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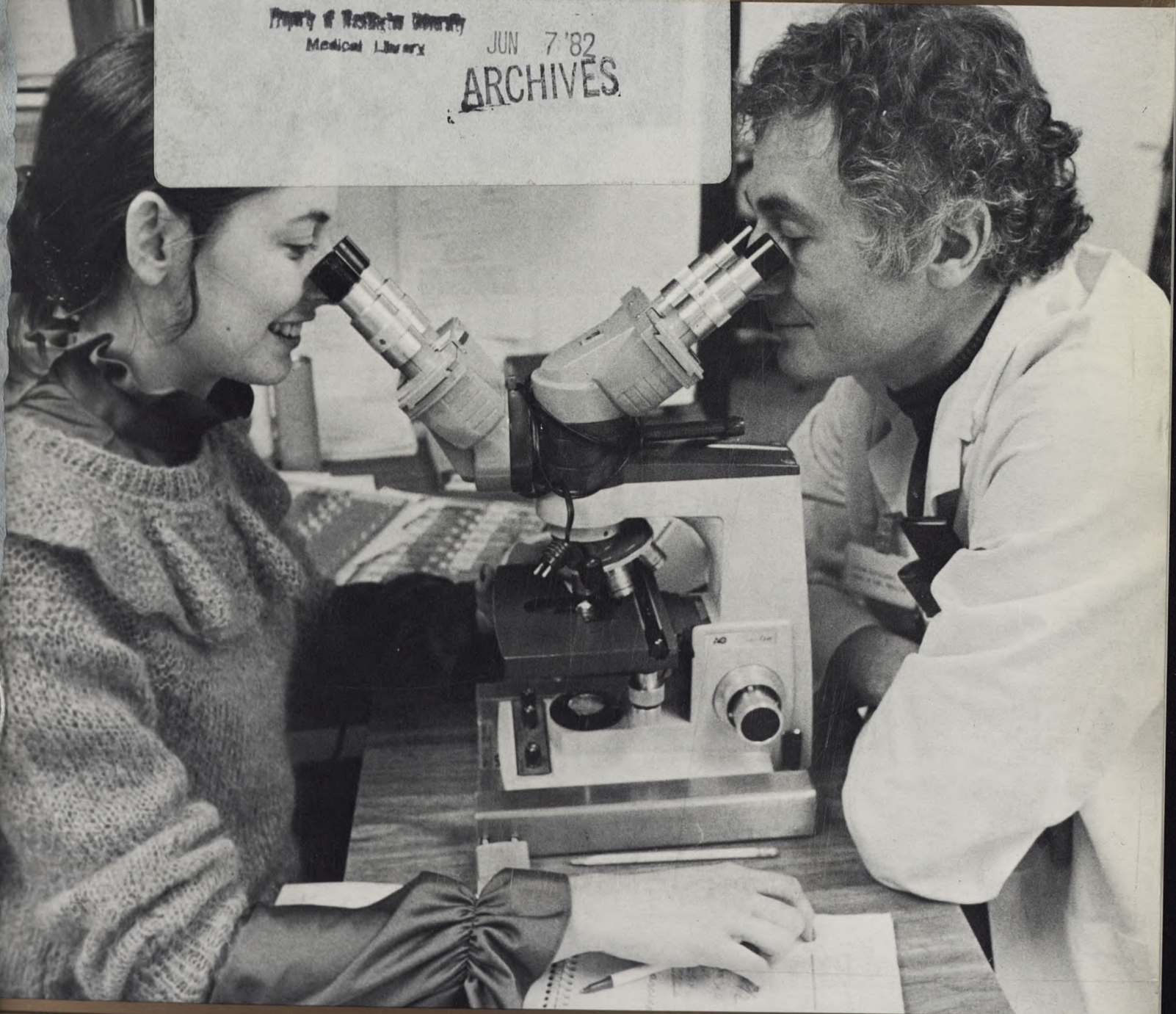
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The
Jewish Hospital
Of St. Louis

The Teaching Environment

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The Teaching Environment	The Jewish Hospital of St. Louis is a "teaching" hospital, committed to appropriately educating everyone involved, from patients to nurses, physicians, medical students and the house staff. This special section attempts to illustrate the depth and breadth of the teaching program.	
	The Teaching Commitment	2
	The Historical Perspective	6
	Educating the Educators	7
	Standardizing Patient Education	8
	216 Reprint Service	9
	Diabetes Control Through Education	10
<hr/>		
Conquering Bone Disease	Jewish Hospital is now the most famous referral center for bone diseases in the world, Steven Teitelbaum, M.D., told those attending the auxiliary-sponsored Seminar Series.	12
<hr/>		
The Perils of Sleep	Sleep, while a time of rest and bliss for some, is a deadly matter for others. Robert Senior, M.D., explained why at the March 10 Associates in Medicine program.	14
<hr/>		
Profiles in Jewish Hospital	This issue spotlights Board Members John Dubinsky, Edward B. Greensfelder and Louis S. Sachs.	15
<hr/>		
Jewish Hospital News Briefs		16
<hr/>		
The Shopping List	A brand-new operating microscope is bringing improved precision and flexibility to ear, nose and throat surgery.	18
<hr/>		
Activities à la Cart	The Jewish Hospital Auxiliary has implemented a new program, the activities cart, with easy-to-assemble kits available for all patients.	20
<hr/>		
Clover Ball '82 An Elegant Affair	Peter Duchin and his orchestra will entertain at this year's Clover Ball. A glimpse of past Clover Balls is provided in the photo montage.	21
<hr/>		
Contributions to Jewish Hospital Funds		24
<hr/>		
Electroretinogram: The Telltale Test for Retinitis Pigmentosa	The Jewish Hospital of St. Louis Department of Ophthalmology is the only place in Missouri that performs the electroretinogram, a test that detects changes in the electrical properties of the eye.	26
<hr/>		
The Tribute Fund		28
<hr/>		
Calendar of Events		41
<hr/>		



The Teaching Environment

What might seem like too much attention is not only necessary to the learning process, but is beneficial for the patient. Chances of finding a problem, if one exists, are multiplied by three.

The Teaching Commitment

By Denise Pattiz Bogard and Linda Krohne Nitchman

For the surgery resident, learning is doing. Resident Charles Goldman, M.D., (left), assists Thomas Covey, M.D., associate director, department of surgery, with a hernia operation. Washington University Medical School student Mina Chung observes the procedure and gets the opportunity to feel the problem area.



The Jewish Hospital of St. Louis is a "teaching" hospital; this is common knowledge. But what does that mean? Why is it that those who work at Jewish Hospital are apt to say, "If I ever have to be hospitalized, I would want to be in a teaching hospital." Who is taught, what, when and by whom?

There are 7,000 hospitals in the United States; 1,000 of these have some form of teaching, but most medical education is concentrated in the 270 hospitals that are part of academic health centers. The Jewish Hospital of St. Louis is one such hospital, having sustained a major affiliation with Washington University School of Medicine since 1964.

The reason for the relatively small number of teaching hospitals, as explained by **David A. Gee**, Jewish Hospital president: "It takes a great deal of resources, equipment and a program which will fulfill high quality educational needs for undergraduate students and graduate physicians."

The teaching hospital program encompasses several factors, and "is an enormous enterprise, affecting many," says **William Peck, M.D.**, chief of staff. Because of its teaching status, Jewish Hospital is a member of and participates in the Council of Teaching Hospitals of the Association of American Medical Colleges, the group that accredits medical schools.

Each Jewish Hospital medical staff member must maintain a Washington University School of Medicine appointment and participate in its teaching program. Each year, 60 to 70 third-year medical students study here under the instruction of Jewish Hospital physicians; 20 to 40 fourth-year medical students complete their sub-internship at Jewish Hospital, and still other medical students take electives here in their sub-specialties.

In addition, the physicians supervise and instruct members of the "house staff"—the interns, residents and fellows who are supported by the hospital, many of whom

Pathology residents Morgan Wright, M.D., (left) and Richard Michaelson, Jr., M.D., study electron photomicrographs of a specimen.



studied here as medical students. This past year, July 1981 to June 1982, the hospital employed 151 interns and residents, who work in the departments of medicine and surgery, pathology, obstetrics/gynecology, radiology, rehabilitation medicine and dentistry, with rotations through many other areas.

Constant Care

In most community hospitals, the nurses cover patient floors 24 hours a day and the physicians are present only during some daytime hours unless an emergency arises. In comparison, at Jewish Hospital the patient floors, emergency room, operating room, intensive care units and obstetrics/gynecology are all covered by house staff members 24 hours a day, seven days a week. Therefore, even when the private physicians are not in the hospital, the patients receive constant and immediate care throughout the day and night from specially trained, closely supervised intern and resident physicians. The private physicians are always available for consultation.

The Teaching Environment

This constant care, ironically, represents both the most and least appealing aspects of being a patient in a teaching hospital. There are those who resent all the attention, who do not want to be attended by other physicians besides their own and who feel that in some way they are "learning subjects." These patients may elect to be placed on an "uncovered" floor unattended by the residents, a request made by an average of only one patient each year.

Patient Benefits

But there is another side to the coin. "You must equate the advantages with the disadvantages," says Mr. Gee. "Certainly being examined three times by three doctors at three different levels is an inconvenience. But think of the attention you receive. No stone gets unturned in the process.

"Residents are present round-the-clock. Although most medical illness is of the nature that the daily visit by the private physician is enough, when something goes sour, it is comforting to have that resident right there at 2 a.m."

Furthermore, explains **Stephen Lefrak, M.D.**, head of the department of medicine house staff program, the interns and residents offer unique strengths of their own. "What is the patient getting when attended by a resident? Someone who is very eager about being a physician. There's a newness, and a patient has someone very excited about him. The benefit of that is pretty obvious.

"The intern and the resident, being recent medical school graduates, may have more theoretical knowledge than physicians who have been practicing 30 years. They won't have nearly the same amount of practical experience or clinical experience, but when combined with the experienced practitioner, together the house staff member and private physician offer an in-

Before making rounds, Intern Stephen Mark, M.D., and Resident Paula Davis, M.D., study the patients' medical charts with medical students who will accompany them.



put that would be missing without one or the other."

The advantages of house staff care extend into the operating rooms where, says **Gordon Philpott, M.D.**, chief of surgery, "some parts of surgery, if they tend to be newer procedures, the residents actually do better. It depends on the difficulty of the procedure, the patient's health, the resident and other factors as to who does what in surgery. But, in the operating room, everyone is involved—actually who puts the clamp on, who ties the knot, who puts the stitches in, it's all a team effort."

In the laboratories, the house staff assumes a different role than in the patient care areas, says **Carl Pierce, M.D., Ph.D.**, director of pathology and laboratory medicine. "There is no direct patient contact here. But, what the patient gets is the alert, aware, inquisitive resident who sees something unusual and follows up. They (the house staff) always have physi-

Below right; Following rounds, four or five days a week, department of medicine residents attend a report session conducted by William Peck, M.D., chief of staff, (center). Unusual cases and treatment methods are discussed during this session.

cians and staff members to check out their diagnosis. It comes back to the notion that the more eyes looking at a specimen, test result or culture, the greater the chance of seeing something abnormal or out of the ordinary if it is present. In a community hospital, usually one or two people handle all pathology work, and their primary responsibility is surgical pathology. Other work in the laboratories is often done by highly trained technicians, not full-time staff and physician residents as at Jewish Hospital."

The Selection Process

Between 30 and 40 new interns are selected each year from hundreds of applicants. Depending on the program, different selection processes are employed, but whichever the specialty/department, certain general criteria are used. The hospital looks for the top students who have demonstrated the most success in medical school, who have outstanding letters of recommendation and references, and who



House Staff Coordinator Sharon Morgan sifts through hundreds of applications each year for 22 residency positions in the department of medicine. The best medical school graduates from throughout the country are selected from the applications and invited for interviews. Based on the interviews, the hospital's and the candidate's preferences are matched, via a national computerized program to which the hospital subscribes.

ting privileges here. The house staff helps care for both the fulltime and private physicians' patients.


Teaching Offshoots

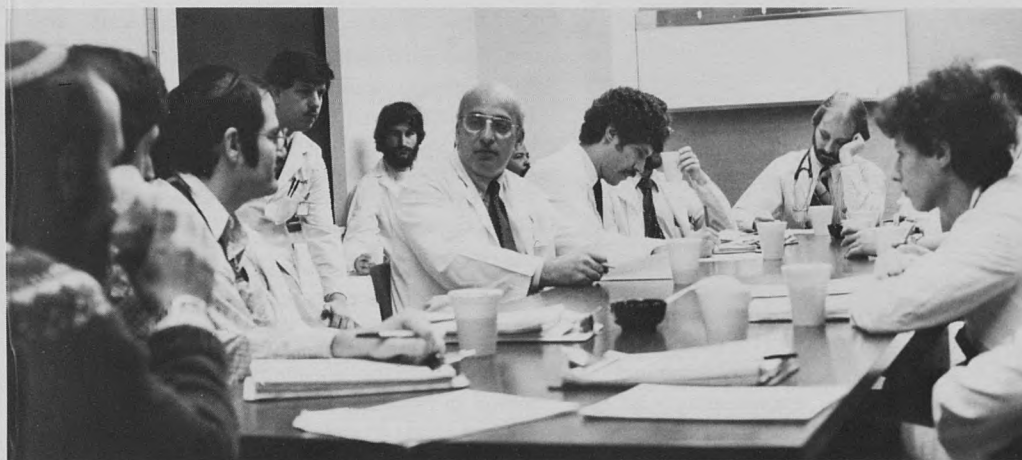
Jewish Hospital's teaching environment reflects a commitment to education that involves the patients, employees, community, house staff and physicians. The Jewish

“Because of the intellectual process, the best physicians are likely to associate with a teaching hospital.”

Hospital School of Nursing, School of Medical Technology, School of Enterostomal Therapy and Program for Specialists in Blood Banking are direct offshoots of this attitude. In addition, the Patient Education Committee, innumerable patient education programs, the auxiliary and Associates in Medicine seminars, nursing education programs, and physicians, house staff and departmental conference group grand rounds all reflect the teaching priority. (See related stories in following pages.)

The Jewish Hospital of St. Louis is a “teaching” hospital, committed to appropriately educating everyone involved. And how are they taught? To what means to achieve what goal? Dr. Lefrak summarizes the house staff teaching attitude, an attitude that pervades all forms of education at this hospital:

“You can't learn medicine in one year, two years, 20 years—you can't do everything. What you hope to do is instill habits that will be useful, teach them to teach themselves because they'll have to do that all their lives. You can't just teach the facts because the facts change. Get them to think and keep asking them questions. Teach them to learn their limits, and, at the same time, to expand their limits. Instill confidence without being overconfident. It's all a very delicate balance.” 



interview well during their personal meetings at Jewish Hospital. The result: “The house staff here is a highly selected group. They really provide excellent coverage and care—as good as you could hope for. And this care is always under the ultimate supervision of the private physician,” says Dr. Peck.

Physician Standards

Dr. Peck touches on yet another advantage of being a teaching hospital patient. The house staff member is under the constant supervision of the private physician—hence, that physician must be continually up-to-date on all new medicine to respond to the students' questions. In addition, all Jewish Hospital physicians must satisfy and meet the standards of both the hospital and the Washington University School of Medicine. Consequently, the physician must demonstrate his/her excellence to receive the appointment, and must continue to exhibit ongoing high standards to serve as a role model for the house staff.

“Because of the intellectual process, the best physicians are likely to associate with a teaching hospital,” says Mr. Gee. “Their patients can be assured that these physicians are top-notch.”

And the physicians? “They are academic in orientation. The activities they enjoy and aspire to excellence in are patient care, research and teaching. A teaching hospital provides the support, environment and impetus to pursue these activities,” says Dr. Peck. “Furthermore, a teaching hospital provides patients and their physicians with a broad range of sophisticated diagnosis and therapeutic capabilities that are not as well represented in a non-university hospital.”

Jewish Hospital's medical staff includes 622 doctors—90 fulltime, employed by the hospital and whose offices are here; 68 are consultants of the hospital, and 464 are voluntary or private physicians, whose offices are elsewhere, but who have admit-

The Historical Perspective



The medical education program at The Jewish Hospital of St. Louis has paralleled other programs in the United States.

Jewish Hospital first became involved in education because of anti-Semitism preventing Jewish interns from receiving training in non-Jewish institutions. In addition, the hospital actively committed itself to serving indigent patients regardless of religious background.

"When the hospital's first medical education program began it was modest, serving as the preceptor program to get training," says **David A. Gee**, hospital president.

The first intern trained in 1902. The number of interns remained fairly small for many years. Then, in 1916, the American Medical Association formalized national internship programs, coordinating a list of internship sites and three years later converting the listing to an official training program.

Prior to this time, most physicians went into practice immediately after medical school. During the 1920s, the trend changed and the majority of individuals took a one-year internship before beginning private practice.

In 1932, a formalized book of all approved residential sites was released. The Jewish Hospital of St. Louis was among those named.

During the war years, the medical education program deteriorated when everyone went off to war. But the post-war years brought a plethora of young men and women seeking medical training, at which time Jewish Hospital initiated a number of new residencies—in radiology, obstetrics, pathology and others—to accommodate the demand.

By the end of the 1940s, these same young physicians went into private prac-

tice, and, once again, the hospital experienced a temporary shortage of house staff applicants.

Fundamental Principles


Then, in 1951, the trend changed again with the creation of the Jewish Federation Health Plan citing these certain fundamental principles:

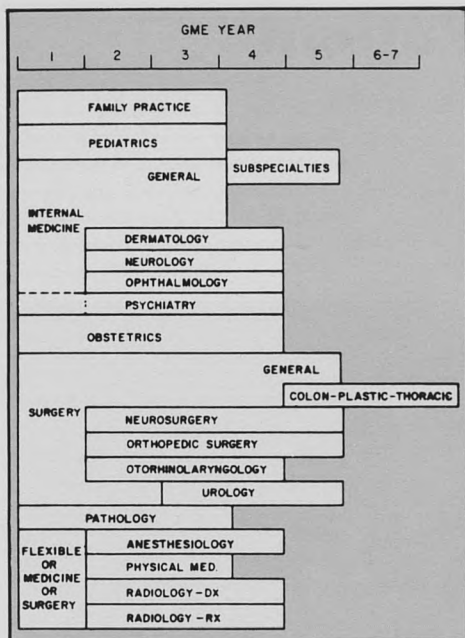
- Jewish Hospital would remain on Kingshighway because of its proximity to the medical school,
- Jewish Hospital would not follow the Jewish community west to the University City Delmar Loop area,
- Jewish Hospital would become committed to excellence in teaching.

The health plan led to thoughts of affiliation with the Washington University School of Medicine and to the appointment of chiefs of staff of medicine and surgery.

In 1956, the National Intern Matching Plan organized and Jewish Hospital became a national competitor for house officers.

The year 1962 marked the creation of the Washington University School of Medicine and Associated Hospitals, consisting of Jewish, Barnes, Children's and Barnard Hospitals and the Central Institute for the Deaf. This was followed by implementation of major affiliation between Jewish Hospital and Washington University on Sept. 1, 1963, with formalization of the affiliation on Jan. 1, 1964.

The past two decades have brought about contractual relations with the Washington University School of Medicine, the appointment of full-time chiefs of clinical services and all major specialties, creation of approximately 15 specialties and the broad teaching program that exists at Jewish Hospital today. 



This diagram shows the various types of residency programs and the number of post-graduate years required to complete each.

Educating the Educators

Lee Ford, M.D., orthopedic surgeon, addresses the group of physicians at the most recent evening grand rounds. Jerome Gilden, M.D., also spoke to the group on "What's New in Orthopedic Surgery?"



Keeping abreast of the ever-changing advancements in the field of medicine is nearly impossible, particularly given the physician's full and demanding schedule. Yet, the physician who wishes to offer optimal care to each patient feels an obligation to remain up-to-date. Jewish Hospital's evening grand rounds program was designed on this premise—to provide easily accessible continuing education to members of the medical staff.

Four or five evenings a year, all Jewish Hospital physicians are invited to a dinner and grand rounds, paid for by an annual grant from the hospital board of directors, featuring medical staff members speaking on their own fields. The physicians have the opportunity to hear from, and ask questions of, specialists in other areas, and thereby keep at the forefront of medical changes.


The programs have been well attended since they began in 1978, drawing from 80 to 120 physicians each time. "We have had some extremely talented people as speakers. The doctors don't have to come—they've been making rounds since 7 a.m. and they're tired. They come be-

cause they're really interested in patient care. I think these programs draw them together," says Dottie Nauman (Mrs. Nelson), medical staff assistant and program coordinator.

The program is considered to be the "brain child" of Arthur Gale, M.D. In the past, Jewish Hospital has sponsored an elaborate celebration for the medical staff each year on Doctor's Day. In 1978, Dr. Gale approached the board of directors community relations committee about using the money instead to support an ongoing continuing education program for the medical staff. The community relations committee responded affirmatively, and has allocated grant monies to cover the cost of the dinners, printing materials and a stipend for each speaker.

The evening grand rounds, initiated by the Medical Staff Association, are co-sponsored by the association and the department of medicine, with the cooperation of Department Chairman William Peck, M.D.

Past programs have included: "Principles of Pulmonary Medicine," Drs. Robert Senior, Stephen Lefrak and Janice

Overton, October 1978; "Principles of Cardiovascular Medicine," Drs. G. Charles Oliver and Robert Kleiger, January 1979; "Update in Oncology," Drs. Gary Ratkin, Albert Van Amburg, Cary Present and Nathan Berger, April 1979; "Critical Care," Drs. Ronald Krone and Stephen Lefrak, January 1980; "Update in Vascular Surgery," Drs. John Connors, Thomas Covey and William Shieber, October 1980; "Thyroid Disease," Drs. William Peck and William Shieber, November 1980; "Clinical Immunology," Drs. J. Russell Little and Benjamin Schwartz, January 1981; "Diagnostic Tests and Process of Clinical Reasoning," Dr. Paul Griner, March 1981; "Update in Infectious Disease," Drs. J. Russell Little and Harvey Liebhaber, September 1981; "Menopause—Male and Female," Drs. Louis Avioli and Ronald Strickler, October 1981; "Update in Diabetes Mellitus," Drs. David Kipnis and Julio Santiago, December 1981; "Stroke, Alzheimer's Disease and Parkinson's Disease," Drs. Leonard Berg and Richard Sohn, January 1982; and "What's New in Orthopedic Surgery," Drs. Lee Ford and Jerome Gilden, March 1982. 

Standardizing Patient Education

Henry Langer (on left, foreground), director of education and committee chairman, discusses entering an American Hospital Association patient education contest with the committee at the monthly meeting.

Patient education is a natural offshoot of Jewish Hospital's teaching environment. For many years, physicians and nurses have been educating their patients on preventive measures, disease control and post-hospital care. Five years ago, a group of employees met to discuss the need for a centralized body to standardize and organize the hospital's teaching efforts—hence, the emergence of the Jewish Hospital Patient Education Committee.

"Although patient education was being performed, it really wasn't documented and no one knew what others were doing," says **Barbara Burner, CRNA**, assistant chief nurse anesthetist and five-year committee member.

Employees from various hospital departments met and identified objectives: to coordinate patient education efforts throughout the hospital, maintain a library of teaching aids available to patients, disperse information to the staff on effective techniques for patient education and to serve as a central sounding body for the hospital. Representatives from throughout the hospital, including the medical staff, house staff and administration, were invited to join the committee.

"We felt patients were receiving a considerable amount of data from lay publications, some of it incorrect, and it was important for them to receive information that was factual," says Ms. Burner.

Centralizing Efforts

In the five years since its inception, the committee has made many strides towards centralizing patient education efforts. All patient education programs have been catalogued into a printed directory (available by calling the department of education, 454-8660) and entered into the hospital-wide computerized Medical Information System. A copy of all patient education materials is also available to staff members in the Sidney I. Rothschild Medical Library.




Each program is screened by the committee and the appropriate physicians, and is evaluated for contents and how it meets the educational needs of Jewish Hospital patients. The approved and implemented teaching tools encompass many areas, including caring for arthritis, coronary artery disease, the lungs, the newborn, diabetes (see related story, page 10.), and information on pre- and post-operative procedures and infection control.

Another major undertaking of the committee has been the creation and supervision of the closed-circuit patient education television station, KARE-TV Channel 8. In 1978 and 1979, the Associates in Medicine, the community relations arm of the hospital, donated its annual membership dues toward the purchase of videorecorders, players, production equipment and several hours' worth of viewing. In December 1978, Channel 8 began broadcasting two hours a day, Monday, Wednesday

and Friday. Today, Channel 8 broadcasts six hours each day, seven days a week.

Jewish Hospital's Patient Education Committee is not unique—many of the area hospitals have similar groups. However, **Henry Langer**, committee chairman and head of the department of education, says the Jewish Hospital committee prides itself on being more active and organized than most.

The basic tenet of the committee is essentially unchanged since its inception, but it has strengthened and expanded in the past five years, a phenomenon Ms. Burner attributes to the fact that "the need for patient education is obviously there. Just teaching patients the importance of taking medications at the proper time with the proper food can be essential to their welfare. We try to help educate the patients to the environment here so their hospital stay is brief, as pleasant as possible and to the greatest benefit. Then we educate them on care once they leave." 

Reprint Service

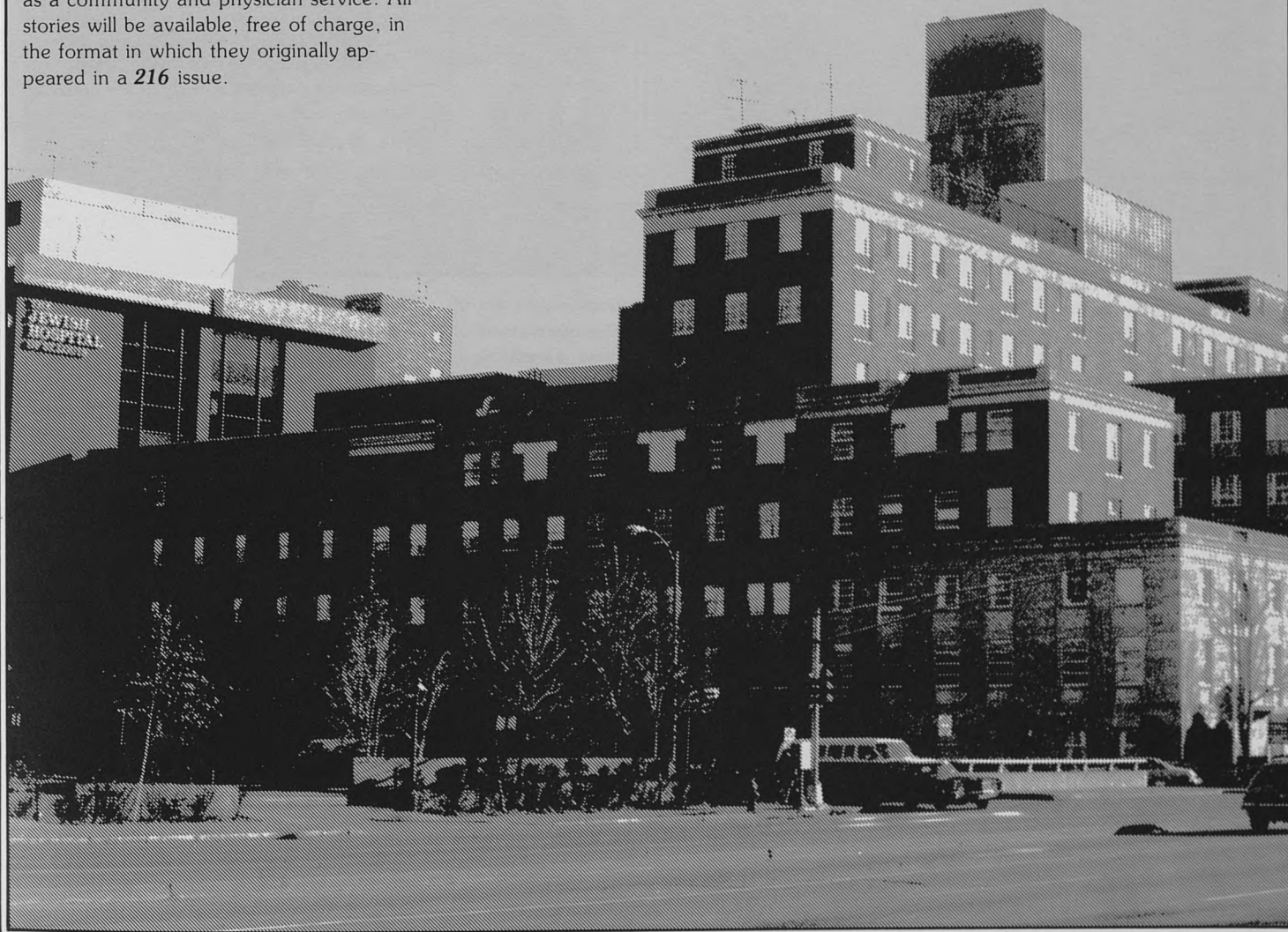
The publications department of The Jewish Hospital of St. Louis strives to inform its readers about the ever-changing medical field through the bi-monthly magazine **216**. All magazine articles are written in layman's language, tailor-made to the hospital's physicians, policies, protocol and patient care procedures.

Because of the informative nature of these stories, the publications department has decided to offer reprints of **216** articles as a community and physician service. All stories will be available, free of charge, in the format in which they originally appeared in a **216** issue.

For a listing of reprints, see the enclosed catalogue. As many copies as desired of each listed article may be ordered for personal use and for distribution as a teaching tool.

To order, call the publications department, 454-7243, or write to The Jewish Hospital of St. Louis, Publications Department, 216 S. Kingshighway, P.O. Box 14109, St. Louis, Mo. 63178.

216
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Of St. Louis



Diabetes Control Through Education

By Linda Krohne Nitchman

The number of diabetics in the United States is about 10 million and increasing by 6 percent every year. Approximately 7 percent of the patients at Jewish Hospital at any given time have diabetes. This figure is higher than the percentage of diabetics in the general population because diabetics experience a number of complications causing them more frequent hospitalizations. On a more positive note, though, the lifespan of the diabetic has increased markedly due to medical advances and teaching patients to better care for themselves, thus controlling the disease and lowering the chances for life-threatening complications.

Physicians now have a better understanding of the disease and the prognosis for the diabetic patient is good. Through diet control, synthetic insulin and proper care, the diabetic can live a near-normal life. The radical difference between how well the educated diabetic does, versus the non-educated diabetic, is the major focus of Jewish Hospital's diabetic education program.

The aim of the program is to reach all diabetic patients who are admitted to the hospital, whether they have newly discovered diabetes or have been living with it for many years. Often patients are not aware of advances or have never been properly educated about the disease, even those who have had it quite a while, according to **Marvin Levin, M.D.**, diabetes specialist and a resource person for this patient education program.

"The patient who understands his disease and who handles it is the healthy patient. Those who don't... it's just disastrous," says Dr. Levin. Good diabetic education can prevent many of the life-threatening complications common to the disease, such as foot sores that may eventually result in amputation, dental problems, blindness, renal failure and cardiovascular disease.



Margaret Burns, R.N., gives her patient Mary Wright a lesson on drawing and injecting insulin. When released from the hospital, Mrs. Wright will be injecting herself. Instructions include how to recognize insulin and diabetic shock and how to care for each.

In the past, at Jewish Hospital as at most other hospitals, a specially trained diabetic education nurse was responsible for the bulk of the teaching. Reaching such a large number of patients was a problem for one nurse.

In the new program, patients are instructed by their primary care nurse because this nurse has the most contact and, therefore, the most opportunity to teach. The primary nurses work with individual patients, teaching them about diabetes, how to inject insulin, test their blood and urine for proper sugar levels and care for their feet.

All primary care staff nurses are supported by a group of nurses specially trained as diabetic representatives, who have completed an intensive week-long training course on all aspects of diabetic care at the Diabetes Education Center of Washington University School of Medicine. Their training included living the life of a diabetic for a week to experience some of the prob-

lems incurred. "We gave ourselves saline shots to simulate insulin, calculated our diets, stayed on special diets and drew blood and tested our urine as a diabetic would, to see that the disease is under control," explained **Chris Stolinski, R.N.**, a diabetic representative.

"We're reaching more patients and most seem to be pretty excited and interested in learning. We also work with the families so they realize what is going on and can help the diabetic maintain good control of his condition at home," says Ms. Stolinski.

Exactly what the patient must learn depends on the seriousness of his disease. There are two types of diabetes. Juvenile-type, most often seen in children and young adults, is more severe than the adult type. Almost all juvenile-type diabetic patients must take insulin. Adult onset diabetes, usually occurring over age 40, can often be controlled by special diet, but pills or insulin may also be necessary.

Managing any type of diabetes requires life-style modifications to include, for example:

Foot Care

Bath time is a good opportunity for foot care lessons, important to the diabetic because of poor circulation in the lower extremities that accompanies the disease. The primary care nurse shows the patient how to bathe his feet, check them frequently for sores and properly dry them to prevent problems. Because of foot numbness, diabetics can walk around on serious injuries and never feel them. Wound healing is also a problem, because if a sore does occur and goes unnoticed it could advance to the point that amputation is required.

Meal Planning

Diabetics must learn to be careful of their diets. A dietitian works with the patient in setting up meal plans, on the orders of the physician, depending on

"The patient who understands his disease and who handles it is the healthy patient. Those who don't... it's just disastrous."

In order to educate patients, the nurses must be well-versed on current diabetic treatments and care. Marvin Levin, M.D., consultant for the diabetic patient education program, conducts in-service seminars for nursing personnel. These sessions are often video-taped by the department of education for later use.



weight, job, age, activities and how serious the disease is. They are taught never to skip meals because blood sugar must remain at a constant level. In addition to sugar control, weight control is crucial to the diabetic. Being overweight can bring on the disease for some patients, who find that it may disappear when they reduce to their normal weight.

Blood Sugar Testing

The amount of sugar in the blood and urine is important in keeping diabetes under control. The nurse shows the diabetic how to test either the urine, blood or both, depending on the doctor's orders. The patient learns how many times per day these tests must be performed and when.

Drug Control

Some diabetics can control their disease with diet, while others need pills or insulin injections, based on the seriousness of their disease. Those on insulin are taught


to inject it themselves. The nurse first carefully explains and demonstrates the procedure, then supervises as the patient injects himself. During his hospital stay, each injection time can be another lesson. Additionally, the diabetic on insulin must learn the symptoms of hypoglycemia (insulin shock) and how to distinguish it from high blood sugar which can lead to diabetic coma.

The hospital provides many other resources for diabetic patient education, including booklets and frequently aired programs on the Channel 8 closed-circuit television, such as "Diet in Diabetes," "Diabetic Foot Care," "Introduction to Diabetes," "Testing Your Urine," "Diabetes and the Eye," "Mixing Insulins," "Drawing Up and Injecting Insulins," "Site Selection and Rotation," and "Living with Diabetes: Anything You Can Get I Can Get Better."

A support program for diabetic patients, "People to People," sponsored by the hospital auxiliary, supplies volunteers who

have the disease to help newly diagnosed diabetics deal with the fears and stresses that they feel. The volunteers are specially trained, but do not answer any medical questions. Patients, family members and physicians can request a visit from a diabetic volunteer by calling the auxiliary office at 454-7130.

Out-patient diabetic education that includes dietary consultation and a home glucose monitoring program is also available through the hospital. Group classes for diabetics, open to the general public, are offered here in conjunction with the American Diabetes Association (ADA). For more information, contact the ADA at 968-3196.

As more diabetics become educated about their disease the incidence of complications will continue to diminish. As Dr. Levin summarizes, "I would rather have education for my diabetic patients than any other service the hospital has to offer them." 

Conquering Bone Disease

There is now promise that the stooped shoulders and humped backs associated with aging women may in the future be prevented, as can a host of other bone diseases, according to **Steven Teitelbaum, M.D.**, associate pathologist at Jewish Hospital and world-reknown researcher on the subject. Speaking at the auxiliary-sponsored Seminar Series III, Dr. Teitelbaum addressed bone diseases in women and children and discussed some of the newest discoveries in their treatment and prevention made at The Jewish Hospital of St. Louis.

Osteoporosis

The dowager's hump, as it is called, is a manifestation of osteoporosis, a disease in which bone mass decreases to the point that the bones are crushed by the weight of the body. In this case, the vertebrae collapse and the spine can no longer support the upper body, Dr. Teitelbaum explained.

Bone mass in females usually increases up to the age of 20, after which it begins to decrease. The bones become more porous, pitted with large holes. In some women this normal decrease in mass leaves them without enough bone to support the body. At this point, spontaneous fractures occur—those not associated with trauma—and the patient falls below what Dr. Teitelbaum calls "the fracture line" (see illustration).

A number of factors determine whether a person will fall below this level:

- her age at menopause
- how much bone mass she had to begin with
- how old she lives to be
- how much calcium is in her diet
- whether bone-producing cells continue to be active

This last factor is controlled by a group of body organs including the liver, skin, thyroid gland, parathyroid, kidney and intestine.

At age 80 the average white woman falls into the fracture zone. "If we all lived indefinitely, we'd all cross the line," Dr. Teitelbaum told the group. Two and a half percent of all white females are always in the fracture zone. White females are the prime candidates because they have less bone mass to begin with than do women of other races and most men.

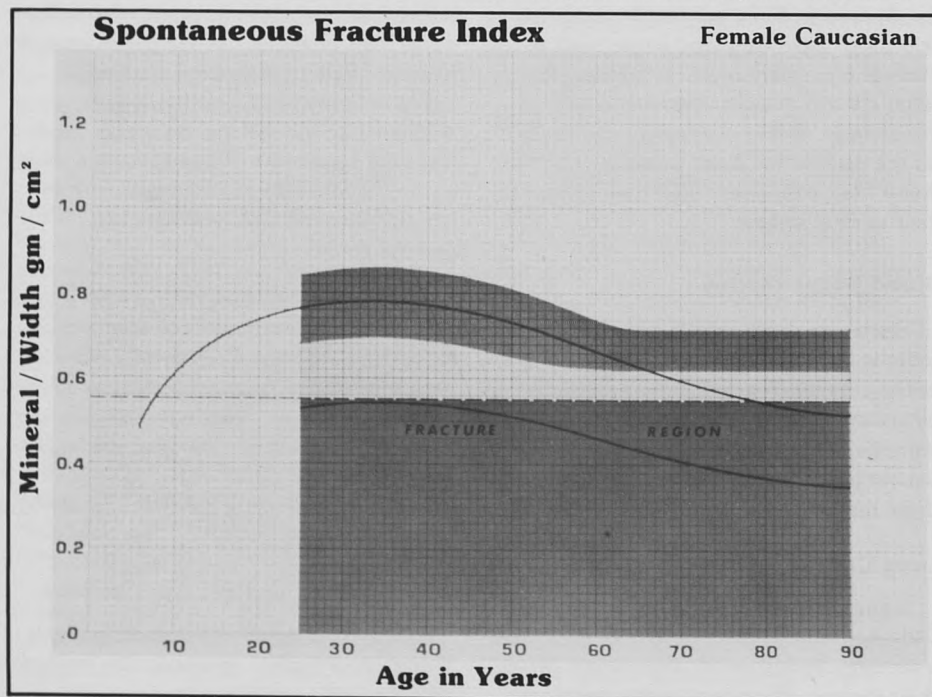
One good clue to being in the fracture zone is a broken wrist. Women who have broken a wrist should be evaluated for osteoporosis, says Dr. Teitelbaum. Currently, such evaluation involves simply measuring amount of bone in the forearm. When osteoporosis is suspected the patient generally undergoes a simple bone biopsy from the hip. That bone is then analyzed using a computerized microscope purchased for the hospital by the auxiliary. Soon the hospital will have an easy and accurate method of screening for osteoporosis when an even more sophisticated, one-of-its-kind machine will be built for

Jewish Hospital's bone lab.

Prevention and treatment for osteoporosis includes increasing calcium intake. Most women do not have enough calcium in their diets, Dr. Teitelbaum says. Calcium is found in dairy products and "enough" means the equivalent of one quart of milk per day. The diet can also be supplemented with Oscal, a tablet made from ground oyster shell. Women should begin to take this while still in the 20s, if they have a propensity toward the disease. Small bones and heredity predispose a person to the disease.

Wonderful Diseases

Shifting to another bone disease, Dr. Teitelbaum called renal bone disease "one of the wonderful diseases, because we are so successful in treating it. This is an example of how basic research pays off at the bedside," he said. In the past, many people on kidney dialysis developed a crippling bone disease that can now be prevented in centers that are aware of the



The curve of this graph shows how bone mass decreases as a woman ages. The upper curve represents normal women, and the lower one is representative of women who never rise above the fracture zone—the point at which bone fractures occur spontaneously (without trauma). Numbers at the left represent the width of the bone in the forearm, which is used as an indicator of bone mass.

Steven Teitelbaum, M.D., explains to auxiliary members that the slender, small framed woman has a greater tendency to osteoporosis than do large-framed or obese women.



treatment. This disease also involves a deficiency in calcium, but for another reason. Vitamin D is extremely important in the metabolism of calcium. The normal kidney produces this vitamin D component, but as the diseased kidney shrinks, it loses the ability for this production. The body can no longer absorb calcium. Doctors are now able to synthesize this vitamin D component and treat and prevent the disease.

Another bone disease, Paget's disease, affects 4 to 5 percent of the population. It often produces no symptoms, but can be painful and disfiguring. It is an abnormality in bone growth caused by an imbalance between the bone producing cells and bone degrading cells. In this disease, the bone producing cells are working faster than the bone degrading cells. The bone begins to build up, causing the nerve covering over the bones to be stretched, creating pain. The treatment is to suppress the activity of bone forming cells through a hormone secretion of the thyroid gland.


An example of a common and successfully treated childhood bone disease is vitamin D resistant rickets. The Jewish Hospital endocrinology and metabolism physicians take care of the children at the Shriner's Hospital who have this disease. Part of the bone becomes soft, begins to bow out and no longer mineralizes. "We can now make these kids grow, treat the disease and correct their defects through orthopedic surgery," says Dr. Teitelbaum.

A "tragic disease," he says, is osteogenesis imperfecta, otherwise known as the brittle bone disease. "We have a handle on what's going on, but can't cure it." This disease occurs when a fetus develops too little skeleton to support the body. The baby is usually born with fractures and develops hundreds more. This is one disease that may never be prevented, Dr. Teitelbaum says. "It may be more a means of detecting it in the fetus and terminating the pregnancy."

A New Cure

Osteopetrosis, the marble bone disease, is caused by an abnormality of the cells which take bone away. It has been uniformly fatal until recently. The bone keeps growing until it is solid, with no cavity for cell-producing bone marrow. The bones can not be normally shaped and most patients die at age seven or eight. Often the skull and spinal column close up, damaging the spinal cord and nerves, producing blindness, deafness and destroying the brain.

The bone team at Jewish Hospital, in collaboration with pediatricians at the University of Minnesota, were recently able to cure this disease by bone marrow transplants from a healthy donor. This approach has now become the standard therapy and is based upon laboratory research—much of which has come from The Jewish Hospital of St. Louis.

"Jewish Hospital is now the most famous referral center for bone diseases in the world. Physicians and other scientists continue to come to the departments of pathology, endocrinology and metabolism to acquire the techniques developed in the hospital," Dr. Teitelbaum told the group. Research conducted in the laboratories continues to keep the hospital a pioneer in the forefront of this field. 



The best advice Dr. Teitelbaum could offer against osteoporosis is to supplement calcium in the diet and choose parents wisely, because the disease is hereditary.



The Perils of Sleep

Dr. Senior employed a series of slides to familiarize the more than 50 guests with common sleep disorders and their origins.

Sleep remains one of the body's mysterious states, and it is under aggressive research. One component of sleep—breathing—is also under scrutiny because it relates to a number of physical abnormalities. "Nowadays we're just as apt to be concerned about how a person breathes during sleep as we are when they are at maximum exertion," said **Robert Senior, M.D.**, who spoke on "Breathing and Sleep" March 10 with the Associates in Medicine.

"Sleep, for some people, can be regarded as a dangerous time," warned Dr. Senior, co-director of Jewish Hospital's division of pulmonary disease and respiratory care and professor of medicine at Washington University School of Medicine. "For many years we've talked about someone who 'died in his sleep.' It's a common expression. We now think that a certain number of people die *because* they sleep."

Sleep and Health Problems

Breathing during sleep, if it is not quite right, can lead to serious health problems. The simple act of sleeping can aggravate asthma, chronic bronchitis and emphysema and some heart conditions because of respiratory changes that occur. Among other changes, pulmonary secretions are not eliminated as efficiently, and the airways contract to their narrowest point during sleep. According to Dr. Senior, however, some serious health problems are actually created by sleep, and the most serious of these are the sleep apnea syndromes.

"Prolonged stoppage of breathing during sleep, known as sleep apnea, is a problem that is much more common and potentially dangerous than previously believed. It's normal to have brief apneic periods in sleep, but it isn't normal not to breathe for more than 30 seconds." Apnea occurs either because the throat muscles relax, blocking the movement of air during sleep, or because the brain fails to send the nor-

mal signals to breathe, or it is a combination. Blockage of air flow due to obstruction is the most common cause of apnea.

Snoring may be an indicator of breathing obstruction. "Everyone thinks snoring is humorous, that it's funny—the idea of being noisy when you sleep," Dr. Senior said. "Snoring may be medically significant. It may be saying something about obstructed breathing and could be very serious. Snoring is noisy breathing around the mouth and throat, due to air trying to get through the throat." Loud snoring means a severe obstruction to breathing. It creates the risk of oxygen deficiency that may lead to heartbeat irregularities and even sudden death.

If an airway obstruction closes off the airway entirely so that no air goes in or out, it can lead to a shortage of oxygen. "At some point, the body realizes that it is deficient in oxygen and signals the person to wake up. The throat muscles tense at that point, the throat opens, and the person takes a deep sort of a snorting breath. People who have this problem may have these episodes of sudden waking hundreds of times a night, but they don't necessarily recognize it."

The Sleep Apnea Patient

The typical patient with sleep apnea due to obstruction is male, middle aged or old-




Robert Senior, M.D.

er, obese, and has snored for years. "They end up in doctors' offices because they're falling asleep all the time. Often the wife brings the patient because of his snoring. Everybody may tend now and then to doze off sometime during the day, but we're talking about the person who falls asleep while he's talking or eating—it's that kind of abnormal sleepiness." Frequently such a disorder spans many years before recognized. Eventually, problems in breathing occur all of the time, not just at night. Serious disturbances in heart and lung function ensue. The person starts to deteriorate both in terms of how they behave and their thinking process.

When confronted with such a patient, Dr. Senior said, physicians first rule out actual throat obstructions, which may take the form of enlarged tonsils, for instance. Secondly, physicians may perform a sleep study, whereby the subject is connected to an array of electronic sensing devices in an effort to confirm and analyze abnormal breathing during sleep.

Solutions vary and are applied according to the severity of the problem. Frequently weight reduction will effect a good remedy, as reduced weight tends to decrease the work of breathing and diminish the amount of tissue in the throat, so that the throat is less apt to close during sleep. Even avoiding sleeping on one's back may be helpful. Abstaining from sleeping pills or excessive alcohol is important because they tend to aggravate sleep apnea.

"When the problem is severe—when it's urgent and the other, more conservative methods fail or are too slow—we then have to do something to straighten out the breathing immediately. Tracheostomy, which involves creating a hole in the throat and bypassing the obstructing tissue, is the final resort. As you might imagine," Dr. Senior concluded, "sleep is not always a remedy for everything that ails you." 

Profiles in Jewish Hospital



John Dubinsky

"I have a couple cardinal principles," says John Dubinsky, hospital board member. "If I'm going to be a member of something, I want to have time to carry out the responsibilities and have time for my job and family. So, I only join three organizations at a time, and the ones I join are the ones I want to learn about and where I feel I have some ability and expertise to help."

Mr. Dubinsky joined the Jewish Hospital Board of Directors in 1979 and has served as chairman of the data processing subcommittee and as a member of the finance and budget committee. In 1982, he was elected treasurer.

In the past three years, since joining the board, Mr. Dubinsky says he has learned a lot, but there is a lot left to learn. "I didn't realize health care is as costly as it is, that there is as much government involvement and that there are so many different levels of health care. I also didn't realize there are so many ways in which generally accepted business principles can be integrated in a not-for-profit hospital."

Mr. Dubinsky is president of the Mark Twain Bancshares, a position he says he "survived my way up to." This experience in leading a financial institution has helped him to understand the fiscal problems of running a hospital. In addition, Mr. Dubinsky also brings to the board "a pretty good understanding of the St. Louis community and a sensitivity to the responsibility of any institution to its community."

In Mr. Dubinsky's opinion, Jewish Hospital's primary responsibility in the community is to have available the best and most current knowledge about, and practice of, health care. "And, as a member of the board, we must provide an environment for medical professionals to follow their search for knowledge with as few restrictions as possible. We also should provide, to the extent of our abilities, health care to disadvantaged persons."

Mr. Dubinsky serves on the boards of Maryville College and the St. Louis Repertory Theater. Mr. Dubinsky and his wife, Yvette, are the parents of two daughters and a son, ages 7, 5 and 2.



Edward B. Greensfelder

Edward B. Greensfelder's board chairmanship marked a time of dramatic change. During his six terms in office, 1968 to 1974, The Jewish Hospital of St. Louis became contractually related to the Washington University School of Medicine.

"Working out the relationship between Washington University and Jewish Hospital was very fascinating," says Mr. Greensfelder. He adds that he found the negotiations particularly interesting because of his own legal background. Mr. Greensfelder is a senior partner in the law firm of Greensfelder, Hemker, Wiese, Gale and Chappelow.

With regard to his role as board chairman during the hospital's affiliation process: "I think that to be involved you must be a good listener. I felt part of whatever I accomplished was due to my willingness to talk to all parties involved, to become as informed as I could and listen."

Mr. Greensfelder says of all his civic activities "Jewish Hospital has played the largest role. It was more of a challenge. And I felt I was actually involved in something, helping. There are so many things in a hospital the layman can get involved in.

"I have always felt my board membership is really a matter of substance and that I'm doing something, as opposed to many boards where you don't feel like you're doing much. The hospital has real problems of a substantial nature, much more so than any other community and charitable organization."

Mr. Greensfelder joined the board of directors in 1954, was elected vice president in 1961 and served in that position until elected president in 1968. He has been a member of the community relations, executive, finance and budget, legal, nominating and planning committees.

He says, as past president, "I'm still involved, but I don't have any of the responsibility. I've always believed when you're past, you get out of the way, try to be helpful and do what you're asked to do. It's still very interesting to me."

In addition, Mr. Greensfelder is past president of the Jewish Family Service Bureau, past director of the St. Louis Jewish Federation and Blue Cross, and past chairman of the Council House.

Edward and Alice Greensfelder reside in Ladue. They have two sons, both of whom are also lawyers, and three grandchildren.



Louis Sachs

Louis S. Sachs, chairman of Sachs Electric Co. and president of Sachs Properties, recently was voted by the St. Louis Construction Industry as the 1981 "Man of the Year." The honor is an obvious source of pride for Mr. Sachs, as it is for The Jewish Hospital of St. Louis, where he serves as a member of the board of directors and construction consultant.

Mr. Sachs has been a member of the hospital board since 1968. He has served on the executive, planning and finance and budget committees, and is former chairman of the building committee. As a committee member, he says, he has tried to offer input on "what they need in facilities, equipment, building, and how to keep the costs down."

Mr. Sachs is the dynamic force behind the Jewish Hospital garage expansion and construction of the Shoenberg Pavilion.

"I've gotten satisfaction out of helping the hospital get what it needed at a proper cost. I think it's a great hospital and a community asset, and I feel some comfort that if I ever have to be in some hospital, that's where I'd want to be."

It is hoped Mr. Sachs will not have to be in Jewish Hospital as a patient—he's too busy to get sick. In addition to his hospital board activities, he also is a board member and chairman of the building committees of Children's Hospital and the Missouri Botanical Gardens, board member of Washington University, Museum of Science and Natural History, the Junior Achievement, St. Louis Area Council-Boy Scouts, the St. Louis Symphony, United Way, St. Louis Union Trust Co. and Young Audiences.

Most demanding is his work with the planned community Chesterfield Village, a 1,500-acre development at the Route 40 interchange with Olive/Clarkson. Mr. Sachs says his goal is to try to "even traffic flow" between St. Louis city and county. Only a small part of the total village, 150 acres, has been developed so far. Eventually, the development will feature six million square feet of office space, 4,000 residential units and 250 acres of open space.

When not working, Mr. Sachs enjoys vacationing on his boat and flying his plane. He maintains two homes, one in the Central West End, the other in Chesterfield Village. He has two sons and one daughter.

Medical Staff Notes

Charles B. Anderson, M.D., has co-authored with J.S. Melzer, G.A. Sicard and E.E. Etheredge a paper on "Successful Revascularization of Early Post-Transplant Renal Arterial Occlusion" for the February edition of *Surgery*. With Sicard and Etheredge, Dr. Anderson has co-authored "Pretreatment of Renal Allograft Recipients with Azathioprine and Donor-Specified Blood Products," presented Feb. 11-13 to the Society of University Surgeons, New York City. Dr. Anderson gave a vascular access talk Feb. 18 at a hemodialysis symposium at the St. Louis Breckinridge Inn at Frontenac. Dr. Anderson also gave a transplantation update March 2 at the Renal Education Seminar of the National Kidney Foundation, in Columbia, Mo.

John P. Connors, M.D., spoke on cardiopulmonary bypass in renal disease at a conference on cardiopulmonary bypass Feb. 19 in San Diego, Ca.

Raymond S. Dean, Ph.D., has authored a paper on "The Effects of Abstractness in Mediation with Learning-Problem Children," with D.K. Kundert for the *Journal of Clinical Child Psychology*, Fall 1981. Dr. Dean also presented his paper, "Cognitive Neuropsychological Differences in Schizophrenia and Depression," at the March 3 convention of the Society of Behavioral Medicine in Chicago, Ill.

William D. Gay, D.D.S., has co-authored with Kent and Porter a paper on "Implants to Restore Facial Contour" for the March 1982 issue of *Quintessence of Dental Technology*. Dr. Gay also spoke on maxillofacial prosthetics with the prosthodontic residents and staff of the Walter Reed Army Medical Center and Bethesda Naval Medical Center, Feb. 25-26 in Washington, D.C.

Jerome Gilden, M.D., attended the annual meetings of the American Academy of Orthopaedic Surgery, the Hip Society and the American Orthopaedic Society for Sports Medicine, Jan. 20-23, in New Orleans, La.

Melvin Goldman, M.D., is president of the Alpha Omega Alpha Chapter at the Washington University School of Medicine.

Irving I. Gottesman, Ph.D., has co-authored a book with James Shields and Daniel R. Hanson entitled, *Schizophrenia - The Epigenetic Puzzle*, published by Cambridge University Press.

Jack Hartstein, M.D., was the moderator of a symposium on extended wear contact lenses in myopia at the annual meeting of the Contact Lens Association of Ophthalmologists, held in Las Vegas, Nev., Jan. 28-31. Dr. Hartstein was invited to speak on "Silicone Extended Wear Lenses in Aphakia" at the 25th-annual Post-Graduate Symposium in Ophthalmology at Ohio State University, March 1-2.

Godofredo Herzog, M.D., attended the meeting of the American Society for Colposcopy and Cervical Pathology, March 7-10, in New Orleans, La. Dr. Herzog completed a post-graduate course in CO₂-laser surgery in gynecology at the Gynecological Laser Society, March 8-9 in New Orleans, La. Dr. Herzog also attended the meeting of the Texas Association of Obstetrics and Gynecology, March 4-6, in Houston, Texas.

Barry Hieb, M.D., spoke March 1 and 3 on "Computers from a Medical Perspective," two optional evening electives for the combined freshman and sophomore classes at the Washington University School of Medicine.

Barry Hong, Ph.D., has co-authored with Marc D. Smith, Thomas Valerius and Alan M. Robson a paper entitled, "Pretreatment Depression in End-Stage Renal Disease" for the Jan. 9 issue of *The Lancet*.

Dov Kadmon, M.D., has co-authored a paper with W.D.W. Heston, D.W. Lazan and W.R. Fair on "The Polyamine Synthesis Inhibitor Alpha-Difluoromethylornithine Enhances Putrescine Uptake into the Androgen Stimulated Castrate Rat Prostate." The paper appeared in the December issue of *IRCS Med. Sci-Biochem*.

Alex Kaplan, M.D., presented "50 Years of Psychiatry in St. Louis" at the

grand rounds of the St. Louis University School of Medicine Department of Psychiatry, Jan. 26, and at grand rounds at the Washington University School of Medicine Department of Psychiatry, Feb. 23. Dr. Kaplan is president of the St. Louis Psychoanalytic Society.

Ira J. Kodner, M.D., has co-authored with **Robert D. Fry, M.D.**, a paper on inflammatory bowel disease for *CIBA-Clinical Symposia*.

David Malone, M.D., has been elected to fellowship in the American College of Physicians, a 53,000-member national medical specialty society.

Charles Mannis, M.D., spoke on sports medicine before the Southeast District Physical Therapy Association, March 13, in Flat River, Mo. Dr. Mannis also attended the January convention of the American Orthopedic Society for Sports Medicine, in New Orleans, La.

John S. Meyer, M.D., has co-authored a paper with M.M. McCrate, E. Friedman and W.C. Bauer on "Prediction of Course in Breast Carcinoma by Cell Kinetic Analysis." Dr. Meyer also co-authored a paper with J. Craver, and **R. McDivitt, M.D.**, on "Measurement of Breast Cancer Cell Kinetics by Flow Cytometry." Both papers were presented at the meeting of the Cell Kinetics Society, March 18-21, in Houston, Texas. Dr. Meyer is serving on the Breast Cancer Committee and Pathology Committee of the Southeastern Cancer Study Group, effective January 1982.

Jorge A. Raichman, M.D., has co-authored a paper with **Ronald Martin** and **Wayne Stillings** on "Catatonic Stupor: A Diagnostically Non-Specific but Distinct Syndrome" for the December 1981 issue of the *Journal of Clinical Psychiatry*.

Kenneth Russ, Ph.D., attended the annual conference of the Psychotherapy Division of the American Psychological Association in Monterey, Ca., Feb. 26-28, and the annual meetings of the Society of Behavioral Medicine and Biofeedback Society of America, in Chicago, March 4-7. While there, Dr. Russ attended workshops on "Behavior and the Immune System"

and "Understanding and Treatment of the Irritable Bowel Syndrome."

Jules Snitzer, D.D.S., attended the 25th annual meeting of the Midwest Society of Periodontology, Feb. 20-21, in Chicago, Ill. Dr. Snitzer has been re-elected secretary of the society.

Noah Susman, M.D., has co-authored with **Albert Hammerman, M.D.**, and **Edward Cohen, M.D.**, a paper entitled "The Renal Halo Sign in Pancreatitis" for the Feb. 12 issue of *Radiology*. The paper was presented to the conference of the Radiologic Society of North America, Nov. 1980, Dallas, Texas.

Patrick R.M. Thomas, M.D., has co-authored a paper with M. Tefft, **R.G. Evans** and M.E. Nesbit on "Ewing's Sarcoma of the Ribs" for the *International Journal of Radiation Oncology Biology, and Physics*, vol. 7, 1981. Dr. Thomas presented the paper at the conference of the American Society of Therapeutic Radiologists, Oct. 11, 1981, in Miami, Fla.

Michele Van Eerdewegh, M.D., has co-authored a paper with M. Bieri, R. Parilla and P.F. Clayton on "The Bereaved Child" for the January 1982 issue of the *British Journal of Psychiatry*.

Bruce Walz, M.D., spoke and participated in a panel discussion on "Radiation Oncology: Current Status and Future Expectations" at St. Mary's Hospital, Feb. 18, in Evansville, Ind.

Todd H. Wasserman, M.D., has been appointed associate professor, division of radiation oncology, Mallinckrodt Institute of Radiology, at the Washington University School of Medicine. Dr. Wasserman is serving on the scientific program committee of the American Society of Therapeutic Radiology, and on the local arrangements committee of the American Society of Clinical Oncology. Dr. Wasserman recently has made several presentations, including "Hodgkin's Disease—Radiotherapy," at a tumor conference at Christian Hospital Jan. 27 in St. Louis, Mo.; "Update on Radiosensitizers," before the department of radiation therapy at the University of Kansas Medical Center, Kansas City, Kan., Feb. 18; "Current Clinical

Trials with Radiation Sensitizers," for the division of radiation oncology, Johns Hopkins Medical Center, March 2, and "Differential Protection of Cytotoxic Chemotherapeutic Agent Toxicity by WR-2721," before the department of oncology, Johns Hopkins Medical Center, March 2.

Robert S. Weinhaus, M.D., spoke on "Holiday Depression" for the Dec. 23, 1981 segment of the KMOX-TV Channel

4 News.

Calvin Weiss, D.D.S., director of the Jewish Hospital of St. Louis Dental Department, was moderator of an all-day seminar on "Hospital Dentistry Today and the Utilization of Implants in Comprehensive Dental Care," Jan. 30 at Jewish Hospital. Forty dentists attended the seminar, presented by Harold Black, D.D.S., president of the American Association of Hospital Dentists.

David Rothman, M.D., on the medical staff of Jewish Hospital since 1938, died Feb. 28. The hospital's department of obstetrics and gynecology conducted a memorial service March 26 in the Steinberg Amphitheater. Below, Marvin Rennard, M.D., who practiced with Dr. Rothman, gave a eulogy, and Hospital President David Gee, right, praised Dr. Rothman as well.

Dr. Rothman headed the hospital's department of obstetrics and gynecology from 1956 until 1972, and he was president of the medical staff association from 1959 until 1961.

Dr. Rothman was vice president of the St. Louis Gynecological Society and a fellow of the American College of Obstetrics and Gynecology. He was an accomplished violinist and for years had played with the St. Louis Philharmonic Orchestra.

Surviving are his wife Frances of Clayton; three daughters, Helen Flegal of Atlanta, Elaine Rothman of New York City and Sally Rothman of St. Louis; a brother, Harry Rothman of Los Angeles, and three grandchildren.



The Shopping List




Laurence Levine, D.D.S., M.D., director of otolaryngology, prepared to remove stones from a patient's saliva gland using the Wild microscope. Attached to the microscope, on left, is a color television camera that uses the microscope's own viewing system to record images. At right, a resident observes the procedure on a television monitor.

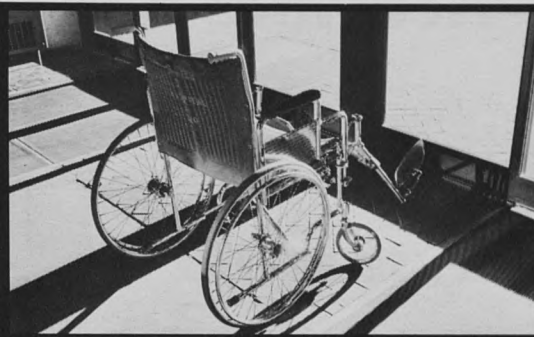
Wild Microscope

During many operations, what the surgeon needs to work on—a blood vessel or an eye, for example—is so small that he cannot see it unaided. For all of the delicate operations they must routinely perform, ear, nose and throat specialists (otolaryngologists) at Jewish Hospital now have the Wild Surgical Operating Microscope.

Operating microscopes were developed in the 1940s and met widespread use in the mid-1950s. The first microsurgeries performed were for the ear, and microscopes are still used for ear surgery and many operations for the throat, including microsurgery and biopsies of the larynx.

Jewish Hospital's five otolaryngologists are using the new microscope for virtually all ear surgery, where visibility is important and precision crucial. The \$20,000 Wild microscope, a brand-new, sophisticated Swiss tool designed by working otolaryngologists, replaces the hospital's 20-year-old operating microscope, which while admirable in its own right, was far less sophisticated in design and function. All moving parts on the Wild microscope operate with gears, and it has far better balance and stability. The new microscope also has specially designed provisions for still and video cameras. The resulting video tapes and pictures are valuable teaching tools for house staff members and for documentation in the patient record.

A particular strength of the new microscope is its tremendous versatility and flexibility. It can be used for a variety of ear, nose and throat procedures, and it will soon be modified for laser treatment. In fact, the Wild microscope is now used by most manufacturers to demonstrate their lasers, and laser applications are being developed for ear surgery as well as the established use in the larynx and mouth. 



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 approx-

imate 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 func-

tion 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.



Nursing

- Wheelchairs..... (10 needed)/ \$500 each
- Stretchers..... (5 needed)/ \$750 each
- Wheelchair and electronic patient scale..... \$550

Operating Rooms

- Patient vital sign recorders..... (4 needed)/ \$1,000 each
- Fiber-optic surgery lights..... \$1,485
- Arthroscopy shaving system..... \$3,800
- Bronchofiber scope..... \$5,350

Physical Therapy

- Training leg brace..... \$1,500

Cardiac Catheterization Laboratory

- Patient film sensitometer..... \$850

Anesthesiology

- Continuous blood pressure monitor units..... (10 needed)/ \$950 each
- Blood and fluid warmer..... (2 needed)/ \$700 each
- Flurothane vaporizers..... (7 needed)/ \$1,200 each

Hematology

- Binocular microscope..... \$2,055

J.G. Probstin Chapel

- Ark for Chapel Torahs..... \$10,000

Activities à la Cart



Mrs. Cherry instructs the monthly kit-assembling group of volunteers.

The alert patient who feels reasonably well often suffers as much from anxiety and boredom as anything else. The Jewish Hospital Auxiliary has implemented a new project, an "activities cart," designed to "keep patients busy to get their minds off of their worries," says **Peggy Ross** (Mrs. Donald), vice president of volunteer services and project originator.


Two volunteers and their cart of kits and gifts visit each patient and offer them easy-to-assemble crafts. The kits include items for men, women and children—tissue and cloth flower arrangements, vinyl television guide covers and bed caddies, napkin rings, picture frames, pillows and a vast array of other projects, all of which can be assembled with needle and thread or glue. Everything is pre-cut and packaged for the patient, and given free of charge.

The activities cart idea grew out of a discussion at the conference of Jewish Hospital auxiliaries sponsored by Jewish Hospital in 1980. At that time, Mrs. Ross says, she wanted to implement the project, but she had no one to carry it out. Then she came in contact with two women who once owned a crafts shop and whose expertise made the plan a reality. They have since become project co-chairpersons: **Norma Cherry** (Mrs. Marvin) and **Micky Aach** (Mrs. Allyn).

Once the chairpersons were secured, the auxiliary began to solicit donations of supplies for the kits. The auxiliary announced the need for materials, yarn, trimmings, buttons and other supplies in the auxiliary newsletter, *Clover Leaf*. According to Mrs. Ross, the response has

been "fantastic," as individuals and businesses have donated enough materials to supply kits for each patient.

A group of volunteers meets once a month to assemble the individual kits under the instruction of Mrs. Cherry and Mrs. Aach. Another group of volunteers learns the crafts instructions and then takes the kits to the patients. The cart will go out on the floors three times a week so that each room will be visited at least once a week.

Mrs. Ross says she anticipates a favorable patient response and envisions the activities cart as an on-going project. If you are interested in learning to assemble kits, instruct patients, or have supplies to donate, call the auxiliary office, 454-7130. 



The activities cart, is filled with easy-to-assemble kits of interest for every patient, regardless of age or sex. Norma Cherry (Mrs. Marvin), left, instructs patient Debbie Alex on the art of tissue flower making. Project originator, Peggy Ross (Mrs. Donald), looks on.





Clover Ball '82

An Elegant Affair



Above: Peter Duchin and his orchestra will perform at Clover Ball '82.

Above right: Proceeds from Clover Ball '82 will purchase cardiac diagnostic equipment that Cardiologists Rudolphe Ruffy, M.D., right, and Robert Kleiger, M.D., will utilize extensively. Co-chairmen for the Clover Ball are Marlene Isaacs (Mrs. John III), left, and Helene Goldstein (Mrs. Irving).




Inaugural balls, parties hosted by presidents and royalty, and jet-setter affairs are the musical domain of Peter Duchin, who, with his orchestra, will entertain for the Jewish Hospital Auxiliary's Clover Ball '82, Nov. 20 in the Chase-Park Plaza's Khorrason Room. Duchin has been described as "the final stamp of elegance" for society affairs.

Duchin played for the last Clover Ball in 1977 and is being brought back because of his "total popularity" there, says **Marlene Isaacs**, (Mrs. John III), co-chairman of the 1982 event. Guests five years ago so enjoyed dancing to Duchin's repertoire, ranging from pop to jazz and classical music, that when the evening was scheduled to end some of the guests privately financed another hour of music.

The versatile entertainer/concert pianist/orchestra leader/recording artist will provide continuous music for Clover Ball '82,

beginning at the cocktail hour. The auxiliary promises Clover Ball '82 will be "the most magnificent party ever given in St. Louis," according to Ms. Isaacs. Although certain aspects of the ball are being kept under wraps, such as the decor and the menu—to add to the element of surprise—committee chairmen utter the most grandiose of adjectives, "spectacular" and "exquisite," to describe them.


The auxiliary hopes Clover Ball '82 will raise \$200,000 pledged to purchase cardiac diagnostic equipment that will ensure the hospital's continued national and regional prominence in the cardiac field. Invitations to the event will be mailed in late September and offer three donor categories: Golden Clover for \$1,200 per couple, Patron for \$600 per couple and Friend for \$300 per couple. Approximately 4,000 invitations will be sent and the ball's capacity is about 1,200. Reservations will be accepted on a first come, first serve basis. 

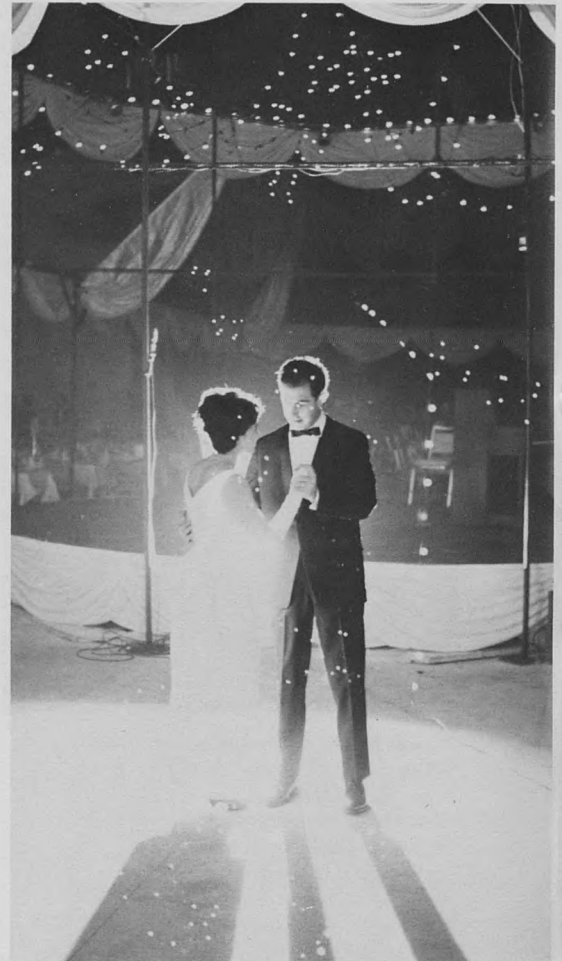


Clover Balls of Yesteryear

Every five years since 1962 The Jewish Hospital of St. Louis Auxiliary has held a magnificent party, each one the culmination of years of planning and the work of hundreds of volunteers. Through the years, these affairs have afforded St. Louis society with not only a spectacular party, but the opportunity to perform a philanthropic activity as well. Proceeds from each of the Clover Balls have helped to make the hospital the modern, well-equipped institution that it is today. The cardiac intensive care step-down unit, a CAT scanner, psychiatric offices and an indoor patient lounge have all been provided by past Clover Balls.

This photo montage provides a look at some of these past balls, where such recognizables as Former St. Louis Mayor and Mrs. A. J. Cervantes, the Charles Yalems and Mr. and Mrs. Lawrence K. Roos might be seen amid a room-full of hospital supporters.

Some may also recognize past Clover Ball chairmen: Jimmie Shoenberg (Mrs. Sidney, Jr.), 1962; Marge Loeb (Mrs. Harry), 1967; Elizabeth Ruwitch (Mrs. Joseph), 1972; Shirley Cohen (Mrs. Stanley) and Judy Smith (Mrs. David), 1977. 





Contributions to Jewish Hospital Funds

Generous Contributions

The Danpearl Foundation has made a contribution to the Building Fund, and the Department of Otolaryngology Fund.

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

Mr. Robert Russell has made a contribution to The Marilyn Fixman Cancer Center.

The H. Robert and Marilyn Shampaine Philanthropic Fund of the Jewish Federation of St. Louis has made a gift for life saving equipment.

The Philip Wohl Trust has made a contribution to the Building Fund program.

Mrs. Edna Malen, R.N., a long-time supporter of Jewish Hospital and The Jewish Hospital of St. Louis School of Nursing, was honored April 5 during a ceremony in the Brown Room. Mrs. Malen, a 1936 graduate of the school, has attended 49 consecutive graduation ceremonies as a student and graduate—a perfect record. In appreciation for her dedication to the hospital, nursing school and private-duty nursing, Hospital President David Gee and Vice President Brenda Ernst, R.N., presented Mrs. Malen an inscribed pewter jewelry box. The ceremony was originally scheduled for the Jan. 31 nursing school graduation, which was postponed due to snow.





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Electrophysiology Technician Mee Ling Lah conducts the electroretinograms and other vision tests using the department's specialized testing and amplification equipment. Below; Mitchel Wolf, M.D., director of ophthalmology.



Electroretinogram: The Telltale Test for Retinitis Pigmentosa

By David Baygents

Eyesight is one of the senses that many take for granted. When something goes wrong with the eye, though—an injury or a disease—this complacency turns to concern. While many eye problems are the unalterable result of old age, some can strike early and change lives irrevocably.

One disease is retinitis pigmentosa, a kind of retinal degeneration that affects more than 100,000 Americans. Night blindness is usually the earliest symptom, caused by changes in the retina's rod cells, responsible for perception in dim light. Central vision often remains good as the disease advances, but side vision—peripheral vision—usually degenerates markedly until only a tubular field remains. In the worst stages, patients can only tell light from dark. Physicians can easily recognize it in later stages by the narrowing of retinal vessels and the scattering of clumps of pigment throughout the retina, a thin transparent membrane that lines the inner eye. The retina's highly specialized rod cells and cone cells, which are the structures sensitive to light, and the other nerve cells of the retina, like those of the brain, cannot be replaced if damaged. Death of these cells has a permanent effect on vision.

Treatment remains limited. Patients' sight is often improved some by eyeglasses, and since constant high lighting levels have been shown to speed the disease's course in animals, dark sunglasses often are recommended*.

Retinitis pigmentosa is often genetic, and sometimes counseling is advised. For example, a couple may elect not to have children if they know they may pass on the trait. Adding to the frustration is the

fact that the disease can skip generations, making predictions difficult. Youngsters who have had electroretinograms that show electrical changes (and thus signal retinitis pigmentosa) may elect to avoid occupations that rely heavily on the eyes. Because the disease has such implications, proper diagnosis is especially important.

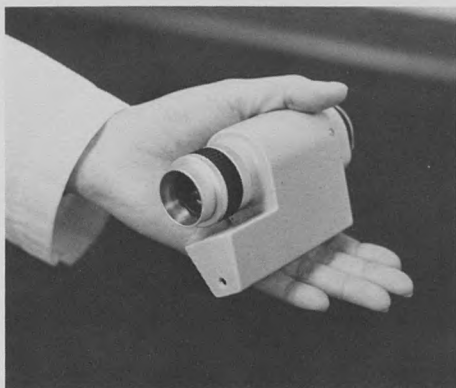
A Crucial Test

The Jewish Hospital of St. Louis Department of Ophthalmology is the only place in Missouri that performs the electroretinogram, an electrical test that detects subtle abnormalities or changes in the electrical properties of the eyes. Electrical changes—decreases in electrical output in particular—signal possible retinitis pigmentosa.

In 1981 the department performed 400 electroretinograms, crucial for patients who want to structure their lives. Says Director of Ophthalmology **Mitchel Wolf, M.D.**: "We're dealing with an untreatable disease, and what usually happens when an ophthalmologist makes a diagnosis, and there is retinal degeneration, is that he'll tell the patient, 'You're going to go blind in a few years, and that's it.' It's kind of an easy way to deal with the problem because if you're wrong, and the patient sees for longer, everybody's happy, and if you're right, you can say, 'I told you so.' This makes things unfair for patients because they don't know what to do with the rest of their lives. Patients want to know not only that they have the disease, but whether it will get worse and how long they'll have their vision and what kinds of things they can do occupationally. They have a right to know what to expect, and there's no way you can tell by looking at someone's eye how fast the disease is going to progress and how serious it's going to be."

One of Dr. Wolf's patients came in to say, "Listen, Doc, I've only got a year of vision left, so I'm going to quit work. There are a lot of things I want to see and

*Director of Ophthalmology Mitchel Wolf, M.D., recently spent a six-month sabbatical at Hadasah Hospital in Jerusalem, where a project is underway to evaluate light deprivation. Patients are being fitted with one dark contact lens and one normal lens, and the progress of the disease is being followed. Approaches like this may offer help to some of these patients.



Retinitis pigmentosa is a kind of retinal degeneration that affects more than 100,000 Americans. Peripheral vision usually degenerates markedly until only a tubular field remains.

The ITT night vision device weighs about two pounds, is focused much like a camera and produces sharp images in a light, transparent shade of green even in extremely low light levels. It is similar in principal to military night vision devices.

do before I go blind." But such ideas may not be accurate. The disease can go very slowly for 10 or 15 years, and there is no way to gauge it without the electroretinogram. Another example illustrates the other side of the diagnostic coin. A child was misdiagnosed. "They told him his disease was stable," says Dr. Wolf, "and he spent years in a vocational education program learning drafting, and now his vision is deteriorating, so he can't do drafting. If you learn to make a proper diagnosis the first time around, then you can steer people in the right direction and prevent such major disappointments. And it can work the other way. Some patients may think they are going blind when in fact they have a stationary form of the disease."

Counseling

Preventing disappointments with potential parents and with children who may carry the trait is one role of genetic counseling, and sessions are full of questions and predictions. "People simply want to know what their chances of getting it are," says Dr. Wolf. A recent counsel brought almost an entire family: a middle-aged man, his mother, his two sons and his youngest son's fiance. The scene was tense, as each underwent an electroretinogram and eye examination.


The known positive of the group was the father, now in an advanced stage of the disease. His mother proved negative, yet he and his two sisters both have the disease, just as his mother's brother and sister did. His twin sister bore seven normal children, and his other sister had three normals, yet his daughter has already developed retinitis pigmentosa. Clearly, the results of the tests would have a large impact on the man's sons. Although after reviewing the test results Dr. Wolf was certain the sons would never develop retinitis pigmentosa, he could not assure them that their children would not. Their children would have a one-in-four chance of devel-

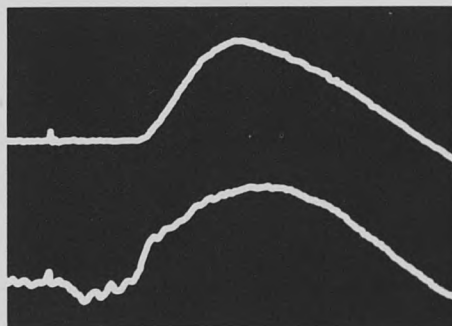
oping the disease. In a dominant family, where 90 percent of a family has it, most couples decide against children, and commonly one member is sterilized. With the recessive disease, where the chances of having an affected child with an affected parent are about one in 200, many decide to have children.

The cause of retinitis pigmentosa remains elusive. "It reflects our own ignorance. We don't know why it happens. We just know what is happening. The eye is missing some chemical, probably. Perhaps it's like diabetes: something is missing and we need to supply it in order to control the disease. It's a matter of finding it. We just haven't found it."

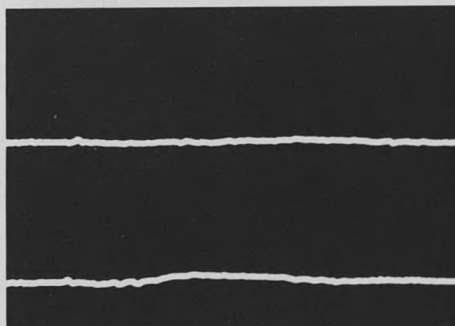
Research

Researchers in the United States are trying to find what is missing through laboratory experiments with the eye of cats, dogs and rats, who develop eye abnormalities much like humans. For now, what is helping a very limited class of

patients—those who can travel unaided during the day—is the ITT night vision device. The Jewish Hospital of St. Louis is one of only 12 U.S. centers evaluating this night vision aid, a monocular (half of a binocular) that intensifies existing light so patients can see at night. "Most teenagers and young adults with retinitis pigmentosa are in the stage where they are getting around easily during the day but are totally disabled at night, and that gets in the way of people's activities. It's very embarrassing to have someone lead you around, and using a cane or a seeing-eye dog is not very attractive to these people. This device allows them to scan the setting and see where they are. It allows them independence and mobility. I have one patient who runs a boat dock at the Lake of the Ozarks. He's got to go out and check the boats at night. But he can't see a thing at night. This allows him to do his job, to be independent and to be employable. For those people who can use it, it's a fantastic device." 



These are the portions of two electroretinograms that measure the response of the retina's rod cells, which aid in night vision. The one on top is normal, the bottom abnormal. Note how the normal test shows a pronounced amplitude or height in the wave, while the other is relatively flat, showing almost no response, a compelling example of the retinal degeneration indicative of retinitis pigmentosa. With such a flat response, it is no wonder that this patient had great difficulty seeing at night.

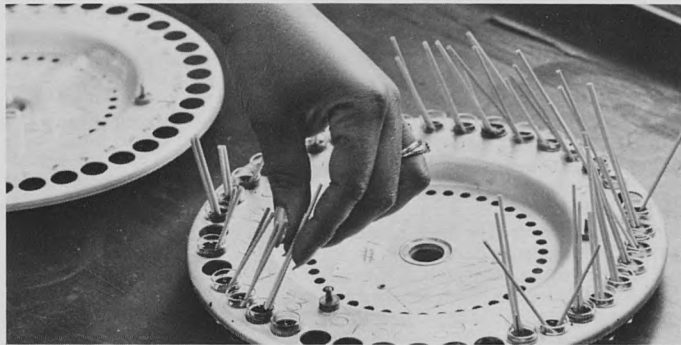




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The Tribute Fund provides research funds and appliances for patients in need.

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.

The following memorial and honorial contributions were received from February 1, 1982 through March 26, 1982. Any contributions received after March 26, 1982 will be listed in the next 216.

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 **Anniversary of MR. AND MRS. CHARLES KING**
 Mrs. A.L. Netter (Rehabilitation Research Fund)
 **Special Birthday of MRS. LAURENCE KOHN**
 Mr. and Mr. William Nussbaum (Florence M. & Bernie A. Ross Fund)
 **Recovery of MR. MEYER KOPOLOW**
 Mr. and Mrs. Frank Flotken (Dr. Sidney Goldenberg Nursing Scholarship)
 Mr. and Mrs. Julian Mathes (Nathan & Sadye Mathes Special Fund)
 **Anniversary of MR. AND MRS. JEFFERY KORN**
 Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)
 Mr. and Mrs. Robert E. Shapiro (Harry & Nancy Shapiro Scholarship Fund)
 Mr. and Mrs. Henry Winer (Cancer Research Fund)
 **Recovery of MOTHER OF MRS. HELEN KORNBLOM**
 Mr. and Mrs. Bud Kohn (Ralph Hirsch Cancer Fund)
 **Recovery of MRS. WILLIAM B. KOUNTZ**
 Mr. Allan M. Koplar (Sadie R. Koplar Nursing Scholarship Fund)
 **Recovery of DR. JUSTIN KRANER**
 Mr. and Mrs. Wilton Agatstein
 Mr. and Mrs. John E. Brown
 Mrs. Sanford Gad (Sanford Gad Hospice Fund)
 Dr. and Mrs. Arthur H. Gale
 Mrs. Reuben Goodman (Dr. Milton H. Meyerhardt Fund)
 Mrs. Rosemary Harris
 Col. and Mrs. Murray Kleinfeld (Jerry Kaiser & Irma Blank Cancer Fund)
 Mrs. Irene S. Rubin (B.G. Rubin Fund)
 Mr. and Mrs. Benjamin Recht
 Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)
 **Birthday of MR. JOSEPH KUTTEN**
 Mr. and Mrs. Marcus A. Hirsch
 Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Memorial Fund)
 Mr. and Mrs. Fred Sale
 Mr. and Mrs. Gideon Schiller
 Mr. and Mrs. Norman Spitzer
 **Marriage of Daughter of MR. AND MRS. DON LAMBERG**
 Mr. and Mrs. Harry Shapiro, Jr. (Harry & Nancy Shapiro Scholarship Fund)
 **Special Birthday of MR. SAM LANGSDORF**
 Mr. and Mrs. Sylvan Agatstein
 Dr. and Mrs. Harry Agress
 Mr. and Mrs. Jack E. Edlin
 Mrs. Morris Glaser
 Mrs. Carl Glazer (H. Lister Tuholske Fund)
 Mr. and Mrs. Marcus Hirsch
 Mr. and Mrs. John Isaacs, Jr. (Eleanor M. & John A. Isaacs, Jr. Research Fund)
 Mrs. J.A. Jacobs (Julian and Birdie Samuels Fund)
 Mr. and Mrs. Lee Kaufman, Jr. (Langsdorf Fund for New Americans)
 Mr. and Mrs. Richard E. Kline
 Mr. and Mrs. J. Melvin Levi
 Mr. and Mrs. Willard L. Levy
 Mr. and Mrs. John Levy (Langsdorf Fund for New Americans)
 Mr. and Mrs. Willard Levy
 Mr. and Mrs. Alan Lewin
 Mr. and Mrs. Harry Loeb (Benjamin M. Loeb Fund)
 Mr. and Mrs. Patrick Malley (Langsdorf Fund for New Americans)
 Mr. and Mr. Bernard Mellitz
 Mr. and Mrs. Hubert Moog
 Mr. and Mrs. William Nussbaum (Florence M. & Bernie A. Ross Fund)
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 Mr. and Mrs. Richard Prager
 Mr. John J. Roos
 Dr. and Mrs. Harry Rosenbaum (Robert A. Rosenbaum Fund)
 Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Memorial Fund)
 Mr. and Mrs. Edward F. Ruprecht
 Mrs. John M. Shoenberg
 Mr. and Mrs. Sydney M. Shoenberg, Jr.
 Dr. and Mrs. Samuel D. Soule (Langsdorf Fund for New Americans)
 Mr. and Mrs. Arthur Sprung (Dr. Samuel D. Soule Research Fund)
 Mr. and Mrs. A. Ernest Stein
 Mr. and Mrs. Melvin Strassner (Evelyn B. Stern Nursing Scholarship Fund)
 Mr. and Mrs. Edward Turner (Langsdorf Fund for New Americans)
 Mr. and Mrs. Robert Watel
 Mr. and Mrs. Herman Willer (Langsdorf Fund for New Americans)
 Mr. and Mrs. Frank Wolff
 **Birthday of MRS. ALLEN LASKY**
 Mr. and Mrs. Rand Goldstein
 **Birth of new son MR. AND MRS. LARRY LAZERWITZ**
 Dr. and Mrs. Murray Chinsky (Dr. Sidney Goldenberg Nursing Scholarship Fund)
 **Birthday of MR. HAROLD LEDERMAN**
 Mr. and Mrs. Charles Liebert

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In Honor of

..... **Birthday of MRS. IRENE LEDERMAN**
Mrs. Meta Sanger

..... **Anniversary of MR. & MRS. MORRIS LEFTON**
Mr. and Mrs. Pete Sher

..... **Continued Good Health of MR. BERNIE LEVINSOHN**
Mrs. Barney Klein (Diana Rosen Recreational Therapy Fund)

..... **Coppon Club Annual Award for MR. HAROLD E. LEWIN**
Mr. and Mrs. Paul Tandler

..... **Retirement of DR. LEWIS E. LITTMANN**
Mr. and Mrs. William R. Klein

..... **Marriage of Daughter of NORMAN LITZ**
Mr. and Mrs. Harry Shapiro, Jr. (Harry & Nancy Shapiro Scholarship Fund)

..... **Special Anniversary of MR. & MRS HARRY LOEB**
Mr. and Mrs. Lester Bamberger
Mr. and Mrs. John Isaacs, Jr.
Mr. and Mrs. Sam Langsdorf
Mr. and Mrs. John Levy (Josal Professional Services Fund)
Mr. John J. Roos
Mr. and Mrs. Lester Seasongood (Seasongood Research Fund)
Dr. and Mrs. Ben H. Senturia

..... **Recovery of MR. HARRY LOEB**
Mrs. Emil Tamm (Emil Tamm Memorial Fund)

..... **Birthday of DR. PAUL LOWENSTEIN**
Mrs. Joel Malen (Edna Malen Scholarship Fund)

..... **Birthday of MRS. BLUMA LYSS**
Mrs. Esther Blumoff (Jack Lyss Cancer Research Fund)
Mr. and Mrs. Ivan Lyss (Jack Lyss Cancer Research Fund)
Mr. Sol Lyss (Jack Lyss Cancer Research)
Mr. Michael S. Lyss (Jack Aaron Lyss Memorial Fund)

..... **In Honor of Special Day of EDNA MALEN**
Mr. Robert P. Harris (Edna Malen Scholarship Fund)
Mrs. Roger Katz (Edna Malen Scholarship Fund)
Mrs. Lawton Levy
Mr. and Mrs. Ralph Wolff (Edna Malen Scholarship Fund)

..... **Birthday of MRS. JOEL MALEN**
Mr. and Mrs. Melvin Hilb (Edna Malen Scholarship Fund)
Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)
Miss Rose Weisl (Edna Malen Scholarship Fund)

..... **Birthday and Anniversary of MR. AND MRS. CLARENCE MANGE**
Mrs. Theresa Agatstein (Chester A. Steiner Fund)
Mrs. Claire A. Steiner-Diggines

..... **Recovery of BRENDA MANLIN**
Mr. and Mrs. David Smith

..... **Recovery of MR. HARRY MARGULIS**
Mrs. Leslie Kaufman (Cancer Research)

..... **Birthday of MR. KENNETH MARSHALL**
Mr. and Mrs. Harry S. Ackerman
Mr. S.E. Freund

..... **Birthday of MRS. WALTER MARX**
Mr. and Mrs. Meyer K. Weil (Meyer K. & Ethel Weil Fund)

..... **Birthday of MR. MORTON D. MAY**
Mr. and Mrs. Millard Waldheim (Morton J. May Research Fund)

..... **Recovery of MR. PAUL MENDELSON**
Mr. and Mrs. David Mintz (Edna Malen Scholarship Fund)

..... **Miraculous Recovery of Ranger DR. AND MRS. JOHN S. MEYER**
Dr. and Mrs. Frederick T. Kraus

..... **Bar Mitzvah of MR. KEVIN MEYER**
Mr. and Mrs. David Moulton (Jerry Kaiser & Irma Blank Cancer Fund)

..... **Birth of a Son to MR. AND MRS. RICHARD MEYER**
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)

..... **New arrival to MR. AND MRS. RICK MEYER**
Mr. and Mrs. Barry Worth (Saul & Rebecca Rubin Cancer Fund)

..... **Recovery of MR. HARVEY MILLER**
Mrs. Sanford Gad (Sanford Gad Hospice Fund)
Dr. and Mrs. Milton H. Jasper (Dorothy P. Jasper - Rita Polinsky Fund)
Mr. and Mrs. William R. Klein (Dorothy P. Jasper and Rita Polinsky Memorial Fund)
Dr. and Mrs. M. Rothenberg (Edna Malen Scholarship Fund)
Mr. and Mrs. Irvin Susman (Harold Zager Blood Research)

..... **Birthday of MR. LESTER MILLER**
Mr. and Mrs. George Kornblet (Ben & Marilyn Fixman Cancer Research Fund)

..... **Anniversary of MR. AND MRS. HERMAN MILLSTONE**
Mrs. B. Klein (Diana Rosen Recreational Therapy Fund)
Mr. and Mrs. Robert Levinsohn (Shirley W. Cohen School of Nursing Fund)

..... **Anniversary of MR. AND MRS. CARL MIROWITZ**
Mr. and Mrs. Al Hyman (Ben & Marilyn Fixman Cancer Research Fund)

..... **Special Birthday of MR. HUBERT MOOG**
Mrs. Theodore Baer
Mr. and Mrs. Richard Bibbero (Hubert P. Moog Fund)
Mr. and Mrs. Robert Buell

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Dr. and Mrs. Jack Eidelman
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Mr. and Mrs. Kenneth Langsdorf (Hubert P. Moog Fund)
Mr. and Mrs. Sam Langsdorf (Hubert P. Moog Fund)
Mr. and Mrs. John D. Levy (Hubert P. Moog Fund)
Mr. and Mrs. Ralph Lowenbaum III (Hubert P. Moog Fund)
Mr. and Mrs. Edwin B. Meissner, Jr.
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Mr. and Mrs. Paul Putzel (Helen R. & Henry V. Putzel Scholarship Fund)
Mrs. Charles S. Rice (Hubert Moog Fund)
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Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Memorial Fund)
Mr. and Mrs. Fred Sale (Hubert P. Moog Fund)
Mrs. William Henry Schield (Hubert P. Moog Fund)
Mr. and Mrs. A.H. Schwab
Mr. and Mrs. Lester Seasongood (Seasongood Research Fund)
Mrs. Arthur Sprung (Dr. Samuel D. Soule Research Fund)
Mr. and Mrs. Elliot Stein (Mary Ann & Elliot Stein Fund)
Mrs. Mary Louise Steiner (Hubert P. Moog Fund)
Mr. and Mrs. Edward Turner (Florence M. & Bernie A. Ross Fund)
Mr. and Mrs. Paul Ullman (Hubert P Moog Fund)
Mrs. Walter Wolff (Hubert P. Moog Fund)

..... **Recovery of MRS. ANNETTE NEUMETZGER**
Mrs. Meta Sanger

..... **Recovery of MRS. FANNY NOVACK**
Miss Shirley Feldman (Natalie E. Wald Memorial Scholarship Fund)

..... **Performance of NURSING STAFF DIVISION 5100**
Mrs. Gertrude Lee

..... **Marriage of GRANDDAUGHTER OF MR. & MRS. W.Z. OXENHANDLER**
Mr. and Mrs. Hy Feldman
Mr. and Mrs. Harry Shapiro, Jr. (Harry & Nancy Shapiro Scholarship Fund)

..... **New Granddaughter of MR. AND MRS. ISADORE PASS**
Mr. and Mrs. David Hayman (Carl Pass Diabetic Research)
Mr. and Mrs. Harry Shapiro, Jr. (Harry & Nancy Shapiro Scholarship Fund)

..... **Recovery of MR. HARRY PEARL**
Mr. and Mrs. David Moulton (Jerry Kaiser - Irma Blank Cancer Fund)

..... **Recovery of MR. I. PEARLMAN**
Mr. and Mrs. Don Soffer

..... **Recovery of MRS. IDA PEARLSTONE**
Mr. and Mrs. Joseph Weber (Ralph Hirsch Cancer Fund)

..... **Recovery of MR. ABE PLOTKIN**
Mr. and Mrs. Harvey Friedman (Dorismae & Harvey A. Friedman Fund)
Mr. and Mrs. Sterling M. Friedman (Samuel & Ruth Hacker Research Fund)
Mr. and Mrs. Gary Wolff (Irving Brin Cancer Research Fund)

..... **Birth of New Son to MR. AND MRS. MORT PRAGER**
Mr. and Mrs. Barry Sharon (Milton E. Kravitz Memorial Heart Fund)

..... **Birthday of DR. JACOB PROBSTEIN**
Mr. Bertram Mohr (Elsie Probststein-Harry Koplar Brace Fund)
Mrs. Joel Malen (Edna Malen Scholarship Fund)
Dr. and Mrs. Joseph M. Orenstein

..... **Recovery of MRS. JOAN QUICKSILVER**
Mr. and Mrs. Edwin Abrams (The Joseph Abrams Memorial Fund)
Mr. and Mrs. Preston Bank
Mr. and Mrs. Jerry Chod (Cancer Research Fund)
Mr. and Mrs. Marvin Kasnetz
Mr. and Mrs. Allen Lasky
Mr. and Mrs. Perry Mehlman (Rose & Sam Feldman Memorial Fund)
Mr. and Mrs. Daniel Mintz (Edna Malen Scholarship Fund)
Mr. and Mrs. Dan Morgan (William, Dorothy & Jerome Molasky Memorial Fund)
Mr. and Mrs. Gene Schneider (Harry, Gene and Murray Schneider Endowment Fund)
Mr. and Mrs. Jerry Scissors (Jerry Kaiser - Irma Blank Cancer Fund)
Mr. and Mrs. Pete Sher
Mr. and Mrs. Robert Spector (Milton E. Kravitz Memorial Heart Fund)
Mr. and Mrs. Richard Yalem

..... **Birthday of MRS. PHILLIP RASHBAUM**
Mr. and Mrs. Melvin Strassner (Mabel & Simon Frank Memorial Fund)
Mr. and Mrs. Robert Watel

..... **Special Birthday of MR. SAMUEL REYNOLDS**
Mrs. Fannie Nelson

..... **Recovery of MR. SAM ROSENKRANZ**
Dr. and Mrs. Lawrence M. Aronberg (Dr. Lawrence M. Aronberg Urology Fund)

..... **Birthday of MRS. LINDA ROSENTHAL**
Mrs. Stephen E. Rosenblum

Tribute Fund

Donor

In Honor of

..... **Birth** of MRS. PEGGY ROSS
Mrs. Edna Malen (Edna Malen Scholarship Fund)

..... **Recovery** of MR. SAM ROTENBERG
Dr. and Mrs. Lawrence M. Aronberg (Dr. Lawrence M. Aronberg Urology Fund)
Mr. and Mrs. Sidney Cotlar (Diana Rosen Recreational Therapy Fund)
Mr. and Mrs. Harvey Friedman (Dorismae Friedman Rehabilitation Library Fund)
Miss Pearl Goldstein (Mary Goldstein Nursing Scholarship Fund)
Mr. and Mrs. William Klein
Mr. and Mrs. Isidor Kronick (Mary Goldstein Nursing Scholarship Fund)
Mrs. Saul L. Rubin (Saul & Rebecca Rubin Cancer Research Fund)
Mr. and Mrs. Avery Seidel

..... **Anniversary** of MR. & MRS. LESLIE ROTH
Mrs. Ann Loomstein (Edna Malen Scholarship Fund)

..... **New Grandson** of MRS. E.E. ROTHSCHILD
Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Memorial Fund)
Mrs. Winifred R. Wolff

..... **Birth of Son** to MR. AND MRS. JOHN ROTHSCHILD
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)
Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Memorial Fund)

..... **New Grandchild** of MR. AND MRS. ARTHUR ROUFA
Mrs. Sanford Gad (Sanford Gad Hospices Fund)

..... **Marriage** of daughter of RABBI AND MRS. ALVAN RUBIN
Mrs. Edna Malen (Edna Malen Scholarship Fund)

..... **Recovery** of MR. MORRIS SACHAR
Mr. and Mrs. Dudley J. Cohen
Mrs. Alfred Goldman (Dr. Alfred Goldman Pulmonary Fund)
Mr. and Mrs. Harold Lewin

..... **Birth** of MRS. JEAN SALOMON
Mrs. Alfred Goldman (Dr. Alfred Goldman Pulmonary Fund)

..... **Anniversary** of MR. AND MRS. SAMUEL SCHAEFFER
Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)

..... **Retirement and Relocation** of Mr. and Mrs. Henry Schemmel
Mr. and Mrs. Louis Karpf (Meyer K. & Ethel Weil Fund)

..... **Birth** of MRS. THELMA SCHERMER
Mr. and Mrs. Arthur Bierman (Saul & Rebecca Rubin Cancer Fund)
Miss. Leona Fuchs (Merla & Abe Small Cancer Research Fund)

..... **Birth** of MRS. SHIRLEY SCHMIDT
Judge and Mrs. Robert Cohen (Irving Brin Cancer Research)

..... **Recovery** of MRS. BETTY SCHNEIDER
Harry, Murray and Gene Schneider (Harry, Gene & Murray Schneider Endowment Fund)

..... **Birth** of MR. HARRY SCHNEIDER
Mrs. Oscar Brand (Harry, Gene & Murray Schneider Endowment Fund)
Mr. and Mrs. Harvey Schneider (Lottie and Abe Schneider Memorial Fund)

..... **Recovery** of MR. HARRY SCHNEIDER
Mr. and Mrs. Ben Spasser (Harry, Gene & Murray Schneider Endowment Fund)

..... **Anniversary** of MR. AND MRS. HARRY R. SCHULTZ
Mr. and Mrs. Harris J. Frank (M.F. Lesser Fellowship in Psychiatry)

..... **Arrival** of New Grandchild of MR. AND MRS. BERT SCHWEIZER II
Mr. and Mrs. Ollie Satz (Helen & Walter Wolff Cardiovascular Fund)

..... **Engagement** of Daughter of MR. AND MRS. AVERY SEIDEL
Mrs. Edna Malen (Edna Malen Scholarship Fund)

..... **Birth** of MRS. HYMAN SENTURIA
Dr. and Mrs. Edward J. Berger
Mr. and Mrs. Morton Hartz (Jacqueline Hirsch Brown Memorial Fund)
Mr. and Mrs. Edwin Shifrin (Ben L. Shifrin Endowment Fund)

..... **Recovery** of MR. AND MRS. LESTER SERENCO
Miss Mildred Smith

..... **Recovery** of MR. ALVIN SERKES
Mr. and Mrs. Preston Bank
Mr. and Mrs. Irving M. Goldstein
Mr. and Mrs. Dan Morgan (William, Dorothy & Jerome Molasky Memorial Fund)
Mr. and Mrs. David Smith
Mr. and Mrs. Philip Moss

..... **Wedding** of MR. AND MRS. H. ROBERT SHAMPAINÉ
Mr. and Mrs. Charles Liebert

..... **Recovery** of JOY SHAPIRO
Mr. and Mrs. Julian Mathes (Nathan & Sadye Mathes Special fund)
Mr. and Mrs. Jules L. Pass (Carl Pass Diabetic Research Fund)

..... **Recovery** of IRENE SHERMAN
Mr. and Mrs. Erwin S. Lerner

..... **Anniversary** of MR. & MRS. EDWIN SHIFRIN
Mrs. Ben Shifrin (Ben L. Shifrin Endowment Fund)

..... **Birth** of MR. ROB SILVER
Mr. and Mrs. Jeffrey Korn (Ralph Hirsch Cancer Fund)

..... **Anniversary** of MR. AND MRS. RALPH SILVERSMITH
Mr. and Mrs. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)

..... **Recovery** of MR. JOHN E. SIMON
Mr. and Mrs. Julian Mathes (Nathan & Sadye Mathes Special Fund)

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In Honor of

..... **Recovery** of MRS. CELESTE SINGER
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)

..... **Recovery** of MR. JOSEPH SKOPP
Mrs. Saul L. Rubin (Saul & Rebecca Rubin Cancer Research Fund)

..... **Recovery** of MRS. JACK SMITH
Mr. and Mrs. Harry Smith

..... **New Arrival** to MR. AND MRS. DAN SOKOL
Mr. and Mrs. Robert Bernstein (William, Dorothy & Jerome Molasky Memorial Fund)

..... **Birth** of DR. SAMUEL D. SOULE
Dr. and Mrs. Sol Heinemann (Dr. Samuel D. Soule Research Fund)
Dr. and Mrs. Joseph M. Orenstein (Pulmonary Function Fund)

..... **Graduation and Receiving Alumni Scholarship** of MARGARET STACK
Mrs. Edna Malen (Edna Malen Scholarship Fund)

..... **Birth** of MR. FREEMAN STEIN
Mr. and Mrs. Marty Hendin (Diana Rosen Recreational Therapy Fund)
Mr. Leo Rosen (Diana Rosen Recreational Therapy Fund)

..... **Elected President Jewish Funeral Directors** MR. RICHARD STEIN
Mr. and Mrs. Lee Wagman

..... **Birth** of HARRY STEINER, JR.
Mrs. Raymond Freed (Milton Frank Vascular Research Fund)

..... **Birth** of MR. AND MRS. JOSEPH STEINER
Mr. and Mrs. F. Bert Baer (Mr. & Mrs. F. Bert Baer Endowment Fund)

..... **Birth** of MR. MELVIN STRASSNER
Mr. and Mrs. Lee Kaufman, Jr.
Mr. and Mrs. Phillip Rashbaum (Mabel & Simon M. Frank Memorial Fund)

..... **Birth** of MARGARET STRAUSE
Mr. and Mrs. Silas Frankel (Alvin Arndt Abramson Scholarship Fund)

..... **Recovery** of EARL SUSMAN
Mr. and Mrs. Sylvan Agatstein
Mrs. Sylvia Karsh (Joseph D. Karsh Memorial Fund)

..... **Woman of the Year** MRS. MARGIE SUSMAN
Mrs. J. Lewis Spiegel (Harold M. Zager Blood Research Fund)

..... **Recovery** of MRS. DOLORES TOENJES
Mr. and Mrs. Arthur C. Blase (Ronald & Sharon Blase Memorial Nursing Fund)

..... **Anniversary** of MR. AND MRS. SAMUEL TURK
Mrs. Rose Shapiro

..... **Anniversary** of DR. & MRS. HERMAN TURNER
Mr. and Mrs. Edwin Abrams (The Joseph Abrams Memorial Fund)

..... **Recovery** of MR. & MRS. ED WALLIS
Mr. and Mrs. Art Scharff

..... **Recovery** of MARK WALLIS
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Cancer Fund)
Mr. and Mrs. Art Scharff

..... **Birth** of MRS. ROBERT WATEL
Mr. and Mrs. Sam Langsdorf (Langsdorf Fund for New Americans)

..... **Birth** of KELLY SUSAN WEIL
Mr. and Mrs. Mark Mehlman (Rose & Sam Feldman Memorial Fund)
Mr. and Mrs. Jules L. Pass (Carl Pass Diabetic Research Fund)
Mrs. Carl Pass (Carl Pass Diabetic Research Fund)

..... **New Granddaughter** of MR. & MRS. FRED WEILER
Mrs. Fred S. Lederman

..... **Recovery** of FATHER OF MRS. SAM WEINTRAUB
Mr. and Mrs. Arnold Goodman (Cancer Research Fund)

..... **Bat Mitzvah** of DAUGHTER OF MR. & MRS. RICHARD WEISS
Mr. and Mrs. Adrian Levin (Dorothy P. Jasper - Rita Polinsky Memorial Fund)
Mr. and Mrs. Arthur Margulis (Jackie Sue Margulis Liver Research)

..... **Recovery** of MR. JULIUS WEISSMAN
Mr. and Mrs. Edward Hopper

..... **New Grandson** of MR. AND MRS. BILL WILENSKY
Dr. and Mrs. Murray Chinsky (Dr. Sidney Goldenberg Nursing Scholarship Fund)

..... **Anniversary** of MR. AND MRS. MILTON WINTER
Mr. and Mrs. Jerome Shainman

..... **New Grandchild** of MR. AND MRS. FRANK WOLFF
Mr. and Mrs. Tobias Lewin (Hortense Lewin Scholarship Fund)

..... **Birth** of MR. JOHN S. WOLFF
Mrs. Esther M. Schweizer (Helen & Walter V. Wolff Cardiovascular Fund)

..... **Birth** of MR. RALPH WOLFF
Miss Paula Leonard (Carl & Esther Heifetz Memorial Library Fund)

..... **Birth** of MRS. RICHARD YALEM
Mr. and Mrs. Joseph Berger (Mary Goldstein Nursing Scholarship Fund)

..... **Marriage** of MR. AND MRS. JORDAN YAVITZ
Mr. and Mrs. Sidney Goldberg (Hortense Lewin Scholarship Fund)

..... **Recovery** of MR. ELY YAVITZ
Mr. and Mrs. Samuel Grodsky (Edna Malen Scholarship Fund)
Mrs. S. Portnoy

..... **Birth** of MRS. MARK ZORENSKY
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)

Calendar of Events

June 7

Medical Staff Association general meeting: 7 p.m., Steinberg Amphitheater. Reservations are required by June 4, and attendance is restricted to members only. Call 454-7109.

June 9

Grandparents Refresher Course: For expectant grandparents to learn the newest techniques and theories of infant care. From 10 a.m. until noon. Call 454-7130 for reservations.

**June 14 and
July 12**

Super Siblings Program: For children ages 2½ to 6 and their parents, during the third trimester of pregnancy, to help the family adjust to the expected baby. From 10 to 11:30 a.m. Call 454-7130 for reservations.

*Rabbi Lawrence Siegel, D. Min.,
presided over two Passover Seder
services held for patients in the Brown
Room April 7 and 8.*





The Clover Creamery, the Jewish Hospital Auxiliary's newest fundraising project, opened March 18, and Hospital President David Gee was happy to cut the ribbon during the ceremony. He is accompanied by, from left, Mimi Rennard (Mrs. Marvin), auxiliary chairman of the shop, Phyllis Langsdorf (Mrs. Kenneth), auxiliary president, and Selma Gidlow (Mrs. Elmer), vice president of auxiliary fundraising. The new ice cream shop offers delicacies for hospital employees, visitors and patients. The shop is near the employee cafe in the old Clover Coifs location and is open seven days a week, from 11:30 a.m. until 8 p.m. and serves Woodlawn ice cream, Slimmery cups, Weight Watchers bars, homemade drumsticks and sundaes made to order.



The Jewish Hospital of St. Louis
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