Fund)	
	Birthday of MR. LOUIS SCHUKAR
Mr. and Mrs. Lester Seasongood (Seasongood Research Fund)	
	Birthday of MRS. ESTHER SCHULMAN
Mr. and Mrs. William Klein	
	Anniversary of MR. AND MRS. JACK SCHULTZ
Mr. and Mrs. Hy Feldman (Harold Zager Blood Research Fund)	
Mr. and Mrs. Sidney Frager (Cancer Research Fund)	
Mrs. Pearl Goldstein (Mary Goldstein Nursing Scholarship Fund)	
Mrs. Nelson L. Gould (Harold Zager Blood Research Fund)	
Mr. and Mrs. Leslie Roth (Dr. Sam Schneider Enterostomy Fund)	
Mr. and Mrs. Max Schneider (Dr. Sam Schneider Enterostomy Fund)	
	Marriage of MR. BUDDY SCHWEIG
Mr. Melvin Schloss, Jr. (Lisa Bry-James Dreyer Memorial Fund)	
	Special Anniversary of MR. AND MRS. LEONARD SEIDEL
Mr. and Mrs. Maurice Seidel (Mary Goldstein Nursing Fund)	
	Birthday of MRS. ETHEL SELZER
Mr. and Mrs. Ben Lass	
	Recovery of MRS. EVA SELZER
Mrs. Dorothy Smith	
	Recovery of MRS. LIL SEROT
Mrs. Esther Kneznekoff	
	Recovery of MRS. RUBY SEROT
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
	Recovery of MRS. MILDRED SHAIKEWITZ
Mr. and Mrs. David Hayman (Carl Pass Diabetic Research Fund)	
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
	Recovery of BONNIE SHAINMAN
Mrs. Joseph Hartman (Joseph Abrams Memorial Heart Fund)	
	Recovery of MRS. SALLY SHAPIRO
Mr. and Mrs. Marc Tenzer (Max Tenzer Cancer Fund)	
	Anniversary of MR. AND MRS. BARRY SHARON
Dr. and Mrs. Harvey Lehrer (Milton E. Kravitz Memorial Heart Fund)	
	New Arrival of JOSHUA SHER
Mr. and Mrs. Maurice Jackman (Mary Goldstein Nursing Scholarship Fund)	
	Anniversary of MR. AND MRS. LESTER SHERMAN
Dr. and Mrs. Jules Hartstein (Ben and Marilyn Fixman Cancer Fund)	
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Memorial Fund for Cancer Research)	
	Recovery of MRS. GUSSIE SILK
Mr. and Mrs. Perry Mehlman (Rose and Sam Feldman Memorial Fund)	
	Recovery of MRS. ABE SILVERMAN
Mrs. Elsie Weil (Cancer Research Fund)	
	Birthday of MRS. HERBERT B. SIMON
Mrs. Rose Sheffler (Edna Malen Scholarship Fund)	
	Birthday of MRS. MILDRED SIMON
Mr. and Mrs. William A. Stern (Julian Simon Fund)	
	Birthday of MR. IRA SINGER
Mrs. Louis Weinstein (Shirley W. Cohen School of Nursing Fund)	
	Anniversary of MR. AND MRS. HARRY SMITH
Mrs. Blanche Freed (Meyer and Ethel Weil Otolaryngology Fund)	
	Special Anniversary of MR. AND MRS. JACK SMITH
Mr. and Mrs. Lee Blumoff (Ralph Hirsch Memorial Fund for Cancer Research)	
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
	Birthday of MRS. JACK SMITH
Mr. and Mrs. Lee Blumoff (Ralph Hirsch Memorial Fund for Cancer Research)	
	Happy Occasion to MR. AND MRS. JACK R. SMITH
Mrs. I. Dankner (Edna Malen Scholarship Fund)	
	Recovery of MR. HERB SOBELMAN
Mr. and Mrs. Al Hyman (Ben and Marilyn Fixman Cancer Fund)	
	Birthday of MRS. JOAN SOFFER
Mr. and Mrs. Bernard Eisenstein	
Mr. and Mrs. Bernard Gerchen	
	Special Anniversary of MR. AND MRS. WILLIAM SOKOL
Mr. and Mrs. Louis M. Leipziger (Ralph Hirsch Memorial Fund for Cancer Research)	
	Recovery of MR. MANUEL SOLL
Mr. and Mrs. Abe Lieberman (Bernard Lieberman Parkinson Fund)	
	Anniversary of DR. AND MRS. SAMUEL SOULE
Mrs. DeVera Burg (Dr. Samuel D. Soule Research Fund)	
Mrs. Bernice Moore (Dr. Samuel D. Soule Research Fund)	
Mr. and Mrs. Ronald Prince (Dr. Samuel D. Soule Research Fund)	
	Recovery of MR. JACK SPEWAK
Mr. and Mrs. Scott Berry	
	Birthday of MR. ARTHUR SPRUNG
Mr. and Mrs. Sam Langsdorf	
	Special Anniversary of RABBI AND MRS. RICHARD STEINBRINK
Mrs. Elaine L. Nathan (Emil Nathan, Jr. Fund)	
	Birthday of MR. CHARLES STEINER
Mr. and Mrs. Donald Cornbleet (Evelyn B. Stern Nursing Scholarship Fund)	
Mr. and Mrs. Jack Edlin (Evelyn B. Stern Nursing Scholarship Fund)	
Mr. and Mrs. Sheldon Fisher (Evelyn B. Stern Nursing Scholarship Fund)	
Dr. and Mrs. Alvin Frank (Evelyn B. Stern Nursing Scholarship Fund)	
Mr. and Mrs. Harold G. Lieberman (Evelyn B. Stern Nursing Scholarship Fund)	
Mr. and Mrs. Donn Lipton (Evelyn B. Stern Nursing Scholarship Fund)	
Mr. and Mrs. Steve Loeb (Evelyn B. Stern Nursing Scholarship Fund)	
Mr. and Mrs. David R. Smith	
Mr. and Mrs. Tom Wolff	
	Recovery of MRS. BETTYE SUSMAN
Mr. and Mrs. Barney Klein (Diana Rosen Recreational Therapy Fund)	
	Birthday of MR. LOUIS TIGER
Mr. and Mrs. F. Bert Baer (Mr. and Mrs. F. Bert Baer Fund)	
Mrs. Oscar Brand (Oscar Brand Memorial Fund)	
Mr. and Mrs. Sam C. Klein	
Mr. and Mrs. Eli Strassner	
	Marriage of Susie—MR. AND MRS. CHARLES TOBER
Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)	
	Promotion of MR. MORT TUCKER
Mrs. Sanford Gad (Sanford Gad Hospice Fund)	
	Birthday of MRS. RACHELLE WEBER
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Memorial Fund for Cancer Research)	
	Birthday of MRS. OSCAR WEIL
Dr. and Mrs. Samuel Zuckerman (Meyer and Ethel Weil Otolaryngology Fund)	
	Marriage of Grandson of MRS. LOUIS WEINSTEIN
Mrs. Julius Cohen (Dena and Julius Cohen Endowment Fund)	
Mrs. Margot Prinz	
	Birthday of MRS. PEG WERTHHEIMER
Mr. and Mrs. Arthur Loomstein and Family (Edna Malen Scholarship Fund)	
	Marriage of Son of MR. AND MRS. S. WIELENSKY
Mrs. Edna Malen (Edna Malen Scholarship Fund)	
	Birthday of MRS. GUSSIE WIESELMAN
Mr. and Mrs. Robert Spector and Family (Milton E. Kravitz Memorial Heart Fund)	
	Recovery of MRS. ROSE WILEN
Mr. and Mrs. Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)	
	Anniversary of MR. AND MRS. NORMAN C. WOLFF, JR.
Mrs. Eugene S. Schweig, Jr. (Eugene S. Schweig, Jr. Research Fund)	
	Recovery of MR. LEON WOOL
Mrs. Leon Wool	
	Recovery of MRS. WARREN WURZBURG
Mr. and Mrs. Rand Goldstein	
	New Granddaughter to MR. AND MRS. RICHARD YALEM
Mr. and Mrs. Sidney Cohen	
	Birthday of MR. JACK ZABLE
Mr. and Mrs. Kenneth Langsdorf (Langsdorf New Americans Fund)	
	Recovery of MR. SAUL ZEVE
Mr. and Mrs. Joseph Aronson (Carol Kaufman Cancer Fund)	
Mr. and Mrs. Lee Blumoff (Ralph Hirsch Memorial Fund for Cancer Research)	
Mrs. Irven Dubinsky (Irven Dubinsky Memorial Fund)	
Mr. and Mrs. Lester J. Handelman	
	New Grandchild of MR. AND MRS. WILLIAM ZISKIND
Mrs. Irene Lederman	
Mrs. Elsie Weil (Cancer Research Fund)	
	Anniversary of DR. AND MRS. SAMUEL ZUCKERMAN
Mr. and Mrs. Louis Karpf (Meyer and Ethel Weil Otolaryngology Fund)	
	New Arrival to MR. AND MRS. SANDER ZWICK
Mr. and Mrs. Sam Langsdorf (Langsdorf New Americans Fund)	

Expanded Parking Garage

Construction proceeds as Jewish Hospital continues work on an expanded parking garage, which will double the parking capacity for patients, visitors and employees. Construction is scheduled to be completed in spring 1982, barring unforeseen complications or severe winter weather.

Rabbi Lawrence Siegel, hospital chaplain, conducts Rosh Hashana services for patients Sept. 29 in the J. G. Probstein Chapel. Rabbi Siegel is shown blowing the shofar (ram's horn), hailing in the Jewish new year, 5742.

Jewish Hospital of St. Louis

The Jewish Hospital of St. Louis
216 South Kingshighway
P. O. Box 14109
St. Louis, Mo. 63178